



County Offices  
Newland  
Lincoln  
LN1 1YL

20 October 2015

## **Adults Scrutiny Committee**

A meeting of the Adults Scrutiny Committee will be held on **Wednesday, 28 October 2015 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of business set out on the attached Agenda.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tony McArdle', written over a horizontal line.

Tony McArdle  
Chief Executive

## **Membership of the Adults Scrutiny Committee** **(11 Members of the Council)**

Councillors C E H Marfleet (Chairman), R C Kirk (Vice-Chairman), W J Aron, S R Dodds, B W Keimach, J R Marriott, Mrs H N J Powell, Mrs A E Reynolds, Mrs N J Smith, M A Whittington and Mrs S M Wray



**ADULTS SCRUTINY COMMITTEE AGENDA  
WEDNESDAY, 28 OCTOBER 2015**

| <b>Item</b> | <b>Title</b>   | <b>Pages</b> |
|-------------|--|--------------|
| <b>1</b>    | <b>Apologies for Absence/Replacement Members</b>   |              |
| <b>2</b>    | <b>Declaration of Members' Interests</b>   |              |
| <b>3</b>    | <b>Minutes of the meeting of the Committee held on 9 September 2015</b>  | 5 - 10       |
| <b>4</b>    | <b>Non-Residential Care Contributions Policy</b><br><i>(To receive a report by David Laws (Adult Care Strategy Financial Advisor), which invites the Committee to consider an Executive report on Non-Residential Care Contributions Policy. Any comments from the Scrutiny Committee will be presented to the Executive on 3 November 2015)</i> | 11 - 146     |
| <b>5</b>    | <b>Care Act 2014 Update</b><br><i>(To receive a report from Glen Garrod (Director of Adult Care), which updates the Committee on the programme of work to implement the changes required by the Care Act 2014)</i>   | 147 - 156    |
| <b>6</b>    | <b>Wellbeing Service - First Year Evaluation</b><br><i>(To receive a report from Chris Weston (Consultant in Public Health), which invites the Committee to consider and comment on the progress of establishing a multi-agency wellbeing service for adults in Lincolnshire)</i>  | 157 - 162    |
| <b>7</b>    | <b>Adults Scrutiny Committee Work Programme</b><br><i>(To receive a report by Simon Evans (Scrutiny Officer), which invites the Committee to consider its work programme for the coming months)</i>  | 163 - 168    |

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**Please note:** for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details set out above.

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## ADULTS SCRUTINY COMMITTEE 9 SEPTEMBER 2015

### PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors R C Kirk (Vice-Chairman), W J Aron, S R Dodds, B W Keimach, J R Marriott, Mrs M J Overton MBE, Mrs A E Reynolds, Mrs N J Smith, Mrs C A Talbot and M A Whittington.

Officers in attendance:-

Simon Evans (Scrutiny Officer), Glen Garrod (Director of Adult Social Services), Alina Hackney (Senior Strategic Commercial and Procurement Manager), Marie Kaempfe-Rice (Senior Procurement Officer), Clair McNally (Project Manager), Jasmine Sodhi (Performance and Equalities Manager) and Catherine Wilman (Democratic Services Officer).

### 18 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Councillors Mrs C A Talbot and Mrs M J Overton MBE as replacement members on the Committee in place of Councillors Mrs S M Wray and Mrs H N J Powell, respectively, for this meeting only.

### 19 DECLARATIONS OF MEMBERS' INTERESTS

No declarations of Councillors' interests were declared at this stage of proceedings.

### 20 MINUTES OF THE PREVIOUS MEETING OF THE ADULTS SCRUTINY COMMITTEE HELD ON 8 JULY 2015

RESOLVED

That the minutes of the Adults Scrutiny Committee held on 9 September 2015, be confirmed and signed by the Chairman as a correct record.

### 21 CARE QUALITY COMMISSION ADULT SOCIAL CARE INSPECTION UPDATE

Consideration was given to a report by Deanna Westwood, Inspection Manager Lincolnshire at the CQC (Care Quality Commission), which provided the Committee with a position statement on the progress and themes emerging from the CQC's inspections of Adult Social Care services in Lincolnshire.

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The CQC's new inspection regime undertook to rate all services by September 2016. Services would be assessed against all key criteria and given an appropriate rating which would be one of the following:

- Outstanding;
- Good;
- Requires Improvement;
- Inadequate.

Ratings for each establishment would be published in the public domain and as of 1 April 2015, all health and care settings were required to display their ratings. In Lincolnshire, based on the inspection of 103 residential and care homes, 63 (61%) of homes had been rated as 'good', 36 (35%) had been rated as 'requires improvement', and 4 (4%) had been rated as 'inadequate'. The benefit of the new system of rating was that homes could aspire to be in 'good' and 'outstanding' categories, previously homes were merely rated as 'compliant' or not.

Under the new regime, the action taken on settings given 'Requires Improvement' or 'Inadequate' would be much tougher. 'Inadequate' services would be put into special measures and if not improved within six months, enforcement action would be taken.

Members of the Committee were given the opportunity to ask questions and the following points were confirmed:

- The results of inspection findings included in the report, detailed the number of services rated in Lincolnshire, however enquiries were made as to how many residents that represented. Deanna Westwood agreed this would be helpful in future reports;
- The CQC inspection processes and reports focused on the quality of care rather than value for money for or the costs to residents;
- During this item, the Committee reflected on broader issues, such as the challenges in recruiting and retaining staff in the health and care sectors, for example Lincolnshire had a net deficit of 500 nurses. There was a long term plan being developed to address this, but it would not tackle the issue in the short term. The Committee made an observation that the nursing profession might consider re-instating the State Enrolled Nurse role to bridge the gap between Healthcare Assistants and State Registered Nurses;
- The CQC did not give notice of their visit, as they would arrive unannounced, with the exception of domiciliary care inspections, where arrangements for the manager's presence had to be made, in which case they would only receive 48 hours' notice;
- A Key Performance Indicator for the CQC was for inspection reports to be written within 50 days of the inspection. However, if any serious breaches had been highlighted, local authorities and other relevant parties would be notified immediately;

- Services found to be inadequate or requiring improvement would be given recommendations on ways to improve from the CQC, but it was the responsibility of the care provider to seek best practice and implement it.

The Committee would receive a further presentation from the CQC once all inspections had been completed, in order to get a full picture of care services in the county.

#### RESOLVED

1. That the report be noted.
2. That the Committee receive a further update from CQC once all inspections have been finalised.

#### 22 BETTER CARE FUND - UPDATE

Consideration was given to a report which updated the Committee on the Better Care Fund. The Lincolnshire Better Care Fund submission was made on 9 January 2015 and the required financial envelope submitted on 31 March 2015. The report detailed both national and local developments since March 2015 and the second performance report (April – June 2015) which was submitted to NHS England on 28 August 2015, following sign off by the Health and Wellbeing Board Chairman, Councillor S Woolley.

The Better Care Fund was a national policy which aimed to encourage further integration between health and social care. The policy was supported by the current government.

The financial risk agreed as part of the BCF submission to the Council was agreed at £1m against a set of specific performance measures.

The primary 'risk' for health and social care related to the pay for performance element of non-elective admissions. The total risk here was £3.75m against which a one-off contingency had been created. Failure to deliver against the target reduction of 3.5% would 'cost' £920,000 of funding each quarter that the target was not achieved.

Questions from the Committee confirmed the following:

- £197m of pooled funding for 2015/16 was less than that spent in 2014/15, however Officers were confident that the current level of funding was sufficient;
- A new reablement contract was currently being signed off.
- There had been a 3.5% reduction in non-elective surgery in Quarter 1;
- LHAC had secured enough neighbourhood teams, which had taken time due to the higher than average number of older people in the County and the rurality of some communities;

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- There had been changes to homecare services which had seen 3,400 people being transferred from one provider to another and this was expected to help address one specific area of under-performance in Adult Care;
- Of the £53.2m budget in the Fund, £20m was secured to protect adult social care; £4m had gone into learning disabilities; £2m had gone towards Care Act requirements; and an amount of it had gone to fund various other services provided e.g. reablement (£2m).

RESOLVED

That the report be noted.

23 DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) STATUS REPORT

Consideration was given to a report which provided an update on Deprivation of Liberty Safeguards. The Cheshire West Judgement in March 2014 had made a significant impact on Deprivation of Liberty Safeguards both locally and nationally. The number of applications to the Council to authorise deprivation had risen dramatically since the judgement was passed, from around 100-150 a year, to around 170 a month – nearly a ten-fold increase.

As a result, the legal position was considered unsustainable, and the Law Commission had been asked, by the Government, to review the safeguards and make them more proportionate – and therefore sustainable. However, it would take at least three years for the legislation to change. As part of its review, the Law Commission had published a consultation which proposed to radically change the existing scheme. Adult Care would respond to the consultation, recommending a less burdensome application of the legislation.

In the meantime, £1.9m of extra, recurring funding had been set aside within Adult Care to deal with the increase of applications.

RESOLVED

That the report be noted.

24 COUNCIL BUSINESS PLAN 2015 - 2016 PERFORMANCE REPORT,  
QUARTER ONE

The Committee considered a report which presented data from Quarter 1 in a new style performance report against the Council's Business Plan.

The Committee received a demonstration of the online performance portal which could be reached via the Lincolnshire Research Observatory's website.

As a result of questions from the Committee, the following was noted:



- A Councillor Development session surrounding the protection of vulnerable adults would be held on 23 September where more performance data for Adult Care would be provided to Members;
- The indicator: *Safeguarding referrals where the source of risk is a service provider* was 8.8% which was lower than average. Families were the primary source of abuse within Lincolnshire and provider abuse was less common.

RESOLVED

That the report be noted.

25     SENSORY IMPAIRMENT SERVICES RE-PROCUREMENT

The Committee considered a report to the Executive Councillor for Adult Care and Health Services, Children's Services on the Re-Procurement of Sensory Impairment Services, on which the Executive Councillor was due to make a decision on 14 September 2015.

For a number of years, the Council had procured a service externally from the Birmingham Institute for the Deaf. The service provided preventative and reablement provision for both adults and children with a sensory impairment. However, the existing arrangement was due to expire on 31 March 2016 and an alternative needed to be sought.

The report to the Executive Councillor recommended that procurement be undertaken to deliver a contract awarded to a single provider of a county-wide service for all sensory impairment needs within a fixed budget for a period of three years with the possibility of a further two year extension. This was an opportunity to gain some extra efficiencies.

Officers had interviewed people with sensory impairments to ascertain whether any gaps in provision existed.

The Committee supported the recommendations to the Executive Councillor; however they felt that some additional context in the report would have been helpful.

RESOLVED

1. That the report be noted.
2. That the recommendations, as set out in the report to the Executive Councillor, be supported.

26     ADULT CARE MARKET POSITION STATEMENT 2015-2016

Consideration was given to a report which presented the Adult Care Market Position Statement 2015-2016.

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The Committee were supportive of the overall content of the report, but issues were raised regarding the consistency of grammar throughout the report which, it was believed did not present a good image of the Council.

The Committee observed that being consulted on the document earlier on in its production would have been helpful. Officers confirmed that the statement for 2016-2017 would begin in draft form in June/July 2016, and the Committee could be involved at that time.

The Position Statement would be published at the end of September 2015.

RESOLVED

That the report be noted.

27 LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB COMMITTEE - UPDATE

The Committee considered a report which enabled an overview of the activities of the Lincolnshire Safeguarding Boards Scrutiny Sub Group.

It was reported that Councillor Sarah Dodds was now the Vice-Chair of the Sub Group and could report back to the Committee from the Sub Group.

RESOLVED

That the report be noted.

28 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Following a discussion, it was agreed that the Scrutiny Officer would continue to organise some visits to care homes for Councillors, where these were requested. It was noted that two members of the Committee were due to visit care homes in Lincoln on 17 September 2015.

Members also expressed an interest in visiting a neighbourhood team in action. This could be referred to Dr Tony Hill, Executive Director of Public Health to organise.

RESOLVED

That the report be noted and changes made therein agreed.

The meeting closed at 12.45 pm.

### Open Report on behalf of Glen Garrod, Director of Adult Care

|            |  |
|------------|--|
| Report to: | <b>Adults Scrutiny Committee</b>                 |
| Date:      | <b>28 October 2015</b>                           |
| Subject:   | <b>Non-Residential Care Contributions Policy</b> |

#### Summary:

This item invites the Adults Scrutiny Committee to consider a report on the Non-Residential Care Contributions Policy which is due to be considered by the Executive on 3 November 2015. The views of the Scrutiny Committee will be reported to the Executive, as part of its consideration of this item.

#### Actions Required:

- (1) To consider the attached report and to determine whether the Committee supports the recommendation(s) to the Executive set out in the report.
- (2) To agree any additional comments to be passed to the Executive in relation to this item.

### 1. Background

The Executive is due to consider the report on the Non-Residential Contributions Policy on 3 November 2015. The full report to the Executive is attached at Appendix 1 to this report.

### 2. Conclusion

Following consideration of the attached report, the Committee is requested to consider whether it supports the recommendations in the report and whether it wishes to make any additional comments to the Executive. The Committee's views will be reported to the Executive.

### 3. Consultation

#### a) Policy Proofing Actions Required

The Equality Impact Assessment is attached as Appendix B to the Executive report.

#### **4. Appendices**

|   |   |
|---|---|
| These are listed below and attached at the back of the report |   |
| Appendix 1  | Non - Residential Care Contributions Policy Report to the Executive 3 November 2015 |

#### **5. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by David Laws, Adult Care Strategic Financial Advisor, who can be contacted on 01522 554091 or david.laws@lincolnshire.gov.uk.

**Open Report on behalf of Glen Garrod, Director of Adult Social Services**

|                     |  |
|---------------------|--|
| Report to:          | <b>Executive</b>                                 |
| Date:               | <b>03 November 2015</b>                          |
| Subject:            | <b>Non-Residential Care Contributions Policy</b> |
| Decision Reference: | <b>1009725</b>                                   |
| Key decision?       | <b>Yes</b>                                       |

**Summary:**

On 1 June 2015, the Executive Councillor for Adult Care, Health and Children's Services approved the carrying out of a public consultation on proposed changes to the Council's Non-Residential Care Contributions Policy.

A public consultation was carried out between 22 June and 28 September 2015.

This report describes the proposals, reports the results of the consultation and Equality Impact Assessment, considers a number of options and makes recommendations as to the changes to the policy that it is proposed should be approved.

**Recommendation(s):**

That the Executive:

1. Notes the results and analysis of the public consultation set out in the Consultation Report at Appendix A;
2. Notes the Equality Impact Assessment at Appendix B and the equalities considerations in section 4 of the Executive Report;
3. Approves amendments to the Council's Non-Residential Care Contributions Policy as follows:-
  - a. To introduce a 72 hour (three days) notice period for cancelling care;
  - b. To introduce an annual review of the contributions paid from service users where requested and to calculate entitlement to refunds by comparing the total cost of care for the whole year with the total annual contribution paid by a service user and refunding any amounts by which the total contributions paid are more than the total cost of care;

- c. To introduce a new rule so that everyone assessed to pay a contribution will be charged from 14 days after the financial assessment form is sent out;
  - d. To assess service user contributions against the full cost of the services received;
  - e. To reflect the Executive's decision on whether and to what extent to cap service user contributions or whether to remove the cap on service user contributions and to phase in such decision as shown in section 5.8.
  - f. To proceed with the application of banded Disability Related Expenses (DRE) to new service users as described at section 5.9;
  - g. To introduce a one-off arrangement fee for new self-funding service users who wish the Council to arrange their non-residential service care package.
4. Delegates to the Director of Adult Social Services, in consultation with the Executive Councillor for Adult Care, Health and Children's Services the authority to:
- a. make amendments and approve the final form of the Non-Residential Contributions Policy reflecting the changes approved under paragraph 3 above;
  - b. following a review, take decisions as to whether to apply the banded Disability Related Expenses (DRE) referred to in paragraph 3f to existing service users, within the next 6 months;
  - c. develop and approve implementation plans setting out the detail of how the policy changes will be implemented in practice; and
  - d. following such engagement as he shall consider appropriate, approve the level of the fee to be charged for new self-funding service users who wish the Council to arrange their non-residential service care package.

**Alternatives Considered:**

Strategically the Council could consider not raising additional income from service users as is proposed within this paper and particularly within recommendations 3a and 3b which are the principal proposals leading to increased service user contributions.

This is not recommended for the reasons given in section 1.3 – 1.12 below.

The alternatives considered for each particular proposal are set out in the Public Consultation document at Appendix C and further discussed at section 5 of this report where necessary.

### **Reasons for Recommendation:**

It is appropriate to review the Policy which has been in place since 2010. This allows account to be taken of changes in the law and in particular the introduction of the Care Act 2014 and its associated regulations and guidance.

The financial context within which these proposals are being considered is shown in Paragraphs 1.3 – 1.12 and in the introduction to the consultation report.

It is clear that given the financial position in Adult Care and the Council there is a need to consider a wide range of savings options, efficiency proposals and also look at the opportunities to raise income.

These proposals are estimated to result in £920k - £957k in extra contributions from service users.

## **1. Background**

### **1.1 Context**

The proposals for changes to the Council's Non-Residential Care Contributions Policy are driven by a number of different considerations set out fully in paragraph 1.1 of the consultation report. The key reasons for the review were as follows:

- The current policy was agreed by the Council in 2010 and was due to be reviewed;
- There has been a major change to the law with the implementation of the Care Act 2014 and its associated Regulations and Guidance. The policy needs to follow all current guidance and legislation;
- Contributions from service users are an important part of income in the Council's Adult Care budget and opportunities to increase income needed to be explored so that Adult Care Services are available for people in the future.

### **1.2 The Existing Policy**

Given the existing policy has been in place since 2011 and with the significant changes to local government and specifically Adult Care over that period it is appropriate that we do consider changes to the existing policy. In addition note has been taken of external comments regarding the policy eg within Proposal 1 (recommendation 3a) the suggested change to a 72 hour notice period picks up concerns that the existing policy's use of the term 'a

reasonable period' is too imprecise. As we look towards the implementation phase of the project we will also ensure that appropriate use is made of the new system changes that the Mosaic software will bring.

## **Financial Context**

- 1.3 The Consultation Report (Appendix A) provides within the background to the report in paragraph 1 a section on material financial considerations.
- 1.4 Back In February 2011 the County Council approved a budget up to and including 2014/15 based upon the outcome of a fundamental review of services undertaken in 2010/11. This review was necessary when the Government announced significant savings in local authority spending were required and Central Government support for the Council would fall by some 25% over the four year period 2011/12 to 2014/15.
- 1.5 Adult Care has in the four years from 2011/12 – 2014/15 delivered savings of £38m primarily through efficiency savings including a significant reduction in staff. Income from contributions received by non-residential service users is a key element of the income received by Adult Care and is one of the main discretionary areas of income received by the Council.
- 1.6 Overview and Scrutiny Management received a paper 'The Financial Challenge Beyond 2015/16' on 30 July 2015. This paper identified that a fundamental review of the Council's priorities had been carried out and had identified £48m of savings that could be delivered from the commissioning strategies over the four year period 2015/16 – 2018/19; the proposal to review the Non-Residential Contributions Policy was one of the proposals. There were also a number of corporate changes that could be made to add to these savings (e.g. reduction in capital programme, proposals to increase council tax).
- 1.7 During the November 2014 round of budget setting meetings it was established that the gap between required spending and funding was more in the region of £120m due to increased cost pressures, particularly in care related services. Adult Care continues to be a key area of growth within the Council with particular pressures around:
  - Demography – where £4.25m has been identified as being the additional cost pressure for 2015/16 with similar amounts required on an annual basis going forward;
  - Deprivation of Liberty Safeguards (DOLS), where due to the Cheshire West judgement additional costs of £1.9m were identified;
  - The 2014 Care Act, albeit for 2015/16 these costs have been funded through additional government funding and through a £2m allocation from the Better Care Fund.
- 1.8 In June 2015 further work was undertaken to establish if any new cost pressures had arisen. The outcome of that work was to increase the projected funding gap for the four years commencing April 2015 from £120m to £130m. At £130m, savings still to be identified total £65m.



- 1.9 The Chancellor's 8 July 2015 announcement provided additional information in advance of the Government Spending Review due on 25 November and there is some optimism that funding reductions may not be as large as previously predicted. In addition however there are some new cost pressures emerging particularly from the new national minimum wage which will increase direct staffing costs modestly but will increase residential and domiciliary care contract prices materially given the planned 11% rise in that wage from April 2016. Provisional estimates suggest an increased cost of £1m on direct staffing and around £15m on adult care contracts by 2020.
- 1.10 In the context of the review of the Non-Residential Contributions Policy, the key message from the above is that the Council's financial outlook shows a need to identify yet further savings and efficiencies than those considered necessary back in 2010/11 or even as recently as during the 2015/16 budget exercise.
- 1.11 The budget projections have been updated and the budget shortfall is now projected as shown below though this does not take into account the impacts, positive and negative, that will flow from the Summer Budget. These cannot sensibly be modelled until, at least, the Spending Review is published.

| <b>Year</b>  | <b>Additional In Year Shortfall</b> | <b>Annual shortfall</b>     |
|--------------|-------------------------------------|-----------------------------|
| 2015/16      | £22.2m (funded by reserves)         | £22.2m (funded by reserves) |
| 2016/17      | £27.4m                              | £49.6m                      |
| 2017/18      | £3.6m                               | £53.2m                      |
| 2018/19      | £12.9m                              | £66.1m                      |
| <b>Total</b> | <b>£66.1m</b>                       | <b>£191.1m</b>              |

**Note:** The £66.1m represents the additional savings that now have to be found in addition to the £65m already identified through the FBR.

- 1.12 In the circumstances, although in principle a potential alternative to the changes proposed in this report would be for savings to be made elsewhere in the Council's budget, the scale of the financial challenge is such that all appropriate means of saving costs and generating additional income need to be pursued. The proposals in this report are considered an appropriate and proportionate means of ensuring increased service user contributions play their part in meeting the financial challenge.

## **Legal Context**

- 1.13 The Council has power to charge for the provision of non-residential care services under section 14 of the Care Act 2014. Section 17 of the Act requires the Council to undertake an assessment of a service user's financial resources and the amount if any that the service user would be likely to be able to pay towards the cost of meeting their needs for care and support. That section also empowers the Secretary of State to make Regulations which are currently the Care and Support (Charging and Assessment of Resources) Regulations 2014.

- 1.14 In addition the government has set out the principles for charging, which are set out by the Department of Health in the Care and Support Statutory Guidance (October 2014) issued under the Care Act 2014. This states that the policy should:
- (1) Ensure that people are not charged more than it is reasonably practicable for them to pay;
  - (2) Establish who will be entitled to financial support based on a means-test and who will be entitled to free care;
  - (3) Be comprehensive, to reduce variation in the way people are assessed and charged;
  - (4) Be clear and transparent, so people know what they will be charged;
  - (5) Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;
  - (6) Support Carers to look after their own health and wellbeing and to care effectively and safely;
  - (7) Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs;
  - (8) Apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings;
  - (9) Encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so;
  - (10) Be sustainable for the Council in the long-term.
- 1.15 The Executive must have regard to these principles in reaching their decision. These principles have been borne in mind in developing the proposed changes to the Council's policy and the recommendations in this report are considered to comply with the Act, the Regulations and the above Guidance.

## **2 History of the Decision**

- 2.1 A paper was presented to Adults Scrutiny Committee on 27 May 2015 giving consideration to a report on the proposed consultation on the Non-Residential Adult Social Care Contributions Policy, with a report to be considered by the Executive Councillor for Adult Care, Health and Children's Services on 1 June 2015. Members were advised that the reason why the policy required revision was to bring it in line with current practice and legislation, particularly the Care Act 2014. A study undertaken by KPMG in 2012/13 provided a number of recommendations, all of which have been progressed. It specifically showed income from contributions in Lincolnshire

was 10% lower on older persons' services compared to other councils. It was also noted that the 2014 Fundamental Budget Review had recommended that the policy should be reviewed to look at other opportunities to increase income.

### **3 Consultation**

- 3.1 Following the decision of the Executive Councillor on 1 June 2015 to proceed to a public consultation, that consultation took place between 22 June and 28 September 2015.
- 3.2 The details of the consultation itself and the description and analysis of the consultation result are set out in the Consultation Report at Appendix A of this Executive report. Members of the Executive are also referred to the raw data from the consultation and the themed individual comments that are included at the link at Background Paper 5.
- 3.3 The consultation responses are further considered in the discussion of each proposal at section 5 of this report.

### **4 Public Sector Equality Duty**

- 4.1 The Council needs to make sure that it complies with the public sector equality duty set out in S149 Equality Act 2010 when coming to a decision on the proposals. In doing so, the Executive as decision-maker must have due regard to the needs to:
- (1) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
  - (2) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - (3) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it: Equality Act 2010 S149(1).
- 4.2 The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation: S149(7).
- 4.3 Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:
- (1) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
  - (2) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;

- (3) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- 4.4 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- 4.5 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.
- 4.6 Compliance with the duties in this section may involve treating some persons more favourably than others.
- 4.7 This duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision-making process.
- 4.8 In reaching their decision on the future shape of the non-residential contributions policy, the Executive must satisfy themselves that they:
- a) understand the likely potential impact of the proposals on the statutory equality goals, on the basis of sufficient information;
  - b) that they have conscientiously and rigorously addressed what steps could be taken to remove or mitigate disadvantages identified for particular equality groups; and
  - c) have taken such of those steps as they consider appropriate bearing in mind the extent of any adverse effect on members of protected equality groups and the other factors which feed into the decision-making process.
- 4.9 Members of the Executive are referred to the Equality Impact Analysis at Appendix B of this report.
- 4.10 The Non-Residential Adult Social Care Services Contributions Policy by its very nature applies to individuals who are eligible to receive services from the Council. This means that older people and people with a disability are in particular impacted by changes in the policy when others who do not share that characteristic are not.
- 4.11 The extent to which those impacts are negative for a proportion of people in each group is set out in Appendix B together with the mitigating considerations.

- 4.12 In addition consideration has been given as to whether the proposals have a differential impact on any other groups with a protected characteristic. The only area where such a differential impact has been identified is in relation to sex (gender). Analysis shows that a greater number of women are adversely impacted by the proposals than men. However the impacts are proportional to the different numbers of female as opposed to male service users and therefore these changes do not in themselves impact more on women than they do on men.
- 4.13 All these potential impacts are taken into account in the recommendations of this report. A range of mitigating actions to address these impacts has also been considered. This is dealt with in detail in Appendix B of this report. It is considered that in the light of the overall aims of the changes and given the mitigating considerations set out in the Equality Impact Analysis it is open to the Executive, having had due regard to the public sector equality duty to adopt the recommendations made.
- 4.14 The Executive are also referred to section 6 of this report for further legal considerations.

## **5 Specific proposals**

This section sets out each of the original proposals and discusses them in the light of the consultation responses setting out the rationale for each of the recommendations. For a statement of each proposal and the potential alternatives, members of the Executive are referred to the Consultation Document at Appendix C.

In the following analysis the overall proposal is discussed by reference to the individual elements identified in the consultation questions at Appendix C

### *Proposal 1: To introduce a 72 hour notice period for cancelling care and to explain the way that refunds are calculated for cancelled or missed care.*

- 5.1 To introduce a 72 hour (three days) notice period for cancelling care.

The advantage of this proposal is the certainty it gives to the Council and service users and the opportunity it affords the Council to cancel care with the service provider.

59% of respondents to the consultation agreed with this proposal. Overall the comments supported the 72 hour notice period as long as exceptions were made for emergencies and as long as the process for giving notice was clear and the necessary processes were in place to enable notice to be given.

Although some comment was made that the 72 hour period was too long this was addressed in the original consultation document and for the reasons given there it is recommended that this period be retained.

It is therefore recommended (3a) that the policy be amended to require 72 hours' notice for cancelled care. The Council's consultation document already made it clear that this would not be required in the event of emergency admission to hospital. It is proposed that the Director of Adult Social Services in exercising the delegation under recommendation 4a have regard to whether any other emergency exceptions should be incorporated into the final version of the policy. It is also recommended that in exercising the delegation under recommendation 4c to produce an implementation plan, that plan clearly sets out the process for cancelling care so notice can be logged.

5.2 To explain the way that refunds are calculated for cancelled or missed care.

The consultation proposal was for the policy to be amended to allow requests for annual reviews of contributions to determine whether a refund is due. On that review, the cost of care for the whole year would be compared with the total annual contribution paid by the service user and a refund would only be due where the total contributions paid are more than the annual cost of care. This would be clearly set out in the policy.

60% of respondents agreed with this proposal. However a number of comments expressed the view that an annual review was too long a time to wait, especially given the financial circumstances of many service users.

These comments are noted and the issues they raise acknowledged. However, as stated in the discussion of options in the consultation document itself, it will only be possible to determine at the end of a year whether the amount of service user contributions over that year exceeds the total cost of the care received in the year.

The operation of a more frequent refund system would give rise to the potential for payments within the year that have to be recouped at a later date. This is administratively onerous and is not considered to be in the interests of service users themselves.

It is therefore recommended (3b) to proceed with the proposal as described in the consultation document.

*Proposal 2: To change the rules covering the date when people begin to pay for their care.*

5.3 The proposal here was to introduce a new rule so that everyone assessed to pay a contribution will be charged from 14 days after the financial assessment form is sent out.

64% of respondents agreed with this proposal. Some comments questioned whether 14 days was a sufficiently long period for people to be able to return the financial assessment forms and practical issues were raised about when

the period started and what account was taken of the postal system and the availability of carers to assist with the forms. It is recommended that these practical matters be dealt with under the Director of Adult Social Services' delegation in finalising the policy and in approving an implementation plan.

On the question of when charging should begin a number of respondents commented that charging should begin from when the service is received. The force of that contention is recognised but the Council's proposal was designed to strike a balance between the principle of paying for services received and the principle that someone should not be charged until they know the amount they will be required to pay.

Having considered the results of the consultation it is still considered that the 14 days strikes the right balance.

It is therefore recommended (3c) that the policy be amended so that everyone assessed to pay a contribution will be charged from 14 days after the financial assessment form is sent out.

As service users will on average begin to pay contributions earlier this is estimated as resulting in an extra £42,000 of service user contributions per annum.

*Proposal 3: To assess contributions against the full cost of services received and remove the current £250 maximum weekly charge.*

- 5.4 The first element of this proposal on which people's views were sought was the proposal to assess service user contributions against the full cost of the services received.

47% of respondents agreed with this proposal (which was the majority response). However this was inconclusive once the margin for error is taken into account. There were also a number of more negative comments expressing concern in particular about the position of people on very low incomes.

This proposal is estimated as resulting in an extra £568,250 of service user contributions per annum. For further details of the impact of this on service users see section 4.6 in the Consultation Report in Appendix A of this Executive report.

- 5.5 The second element of this proposal on which people's views were sought was the proposal to remove the maximum charge per week of £250.

63% of respondents disagreed with this proposal. Comments showed that although the majority of respondents disagreed with the total removal of the cap they understood increases in income were needed and felt that the cap could be increased. There is therefore a decision to be made on whether to

raise the cap on service user contributions or whether to remove the cap completely.

- 5.6 Members of the Executive are referred to pages 10 and 11 of the Consultation Document at Appendix C for the rationale for the proposed changes. As stated there, careful consideration went into the proposals and in particular consideration was given to the fact that the Council already provides (as it must do) the Minimum Income Guarantee and to the guidance which requires that the Council consider having a maximum charge and suggests that it think about having a maximum charge which would mean people would not be asked to pay more for care and support at home than it would cost to be cared for in a home. At the same time conscientious consideration must be given to the degree of opposition to certainly the second element of this proposal.
- 5.7 In the circumstances, for the reasons given in the Consultation Document at Appendix C and the potential for these changes in particular to contribute to meeting the very significant financial challenges the Council faces, it is recommended that the Executive proceed with the change to the policy that would see contributions assessed against the full cost of services received (3d).
- 5.7 For the same reasons, it also recommended that the Executive give consideration as to whether, and if so to what extent, it would wish to raise or remove the £250 maximum weekly charge (3e).
- 5.8 However the Executive choose to approach that question, it is recommended that a phased implementation be approved to reduce the impact on service users affected. To assist the Executive the impacts of a phased implementation is given in the table below for increases in the cap to £400 and £500 respectively and the removal of the cap. This will change depending whether a maximum cap is chosen e.g. if a maximum cap of £500 were chosen then the additional contributions realised would be £310,319.03 annually, down £36,008.41 on having no cap.

| <b>Phased implementation</b>     | <b>2016/17</b> | <b>2017/18</b> | <b>2018/19</b> |                     |
|----------------------------------|----------------|----------------|----------------|---------------------|
| New maximum weekly charge        | £400           | £500           | No Max         |                     |
| Number of Service Users Impacted | 62             | 14             | 4              |                     |
| Additional contributions         | £273,349.16    | £310,319.03    | £346,327.44    |                     |
| Loss for that year               | -£72,978.27    | -£36,008.41    |                | <b>-£108,986.68</b> |



Proposal 4: To set allowances for Disability Related Expenses (where service users can show they have unavoidable expenses because of their disability), through banded levels linked to eligibility for disability benefits. (For new customers only).

- 5.9 The banded levels proposed under this proposal were:-
- Level 1 at £10 per week for people in receipt of low level Disability Living Allowance
  - Level 2 at £15 per week for people in receipt of middle rate Disability Living Allowance or Personal Independence Payment or Low Attendance Allowance
  - Level 3 at £25 per week for people in receipt of highest rate Disability Living Allowance or Personal Independence Payment or High Attendance Allowance
- 5.10 58% of respondents agreed with this proposal and no comments suggested that the proposal as it stands was not appropriate. At the same time, comments strongly showed an opinion that the proposal should apply to all service users.
- 5.11 It is therefore recommended (3f) that the policy be amended to apply banded Disability Related Expenses (DRE) to new service users (as agreed by 58% of respondents). In addition, in light of respondents' comments it is proposed that the delegation to the Director of Adult Social Services, include authority to review and if appropriate approve applying the bands to existing service users within the next 6 months.

Proposal 5: To introduce an arrangement fee to cover the cost of arranging non-residential services for people who have savings and/or assets over the capital limits (i.e self-funders).

- 5.12 This proposal is to introduce a one-off arrangement fee for new self-funding service users who wish the Council to arrange their non-residential service care package. It is described in more detail in the Consultation Document at Appendix C.
- 5.13 Although 48% of respondents disagreed with this proposal (which was the majority response) this was inconclusive once the margin for error is taken into account. A common theme from the comments was that they required clarity around the proposal and in particular felt unable to comment until the arrangement fee had been set.
- 5.14 The consultation document stated that an amount for the fee will not be set until the Council has had the experience of costing the service when the costs involved are better known.

- 5.15 The Council's consultation sought people's views on the principle of introducing such a charge. Even accepting the majority of responses were against the introduction of a charge, it is still considered that the arguments in favour of a charge in principle are strong. In particular, if the Council absorbs the costs of meeting this new requirement it would simply pass the cost on to those who are less able to pay by reducing the amount of resources available to meet the Council's obligations to eligible service users.
- 5.16 In terms of the amount of the charge it is proposed that authority to set the amount of the charge be delegated to the Director of Adult Social Services under recommendation 4d following such additional engagement as he considers appropriate.
- 5.17 As a guide, a figure of £444 has been calculated as a suggested charge. The Care Act 2014 allows the Council to issue a charge based upon the actual cost it would incur in arranging services for new self-funding service users. The fee suggested above includes the cost of establishing a suitable care package following a full assessment of the service user's needs, the cost of conducting a financial assessment, the cost of brokering and placing a service user and the cost of administration. The costs associated with those activities were based on information contained within the "Lincolnshire Model" which was used to establish the additional cost to the authority of implementing the Care Act 2014. The "Lincolnshire Model" was used by the Department of Health (DoH) to help calculate the cost of implementing the Care Act 2014 across England.

## **6 Legal Considerations**

- 6.1 The legal basis of the Council's provision of non-residential care services and the Council's duties in relation to the public sector equality duty and their impact on the Council's decision-making process have been addressed in the earlier sections of this report. However, in reaching its decision the Executive must also have regard to the matters that follow.

### *Child Poverty Strategy*

- 6.2 In reaching a decision, the Council must have regard to the Lincolnshire Child Poverty Strategy (Background document 8). Consideration has been given to this Strategy but as the charging policy relates to adults, the proposals are not considered to impact upon the Child Poverty Strategy.
- 6.3 In reaching a decision, the Council must have regard to the Lincolnshire Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (Background document 9). The services covered by the charging policy are central to the health and wellbeing of those that receive them. The proposed amendments to the policy are aimed at making the basis of charging for those services clearer and at ensuring the financial sustainability of those

services. The changes are considered to be a reasonable and proportionate means to achieving that end.

### *Human Rights*

- 6.4 It is not considered that the proposal gives rise to any breach of Schedule 1 to the Human Rights Act 1988. In particular the Council is lawfully exercising powers granted under the law and considered necessary by the state to secure the payment of contributions. The Council continues to be bound by and will comply with the Regulations and Guidance put in place governing the calculation of such contributions. The proposals are considered to be a proportionate means of helping to fund the provision of social care services generally and home care services in particular. No human rights issues have been highlighted during the consultation period.

## **7. Implementation**

- 7.1. The implementation process and timescales will be agreed by the Director of Adult Social Services in consultation with the Executive Councillor for Adult Care, Health and Children's Services.

- 7.2 Within the Implementation Process tasks include:

- Re-writing the revised Adults Contributions Policy
- Establishing an Implementation Group to support the work
- Engaging with Stakeholders eg. Serco and Peoples Partnership
- Reflecting on ongoing development of Agresso and implementation of Mosaic which is crucial to the billing and refund system
- Implementation of systems and procedures around the proposals
- Ensuring quality of the service user data and financial information
- Reflecting on any related impact to service users Personal Budgets
- Future proofing for DWP changes moving from Disability Living Allowance (DLA) to Personal Independence Payment (PIP)
- Take into account the changes to home care rates (and other changes) from April 2016 in the light of national revisions to the living wage from April 2016.

In the light of all of the above and in particular the development needs in Agresso and Mosaic, a January 2016 implementation is unlikely given the present position. Consideration is being given to implementation in April 2016 particularly as Serco, on behalf of the Council, will be undertaking the annual review of charges in light of the pension changes and likely developments to Agresso and Mosaic by April 2016. The Council had originally been anticipating income in 2015/16 from the changes but this is now unlikely. It is still considered that Adult Care will spend within budget in the current financial year without any additional income due to have been received from the implementation of the new policy.

## 2. Conclusion

The consultation has proved useful in formulating the proposals for changes to the Non-Residential Contributions policy and the subsequent recommendations. Stakeholder engagement is likely to prove useful in the implementation process.

### 3. Legal Comments:

The Council has the power to adopt the recommendations made in the report. Specific legal considerations are dealt with in the body of the report.

The decision is consistent with the Policy Framework and within the remit of the Executive.

### 4. Resource Comments

The Council has approved a decision to carry out a public consultation on proposals to change the Council's Non-Residential Care Contributions Policy. This is due not only as a result of changes brought about by the implementation of the Care Act 2014 but also as a result of the Council's requirement to maximise income to help mitigate the increasing fiscal pressure on Adult Care services.

Proposals brought forward in the report represent the most effective means of maximising income whilst having due regard to the comments made by the public during the consultation process.

## 5. Consultation

### a) Has Local Member Been Consulted?

Not applicable

### b) Has Executive Councillor Been Consulted?

Yes

### c) Scrutiny Comments

The Adults Scrutiny Committee is due to consider these proposals at its 28 October 2015 meeting and the views of the Committee will be reported to the Executive.

### d) Policy Proofing Actions Required

See Equality Impact Analysis which forms Appendix B of the Executive report.

## 6. Appendices

|  |  |
|--|--|
| These are listed below and attached at the back of the report. |  |
| Appendix A   | <p>Consultation Report</p> <p>Appendices within consultation report:</p> <p style="padding-left: 40px;">Appendix A – Benchmarking</p> <p style="padding-left: 40px;">Appendix B – Financial case studies</p> |
| Appendix B   | Equality Impact Assessment   |
| Appendix C   | Consultation Document  |

## 7. Background Papers

The following background papers were used in the preparation of this report

| Document title   | Where the document can be viewed   |
|--|--|
| (1) Adults Contributions Policy 2011                         | <p>Democratic Services<br/>Lincolnshire County Council<br/>County Offices<br/>Newland<br/>Lincoln LN1 1YL</p>  |
| (2) Adults Contributions Policy - an Introduction            | <p>Adults Scrutiny Committee agenda, reports and minutes 27 May 2015<br/>LCC Connects Committee records</p> <p><a href="http://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=123&amp;MId=4229&amp;Ver=4">http://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=123&amp;MId=4229&amp;Ver=4</a></p> |
| (3) Adult Care Consultation Survey Report v1.4.              | <p>LCC Connects</p> <p><a href="http://www.lincolnshire.gov.uk/adultcare">www.lincolnshire.gov.uk/adultcare</a></p>  |
| (4) Care & Support Statutory Guidance. Department of Health. | <p>LCC Connects</p> <p><a href="http://www.lincolnshire.gov.uk/adultcare">www.lincolnshire.gov.uk/adultcare</a></p>  |
| (5) Comments ASC Consultation.                               | <p>LCC Connects</p> <p><a href="http://www.lincolnshire.gov.uk/adultcare">www.lincolnshire.gov.uk/adultcare</a></p>  |

| <b>Document title</b>                                   | <b>Where the document can be viewed</b>   |
|---|---|
| (6) HSCIC. (2014/15). Adult Social Care Survey Guidance | LCC Connects<br><a href="http://www.lincolnshire.gov.uk/adultcare">www.lincolnshire.gov.uk/adultcare</a>  |
| (7) KPMG. (2012). Adult Social Care Review- LCC.        | LCC Connects<br><a href="http://www.lincolnshire.gov.uk/adultcare">www.lincolnshire.gov.uk/adultcare</a>  |
| (8) Child Poverty Strategy                              | Lincolnshire Research Observatory<br><a href="http://www.research-lincs.org.uk/Child-Poverty-Strategy.aspx">http://www.research-lincs.org.uk/Child-Poverty-Strategy.aspx</a>  |
| (9) Joint Health and Wellbeing Strategy                 | LCC Connects<br><a href="http://www.lincolnshire.gov.uk/residents/public-health/behind-the-scenes/policies-and-publications/joint-health-and-wellbeing-strategy/115339.article">http://www.lincolnshire.gov.uk/residents/public-health/behind-the-scenes/policies-and-publications/joint-health-and-wellbeing-strategy/115339.article</a> |

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# **Non Residential Adult Social Care Services Contributions Policy**

## **Consultation report**

**Version 1.6**

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## **EXECUTIVE SUMMARY**

### **INTRODUCTION**

In October 2014 Lincolnshire County Council Executive approved a review of their Non-Residential Adult Social Care Contributions Policy. Whereas people receiving residential services are charged using national guidance, for people who receive services to support them at home, the Council has a degree of discretion about the way they decide to charge. Income from non-residential contributions for 2014/15 was £6.6m. This represents 3% of the Adult Care budget. The policy and any proposed changes must be fair and take account of what people can be reasonably expected to afford to pay.

The reasons for the review were as follows:

- The current policy was agreed by the Council in 2010 and was due to be reviewed;
- There has been a major change to the law with the implementation of the (Care & Support Statutory Guidance, 2014) 2014 and its associated Regulations and Guidance. The policy needs to follow all current guidance and legislation;
- Contributions from service users are an important part of income in the Council's Adult Care budget and opportunities to increase income needed to be explored so that Adult Care Services are available for people in the future.

As a result a review of the policy was carried out from January to April 2015 which identified a number of potential changes to the policy which the Executive approved for public consultation in June 2015.

The five proposals consulted on were as follows:

1. To introduce a 72 hour notice period for service users cancelling care and describe the way that refunds are calculated for cancelled or missed care;
2. To change the rules covering the date when people begin to pay for their care;
3. To assess contributions against the full cost of services received and remove the current £250 maximum weekly charge;
4. To set allowances for Disability Related Expenses, through banded levels linked to eligibility for disability benefits (for new customers only);
5. To introduce an arrangement fee to cover the cost of arranging non-residential services for people who have savings and/or assets over the capital limits (i.e. self-funders).

These proposals are set against a national financial background of austerity leading to the need for extensive savings locally to service budgets.

The 14 week public consultation took place between 22 June and 28 September 2015. The consultation included:

- Consultation documents published on the Council website - [www.lincolnshire.gov.uk/adultcare](http://www.lincolnshire.gov.uk/adultcare)
- An online survey (available to download) and distributed hardcopies
- Direct mailshot to 4,725 service users receiving non-residential chargeable services
- Twelve public consultation events held between 14 July and 17 September 2015 at locations distributed around the county (2 Lincoln, 3 West Lindsey, 1 North Kesteven, 2 East Lindsey, 2 South Kesteven, 1 South Holland, 1 Boston)
- Engagement with The People's Partnership and associated networks which resulted in over 3,500 emails distributing the documentation to vulnerable adults, carers and professionals
- Thirteen partnership events disseminating the message to voluntary sector networks

This consultation has been monitored by the Consultation Institute under its Consultation Compliance Assessment Scheme, and the institute is happy to confirm that the exercise has fully met its requirements for good practice.



## REPRESENTATION

In total, 273 completed surveys were received during the consultation period. 68% of these were submitted online and 32% in hard copy. It was approximated from the survey results that two-thirds of respondents had a support need. In terms of the identified relevant protected characteristics of service users 23% of respondents were over 75 and 50% declared a disability and 64% were female.

A thorough quality control process was carried out on the completed surveys to check for duplications or any errors in data entry. This process is described in section 2.9.

## SUMMARY OF FINDINGS

**Proposal 1a)** The Council is proposing setting a notice period of 72 hours for service users cancelling care who wish to have their contribution reviewed for any cancelled care. This is so that the Council can give notice to providers of cancelled care and not have to pay them for that care. (This does not apply where care is cancelled in the event of emergency admission to hospital.)

59% of respondents who answered this question agreed with this proposal and 29% disagreed. The common theme from the comments received from respondents was that 72 hours was reasonable as long as consideration was given to emergency situations such as sickness and hospital visits.

Benchmarking showed notice periods vary between 24 hours and 7 days, but 12 out of 15 councils benchmarked do not state a particular notice period.

**Proposal 1b)** The Council is proposing that service users could ask to have their contributions reviewed every year to see if any of their contributions should be refunded as a result of cancelled care or care missed by the provider. A refund would only apply if the contributions paid by the service user are more than the annual cost of the services they received.

60% of respondents who answered this question agreed with this proposal and 21% disagreed. The common theme from the comments received from respondents was that an annual review and annual refunds would be too long a period to wait. Respondents felt that monthly, quarterly or at least bi-annually would be more reasonable.

**Proposal 2)** The Council is proposing to introduce a new rule so that everyone assessed to pay a contribution will be charged from 14 days after the financial assessment form is sent out. Currently contributions start from the date that the Council notifies the service user of the amount they are expected to pay.

64% of respondents who answered this question agreed with this proposal and 27% disagreed. The common theme from the comments received from respondents was that it is not always possible to complete the paperwork associated with the financial assessment within 14 days particularly where information from third parties such as banks and the Department of Work and Pensions was required.

Benchmarking showed charging either starting from completion of financial assessment or from the start of receiving the service. 9 out of 15 councils benchmarked start charging from the start of receiving the service.

**Proposal 3a)** The Council is proposing that contributions are assessed against the full cost of services received by the service user. Currently they are assessed against 90% of the cost of services and the Council give a 10% subsidy.

47% of respondents agreed with this proposal and 38% disagreed. The common theme from the comments received from respondents focused on the fairness of the payment model with respondents feeling this penalised vulnerable people in the

community.

Benchmarking showed all 15 councils benchmarked charge against 100% of the cost of services.

**Proposal 3b)** The Council is proposing that the current £250 maximum weekly charge is removed so that service users would pay the full cost of the service they receive if they are assessed as being able to afford that.

27% of respondents who answered this question agreed with this proposal and 63% disagreed. The common theme from the comments received from respondents was that the cap should be kept but could be raised to a fair or realistic level taking into consideration inflation rather than being removed completely.

Benchmarking showed 12 out of the 15 councils benchmarked have no current maximum or are consulting on removing it completely.

**Proposal 4a)** For new customers the Council is proposing setting allowances for Disability Related Expenses through three banded levels linked to the disability benefits people receive.

58% of respondents who answered this question agreed with this proposal and 18% disagreed. The common theme from the comments received from respondents was that it was a fair proposal and that it should apply to all service users and not just new service users.

Benchmarking showed a range of banding systems but 11 out of 15 councils benchmarked still carry out individual assessments.

**Proposal 4b)** The proposed amounts set for the 3 bands are:

- Level 1 at £10 per week for people in receipt of low level Disability Living Allowance
- Level 2 at £15 per week for people in receipt of middle rate Disability Living Allowance or Personal Independence Payment or Low Attendance Allowance
- Level 3 at £25 per week for people in receipt of highest rate Disability Living Allowance or Personal Independence Payment or High Attendance Allowance

41% of respondents agreed with this proposal and 24% disagreed. The common theme from the comments received from respondents was that they felt the bandings were low and should be higher.

**Proposal 5)** The Council are proposing to introduce an arrangement fee to cover the cost of arranging non-residential services for people who have savings and/or assets over the capital limits (i.e. self-funders). The amount has not yet been proposed.

38% of respondents agreed with this proposal and 48% disagreed. The common theme from the comments received from respondents was that they required clarity around the proposal and in particular felt unable to comment until the arrangement fee had been set.

As this is a new concept it was difficult to clarify but 6 out of 15 councils benchmarked currently charge.

## 1. INTRODUCTION

### 1.1 CONSULTATION BACKGROUND

In October 2014 Lincolnshire County Council Executive approved a review of their Non-Residential Adult Social Care Contributions Policy. Whereas people receiving residential services are charged using national guidance, for people who receive services to support them at home, the Council has a degree of discretion about the way they decide to charge. Income from non-residential contributions for 2014/15 was £6.6m. This represents 3% of the Adult Care budget. The policy and any proposed changes must be fair and take account of what people can be reasonably expected to afford to pay.

The reasons for the review were as follows:

- The current policy was agreed by the Council in 2010 and was due to be reviewed;
- There has been a major change to the law with the implementation of the Care Act 2014 (Care & Support Statutory Guidance, 2014) and its associated Regulations and Guidance. The policy needs to follow all current guidance and legislation;
- Contributions from service users are an important part of income in the Council's Adult Care budget and opportunities to increase income needed to be explored so that Adult Care Services are available for people in the future.

As a result a review of the policy was carried out from January to April 2015 which identified a number of potential changes to the policy which the Executive approved for public consultation in June 2015.

The five proposals consulted on were as follows:

1. To introduce a 72 hour notice period for service users cancelling care and describe the way that refunds are calculated for cancelled or missed care;
2. To change the rules covering the date when people begin to pay for their care;
3. To assess contributions against the full cost of services received and remove the current £250 maximum weekly charge;
4. To set allowances for Disability Related Expenses, through banded levels linked to eligibility for disability benefits. (For new customers only);
5. To introduce an arrangement fee to cover the cost of arranging non-residential services for people who have savings and/or assets over the capital limits (i.e. self-funders).

These proposals are set against a national financial background of austerity leading to the need for extensive savings locally to service budgets.

## 1.2 CONTEXT

During 2010, the Chancellor of the Exchequer made clear the government's view that "reducing the budget deficit is the most urgent issue facing Britain". Following this, plans for public spending were announced which included substantial cash reductions in government grants to local authorities over the following four years of the spending review period. Since then, due to these reductions Lincolnshire County Council has made some £148m of savings. During 2014, it became clear that the reduction of government funding would continue, whilst pressures on services was continuing to rise, and the Council identified it was likely to need to find a further £90m of annual savings by the end of the next four year period (2015/16 – 2018/19). It was in this context that Adult Care proposed the inclusion of a review of the Non-Residential Contributions Policy, seeking both a general review of the policy whilst also seeking to explore income opportunities. Since that time further reviews of the Council's budget have been undertaken, the most recent of which shows that by June 2015 the funding gap for the four years commencing April 2015 has risen to £130m, with savings of £65m still to be identified. The council now also awaits the financial implications of the government's spending review which is due to be announced on 25 November 2015.

In 2012/13 the Council commissioned a budget study which can be found at [www.lincolnshire.gov.uk/adultcare](http://www.lincolnshire.gov.uk/adultcare) from financial consultants (KPMG, 2012) to get a better understanding of the budget pressures at that time and to compare Lincolnshire's budget with other similar councils. This report has led to a number of internal changes to staffing, processes and procedures in order to realise savings.

Adult Care has made over £38m savings in the period since 2010 making it a significant contributor to overall council savings and on a pro-rata basis having the lowest management overheads of any council in the East Midlands. The KPMG study also identified that service user contributions in Lincolnshire were 10% lower than those of the other councils as a percentage of total spending on older persons' services. A similar comparison was made by CIPFA (Chartered Institute of Public Finance and Accountancy, 2014) in a report they completed in 2014 which can be found at [www.lincolnshire.gov.uk/adultcare](http://www.lincolnshire.gov.uk/adultcare). This report shows that Lincolnshire has a lower than average number of people who pay high contributions and a higher than average number of people who pay lower contributions. This is because compared to other areas people in Lincolnshire are on lower incomes and the financial assessment takes that into account. These two reports contributed to the review of contributions of service users that led to these proposed changes to policy.

The Care Act 2014 (Care & Support Statutory Guidance, 2014) has consolidated much earlier legislation whilst also expanding the responsibilities of the council. Funding for the additional budget pressures has been provided for 2015/16, and we

await information on the extent to which this funding will continue in 2016/17 and beyond. The Act provides new opportunities around charging (eg proposal 5 in the consultation), although earlier this year, key financial changes that had been proposed around a 'care cap', etc. were put back by the government until at least 2020.

As well as reductions in funding the Council has to respond to increases in demand for its services. There are increasing demands on health and social care services with life expectancy rising for both men and women. This trend towards an ageing population profile will continue, with the proportion of people over 75 years of age predicted to increase by 101% between 2012 and 2037. (Source Lincolnshire Observatory population trends 2013). People are living longer with complex needs; there are increasing numbers of people living with co-morbidities, an increased number of people living at home with dementia and more people who choose to receive end of life care in their own home. Currently Adult Care supports approximately 17,000 service users per year and the greatest numbers are people aged 85 +.

### 1.3 CONSULTATION FORMAT

The 14 week public consultation took place between 22 June and 28 September 2015. The consultation included:

- Consultation documents published on the Council website - [www.lincolnshire.gov.uk/adultcare](http://www.lincolnshire.gov.uk/adultcare)
- An online survey (available to download) and distributed hardcopies
- Direct mailshot to 4,725 service users receiving non-residential chargeable services
- Twelve public consultation events held between 14 July and 17 September at locations distributed around the county (2 Lincoln, 3 West Lindsey, 1 North Kesteven, 2 East Lindsey, 2 South Kesteven, 1 South Holland, 1 Boston)
- Engagement with The People's Partnership and associated networks which resulted in over 3,500 emails distributing the documentation to vulnerable adults, carers and professionals
- Thirteen partnership meetings disseminating the message to voluntary sector networks took place for further details see section 2.4
- The Customer Service Centre received 310 queries and the Financial Assessments team 20 queries. They were available to answer individual questions, send out documentation and book events.
- 122 emails were received requesting consultation packs and to book onto the 12 events.

The Council have been advised throughout this process by The Consultation Institute (TCI,) a recognised national body who seek to ensure that best practice is achieved in public consultations through use of their Comprehensive Compliance Assessment (CCA) scheme which included reviews at the following stages:

- Scoping
- Project Planning
- Documentation Review
- Mid-consultation Review
- Closing Date Review
- Final Report

The Council have worked with TCI to ensure that the four Gunning Principles of consultation have been adhered to:

1. Consultation must be undertaken at a time when proposals are still at a formative stage
2. It must include sufficient reasons for particular proposals to allow those consulted to give intelligent consideration and an intelligent response
3. Adequate time must be given for this purpose



4. The outcome of consultation must be conscientiously taken into account when the final decision is taken (alongside the Impact Analysis)

## 2. METHOD

### 2.1 CONSULTATION DOCUMENTS

The following consultation documents were made available throughout the consultation period on the website, at local libraries, parish and county council offices, at events and distributed to networks via The People's Partnership:

- [contributions policy - full consultation document](#) – describing full details including background to the consultation, full details of proposals as far as possible at this formative stage and the full questionnaire
- [contributions policy consultation document - simplified version](#) – a shorter version of the full document summarising the background and proposals and explaining terms. This did not include the questions
- [contributions policy consultation document - easy read](#) - an EasyRead version of the simplified document
- [contributions consultation frequently asked questions](#) – FAQs built up during the consultation events, also giving financial case studies
- [public information sheet](#) – an overview of the consultation and the timescales
- [timetable of events](#) – list of public events, venues and times
- [consultation events booking form](#) – booking form for public events with details of all events
- [contribution policy impact analysis](#) – Equality Impact Analysis which was updated at the mid-term review and at the end of the consultation (Equality Impact Assessment v2, 2015).

### 2.2 COMMUNICATIONS

The consultation began with a direct mailshot to 4,725 current service users who are receiving non-residential services which can incur charges depending on individual financial assessments. This consisted of a letter informing them of the consultation, the public information sheet and the booking form with event details.

The information has been shared with third sector organisations that work within the care market, (e.g. Lincolnshire Carers and Young Carers Partnership, the Alzheimer's Society, Age UK, see section 2.4) who have shared it with their own networks of staff and service users.

The consultation was promoted to local media with six news releases between 18 May and 21 September. This generated the following media coverage:

- 13 stories in print
- 11 online stories
- 2 radio broadcasts
- 1 story in County News

Coverage has been balanced; in most cases the media reported the details as described in our news releases, using comments from Cllr Mrs Bradwell and Glen Garrod. Local newspapers have also published details of individual consultation events in their area.

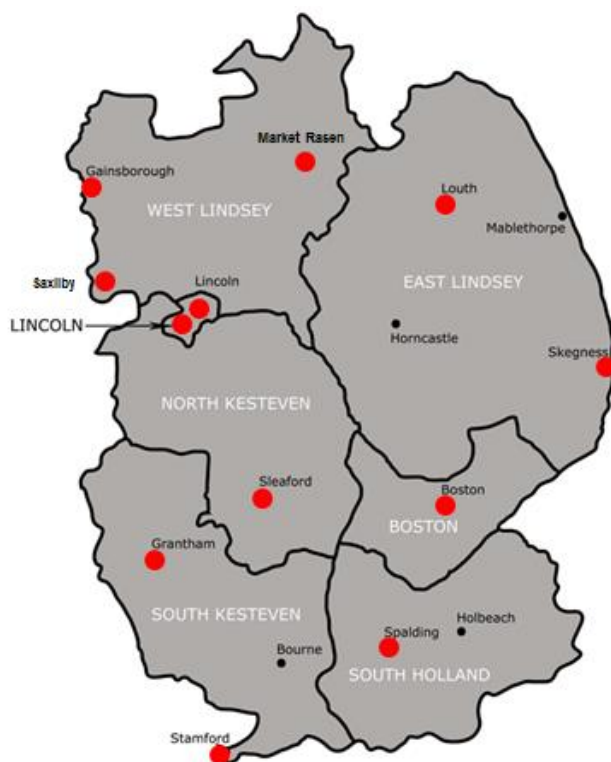
We have run a social media campaign throughout the consultation which has directed people to the consultation and questionnaire on the LCC website. This has had a good deal of engagement with people sharing the information with their own friends and followers online.

As a result, traffic to the web page has remained consistent with between 100 and 200 visitors per week and peaking in the weeks following news releases in June and August.

- Consultation web page – 2411 Unique Page Views
- News releases between May and September – 697 Unique Page Views

## 2.3 PUBLIC EVENTS

Twelve public consultation events were held between 14 July and 17 September 2015 at locations distributed around the county.



The events were structured in two parts. Part one was a formal presentation outlining the rationale and proposals of the consultation. Participants were then able to participate in structured group discussion led by experienced facilitators from the Community Engagement Team. There followed a feedback session and time for further questions. Notes from the table discussions and the open question session were recorded by Business Support staff.

| Area                  | Venue                                  | Number of attendees |
|-----------------------|--|---------------------|
| <b>Lincoln</b>        | Bishop Grosseteste College, Lincoln    | 46                  |
|                       | Ruston Marconi Sports Club, Lincoln    | 38                  |
| <b>West Lindsey</b>   | Market Rasen Race Course, Market Rasen | 8                   |
|                       | Saxilby Village Hall, Saxilby          | 10                  |
|                       | The Weston Rooms, Gainsborough         | 7                   |
| <b>North Kesteven</b> | The Source, Riverside Church, Sleaford | 28                  |
| <b>East Lindsey</b>   | The Storehouse, Skegness               | 17                  |
|                       | Kenwick Park Hotel, Louth              | 34                  |
| <b>South Kesteven</b> | Guildhall Arts Centre, Grantham        | 20                  |
|                       | Stamford Town Hall, Stamford           | 3                   |
| <b>South Holland</b>  | Springfields, Spalding                 | 38                  |
| <b>Boston Borough</b> | Boston West Golf Club                  | 34                  |
| <b>TOTAL</b>          |  | <b>283</b>          |

## 2.4 PARTNERSHIP WORKING

In May 2015 an engagement plan was put together which included stakeholder mapping. The Council engaged with The People's Partnership to help them communicate the consultation to the community and voluntary partnerships and networks within Lincolnshire. The People's Partnership was set up in 2015 through co-production with different community sector bodies and was commissioned through 'Involving Lincs' and is coordinated by Lincolnshire Community and Voluntary Service. It was set up as a forum for the people of Lincolnshire to engage with Lincolnshire County Council through seven strand leads:

1. Carers
2. Children and Young People
3. Learning Disability
4. Mental Health
5. Older People
6. Physical Disability
7. Sensory Impairment

This was the first consultation the partnership have engaged with and although there were some initial lessons to be learnt with the process, the network that was reached through the strand leads was of immense help during the consultation.

| Events Attended  |              |                   |
|--|--------------|-------------------|
| Organisation   | Event Date   | Consultation Pack |
| Lincolnshire Autism Partnership Board, Lincoln                 | 24/06/15     | 20                |
| LinCA, Lincoln   | 06/07/15     | 20                |
| Mental Health Partnership Forum, Lincoln                       | 29/07/15     | 20                |
| Involvement and Collaboration Working Group, Lincoln           | 11/08/15     | 20                |
| Evergreen Care Trust SW Care Network, Stamford                 | 01/09/15     | 20                |
| Chair of the Association of Lincolnshire Senior Fora, Sleaford | 09/09/15     | 50                |
| People's Partnership   | 14/09/15     | 20                |
| CANadda, Community Adult Network support group, Lincoln        | 16/09/15     | 20                |
| Boston Carers Group Learning Disabilities                      | 16/09/15     | 50                |
| Age UK Lincoln   | 18/09/15     | 90                |
| Inclusive Community, Butlins, Skegness                         | 22/09/15     | 2                 |
| Children's Links, LEAP, Lincoln                                | 23/09/15     | 30                |
| Lincs Carers and Young Carers Partnership                      | 24/09/15     | 20                |
|  | <b>TOTAL</b> | <b>382</b>        |

| <b>Consultation Pack Circulation</b>                                 |               |
|--|---------------|
| <b>Organisation</b>  | <b>Number</b> |
| County Council receptions  | 8             |
| Parish council clerks  | 401           |
| Libraries  | 60            |
| Corporate Consultation Database - LCC database                       | 648           |
| Adult Frailty and Long Term Conditions - Principal Practitioners LCC | 22            |
| Lincolnshire Partnership NHS Foundation Trust                        | 2700          |
| Peoples Partnership  | 100           |
| The Evergreen Care Trust, Stamford                                   | 100           |
| Stamford Library - extra copies requested                            | 60            |
| Age UK, Lincoln Elders, Lincoln                                      | 50            |
| Age UK, Lincoln  | 50            |
| <b>Total</b>   | <b>4199</b>   |

| <b>Toolkit and Consultation Pack Email Circulation</b>              |
|---|
| <b>Organisation</b>   |
| Voiceability  |
| Age UK - Strand Community leads                                     |
| South West Care Network   |
| Involving Lincs   |
| Alzheimer's Society Lincolnshire, Lincoln                           |
| Lincolnshire County Council's staff engagement group                |
| Lace Housing  |
| Transitions Quality Development Officer, Children Services, Lincoln |
| Peoples Partnership stand at HealthWatch AGM                        |
| Boston Mayflower  |
| Lincolnshire Home Independent Agency                                |
| St Barnabas   |
| Lincolnshire Carers and Young Carers Partnership                    |
| Lincs Independent Living Partnership                                |
| Royal Voluntary Service   |
| Community Lincs   |
| Senior Forums across the County                                     |
| South Lincs Dementia Support  |
| Lincs Shine   |
| Lincolnshire Advice Network, Sleaford                               |
| South West Care Network   |

## 2.5 PUBLIC SURVEY

The survey could be filled in online, downloaded and printed and was also made available in hard copy and distributed to libraries, town and parish councils and other county council offices. Email links were sent out to over 648 members of the corporate consultation database and over 3,500 people via the People's Partnership (see 2.4 Partnerships).

Survey questions were designed to gauge the level of agreement for each proposal but also to invite comments and alternative ideas. This meant that although each proposal had a closed, quantitative (tick box) questions, the survey also allowed space for qualitative written responses to give those completing the survey an equal opportunity to share their views. The survey was produced in an EasyRead format and available in Large Print. No other versions or translations were requested.

## 2.6 WRITTEN COMMUNICATIONS

Four individuals wrote formally to the Council regarding the consultation. This correspondence included:

- concerns with the consultation process (these concerns are included in section 2.7 below);
- a Freedom of Information request about service statistics and the consultation process, this request has been fulfilled;
- further clarification of proposals, which have been answered;
- input into the consultation, which have been included in the analysis; and comments on background both nationally and locally.

All the individuals have been replied to individually and where necessary individual visits have been made.

All correspondence has been made available to the lead councillor for this consultation to be considered during decision making.

## 2.7 FEEDBACK ON CONSULTATION PROCESS

The Council have received a number of comments about the consultation process itself both verbally and in writing. All comments have been noted as lessons learnt for future consultations and where possible changes were made during this consultation.

| Area of concern               | Concerns  | Action taken   |
|-------------------------------|---|--|
| <b>Formative stage</b>        | The proposals had already been decided upon and the consultation was just a formality – the Council don't listen. | The Council made it clear at all events and meetings that views gathered during the consultation were important to clarify the proposals that were still very much in the formative stage. The details of the proposals were still being worked out and sections 4 and 5 of this report show how this consultation has helped to shape them. |
| <b>Documentation</b>          | The full consultation document was complex and used technical jargon.   | A simplified version was created which summarised the proposals and gave definitions of terms. This was also made available in an EasyRead version.  |
|                               | The Equality Impact Assessment was complex and full of jargon.  | This was rewritten to be much clearer and easy to follow. It was made available on the website and updated at the mid-term review and end of consultation.   |
| <b>Length of consultation</b> | Due to the issues with the documentation described above the most vulnerable would have less time to respond.     | The consultation period was extended from 12 weeks to 14 weeks to ensure that everyone had access to the appropriate documentation.  |
| <b>Events</b>                 | Some areas of the county were left out.   | Two later events were added in Stamford and Gainsborough.  |
|                               | Some event locations were inappropriate: disability access; cost; parking; transport.                             | All comments have been logged and certain venues will not be used again for such a consultation. Village halls, churches and other voluntary sector venues were considered most appropriate.   |
|                               | Structure and length of events did not allow adequate time for questions.   | The additional events were extended to two hours instead of one and a half. Staff made themselves available for individual questions at the end of all the events.   |
| <b>Transparency</b>           | Members are not always given access to all background documents so they are fully informed to make decisions.     | All documents have been made available to members along with this report and can be accessed by the public via the Council's website. These are referenced in the bibliography in this report.   |

## 2.8 DATA ANALYSIS

All completed hard copies of the survey were manually input into the SNAP survey system to be included alongside the online responses that were submitted. This was to ensure the responses were collated in a single database, and in a consistent format. All responses were analysed using SNAP Survey Professional 11 software and the full survey report can be found at [www.lincolnshire.gov.uk/adultcare](http://www.lincolnshire.gov.uk/adultcare) from the 20 October 2015 (Adult Care Consultation Survey Report v1.4, 2015)

All comments from the public events and from the survey have been categorised into themes relevant to each proposal. Due to the large number of 1,623 in total they have not been listed in this report but a full list can be found at [www.lincolnshire.gov.uk/adultcare](http://www.lincolnshire.gov.uk/adultcare) from the 20 October 2015 (Comments ASC Consultation, 2015)

For each proposal, a balanced selection of quotes have been carefully chosen and included in the report under each theme to represent the spread of views expressed by respondents.

## 2.9 QUALITY ASSURANCE

In total, 273 completed surveys were received during the consultation period, which were submitted via the following methods:

- 185 (68%) online, directly from respondents
- 88 (32%) in hard copy

Surveys submitted online by respondents directly were stored automatically in the database, the accuracy of which can be assumed to be correct and as reported. 187 surveys were submitted by this method, one of which was a blank survey, with no detail and another was an exact match to a hard copy that was submitted, with the same responses, comments, respondent profile and location. These two online surveys were removed from the online responses.

89 surveys were submitted in hard copy. 88 were input manually into the database, and one was not input because it was a duplicate survey. Each hard copy of the survey was numbered, dated and initialled by the inputter, and a record made on the database of their entry. To test the accuracy of the manual recording, a two way sample was selected by an Adult Care Performance and Quality Manager; 10% of surveys in hard copy were randomly checked to the database, and a further 10% were randomly selected from the database back to the hard copy. A total of 18 surveys were checked.

There were a total of 19 input errors across the proposal questions and equality monitoring responses, out of a total of 270 responses checked for the sample. This represented an error rate of 7% for the manually input surveys. All of the comments



were correctly input. It was decided to check the inputting for the remaining hard copy surveys to give more assurance to the quality of the data. A similar error rate was found in the remaining surveys. It is not possible to amend survey results in SNAP once they are input, so all responses were updated in the raw SNAP output dataset in Microsoft Excel and included in the analysis.

Further validation of the results took place at the data level to ensure there was no bias in the results. The data was interrogated to look for patterns in the structured proposal questions and commentary. There were 19 instances where one or more combinations of responses matched, which related to a total of 50 surveys. Once these separate instances were profiled, it was clear that the surveys were independent and coincidental.

The analysis of the questions, including the equality and diversity monitoring and impact analysis were checked again in Microsoft Excel using pivot tables to ensure all respondents were included in all questions.

## **2.10 STATISTICAL SIGNIFICANCE OF RESULTS**

The consultation survey uses data from a sample of stakeholders to make inferences about the views of the whole population. However, these estimates are subject to a degree of uncertainty known as a 'margin of error'. The margin of error relates to the proportion of the population that respond to the survey. As this proportion increases, the margin of error decreases. In the statutory Social Care Surveys, the Health and Social Care Information Centre (HSCIC) require a margin of error of +/-5% to ensure a certain level of confidence in the results. This consultation will use this margin of error as the desired level of response.

For the consultation, the sample population was difficult to determine. The first option is to take the sample population as the current number of adults in receipt of a community based service on 31st March 2015. This equates to a total of 7,617 adults, the majority of which were in receipt of a chargeable service and directly received a letter about the consultation. The remaining adults have a support need and are being supported with lower level non-chargeable services, but could potentially be impacted by the contributions policy should their circumstances change and they require chargeable support. However, the consultation invites feedback from the wider population so an alternative sample population would be the Adult Population of Lincolnshire from the most recent published population estimates for 2014 from the Office of National Statistics.

Sample population 2 was chosen in preference because more data existed for the groups of people in the adult population of Lincolnshire, particularly for ethnicity and for people who do not consider themselves disabled. 273 completed surveys gives an overall margin of error of +/-6% rounded to the nearest whole number. Margins of error vary for each question based on the number of respondents answering the

question. Again, the margin of error for each proposal question resolves to 6%, rounded to the nearest whole number.

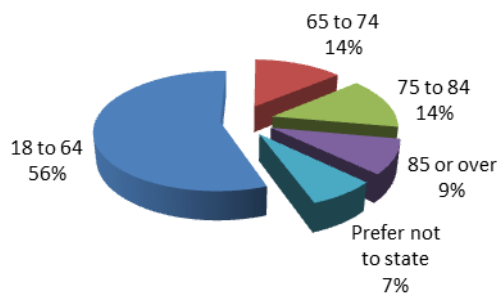
Margins of error have also been calculated for different age groups, gender, ethnicity and disability to assess the statistical significance of the results per characteristic in the equality impact analysis. These have been stated in and can be found at [www.lincolnshire.gov.uk/adultcare](http://www.lincolnshire.gov.uk/adultcare) from the 20 October 2015 (Adult Care Consultation Survey Report v1.4, 2015)

In summary, for each proposal question, we are 95% confident that the views are statistically representative of the population overall, and are likely to fall within +/- 6% of the reported percentages. For example, if 50% agree with a proposal then we can be confident that the overall view of the proposal by the whole population (if everyone was asked) would be within +/-6% of the survey result; between 44% and 56%. Whilst this is below the desired margin of error of +/-5%, the statistical significance of the results is still high, and knowing the confidence interval will be more informative for decision makers. An additional 111 completed surveys would be required to achieve the desired margin of error.

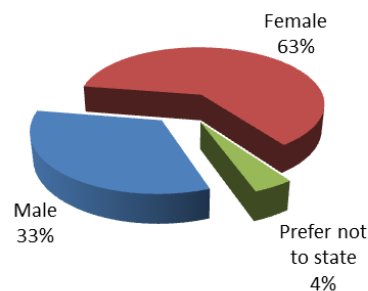
### 3. LEVELS OF ENGAGEMENT

The following tables and charts illustrate the level of engagement with different demographics in our community. It was approximated from the survey results that two-thirds of respondents had a support need.

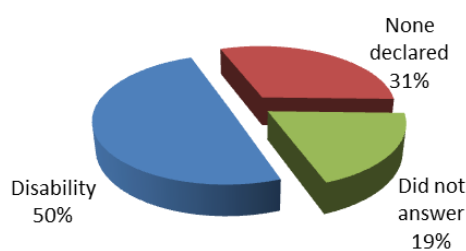
| Age Group           | Number     |
|---------------------|------------|
| 18 to 64            | 145        |
| 65 to 74            | 35         |
| 75 to 84            | 36         |
| 85 or over          | 24         |
| Prefer not to state | 19         |
| Did not answer      | 14         |
| <b>Total</b>        | <b>273</b> |



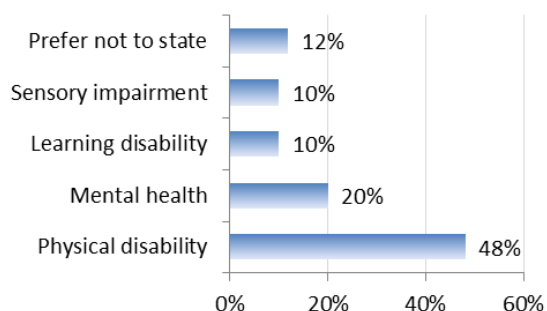
| Gender              | Number     |
|---------------------|------------|
| Male                | 84         |
| Female              | 159        |
| Prefer not to state | 11         |
| Did not answer      | 19         |
| <b>Total</b>        | <b>273</b> |



| Disability     | Number     |
|----------------|------------|
| Yes            | 136        |
| None declared  | 85         |
| Did not answer | 52         |
| <b>Total</b>   | <b>273</b> |



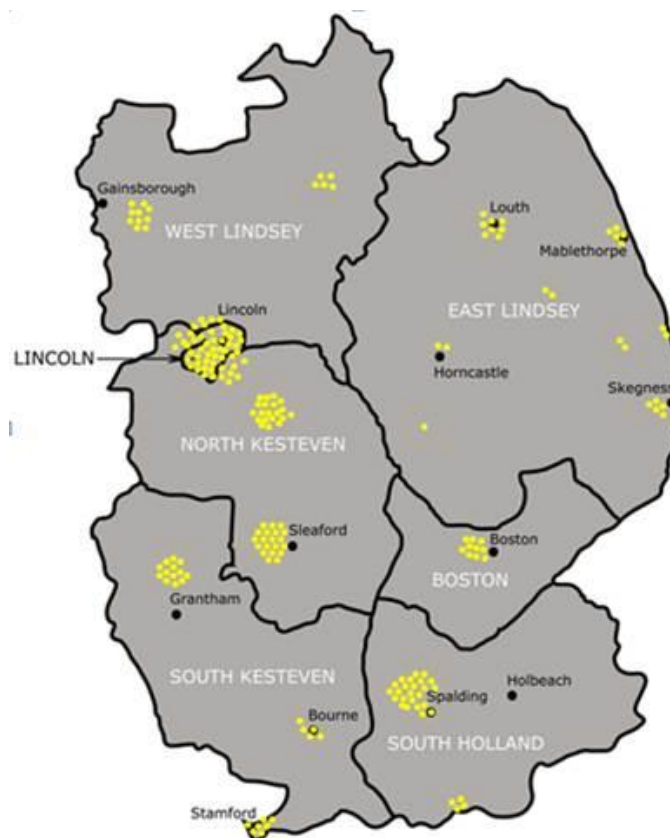
| Disability Type*    | Number     |
|---------------------|------------|
| Physical disability | 101        |
| Learning disability | 21         |
| Mental health       | 42         |
| Sensory impairment  | 21         |
| Prefer not to state | 25         |
| <b>Total</b>        | <b>210</b> |



\*Respondents could chose multiple disabilities. The table shows the frequency of disabilities selected. The chart shows the % of people who selected at least one disability.

A full breakdown of each question by demographic is given in the full survey report can be found at [www.lincolnshire.gov.uk/adultcare](http://www.lincolnshire.gov.uk/adultcare) and representation is analysed in the Equality Impact Assessment (Equality Impact Assessment v2, 2015) which can be found at [www.lincolnshire.gov.uk/adultcare](http://www.lincolnshire.gov.uk/adultcare) from the 20 October 2015.

Responses were received from across the county. The graphic below plots where the responses came from, based on postcode information from respondents where this was given. The points relate to the centre of the postcode area (i.e. LN5). 6 out of the 273 responses came from outside of the county, and have not been plotted.



## 4. KEY FINDINGS

The survey results are reported for each proposal below. The tables include the margin of error stating the lower and upper values that we would expect to find the true level for the whole population. The charts also include a +/-6% error bar to show the margin of error graphically.

### 4.1 PROPOSAL 1

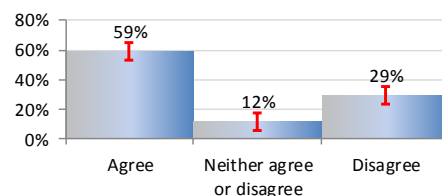
#### To introduce a 72 hour notice period for cancelling care and to explain the way that refunds are calculated for cancelled or missed care.

The current policy says where care is cancelled by the service user within the required notice period, they will not be charged. The current policy does not give a notice period.

Proposal 1a) The Council is considering setting a notice period of 72 hours for service users cancelling care who wish to have their contribution reviewed for any cancelled care. This is so that the Council can give notice to providers of cancelled care and not have to pay them for that care. (This does not apply where care is cancelled in the event of emergency admission to hospital.)

Respondents were asked whether they agree or disagree with the proposal to set a notice period of 72 hours for cancelled care.

| Proposal 1 (Q1a)          | Number     | %   | Error Margin |       |
|---------------------------|------------|-----|--------------|-------|
|                           |            |     | Lower        | Upper |
| Agree                     | 156        | 59% | 53%          | 65%   |
| Neither agree or disagree | 31         | 12% | 6%           | 18%   |
| Disagree                  | 77         | 29% | 23%          | 35%   |
| Did not answer            | 9          | -   |              |       |
| <b>Total</b>              | <b>273</b> |     |              |       |



59% of respondents who answered this question agreed with this proposal and 29% disagreed. This remains the opinion within the margin of error.

The Council received 212 comments relating to Proposal 1a.

The common themes from these comments were that 72 hours was reasonable as long as consideration was given to emergency situations such as sickness and hospital visits. Many respondents queried the expectations around exceptional or emergency incidents where 72 hours' notice would not be practical.

Some respondents felt that 72 hours was too long and that 24 to 48 hours seemed more reasonable.

A small number of respondents queried the arrangements for elderly or younger service users with learning difficulties or a limited capacity.

The following comments were made:

- *"72 hours is a reasonable time to allow all parties to be advised of the change. However, certain caveats must be observed. A). A dedicated telephone line to be set up for this aspect of the service all ALL calls recorded in order establish a consultable record. B). Some exceptions to the 72 hours to be accounted for i.e. urgent hospitalisation, seizures, family emergency."*
- *"72 hours is too long. This should be reduced to 24 hours. There also needs to be a clear policy for emergency cancellations. Some issues arise in a matter of minutes without symptoms which result in care needing to be cancelled at the last minute. What would happen in these instances needs to be clear."*
- *"As long as the service user has the capacity to understand that they must inform in plenty of time."*

Benchmarking showed notice periods vary between 24 hours and 7 days, but 12 out of 15 councils benchmarked do not state a particular notice period. For full details see Appendix A.

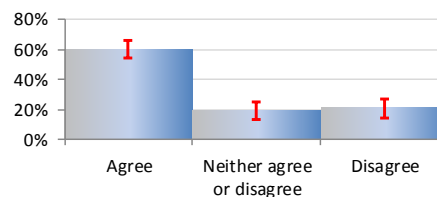
Proposal 1b) The Council is proposing a new way of calculating when refunds are due for cancelled care. The same would apply where an arranged care visit is missed by the care provider, although the notice period would not apply in this situation.

It is proposed that service users can ask to have their contributions reviewed every year, if they so wish, to see if any of their contributions should be refunded as a result of cancelled care or care missed by the provider.

Where an annual contributions review is requested, the cost of care for the whole year will be compared with the total annual contribution paid by the service user. If the contributions paid by the service user are more than the annual cost of the services they received, a refund of the difference will be due.

Respondents were asked whether they agree or disagree with how we are proposing to calculate refunds where contribution refunds are due for cancelled or missed care.

| Proposal 1 (Q1b)          | Number     | %   | Error Margin |       |
|---------------------------|------------|-----|--------------|-------|
|                           |            |     | Lower        | Upper |
| Agree                     | 156        | 60% | 54%          | 66%   |
| Neither agree or disagree | 50         | 19% | 13%          | 25%   |
| Disagree                  | 54         | 21% | 15%          | 27%   |
| Did not answer            | 13         |     |              |       |
| <b>Total</b>              | <b>273</b> |     |              |       |



60% of respondents who answered this question agreed with this proposal and 21% disagree. This remains the opinion within the margin of error.

The Council received 112 comments relating to Proposal 1b.

The common theme from these comments was that an annual review and annual refunds would be too long a period to wait. Respondents felt that monthly, quarterly or at least bi-annually would be more reasonable.

There were also queries about how the process would work and confusion about how to claim for a refund.

The following comments were made:

- *"Annual refunds are unfair, would like monthly refunds."*
- *"Annually is far too infrequent should be bi-monthly at least."*
- *"I consider that if the care provider has failed to meet their obligation regarding scheduled visits that the service user should be refunded promptly. A considerable number of service users are on extremely limited income and can barely afford the service let alone pay for a service they have not received."*
- *"Why refund annually rather than within 28 days. With IT systems on computers should be easy to 'click a button' to generate a refund."*
- *"This is unclear to me. Does this mean the service user notifies the service provider or the council? We would normally notify the service provider. In my experience we have had many days when they have been unable to provide support, often only having 24-48 hours notice, sometimes none at all when they have simply not turned up due to an error on the roster. We have also had days when two carers have turned up for the same shift!! It is unreasonable for somebody who pays out a large contribution each week to have to wait a year for any refund."*

## 4.2 PROPOSAL 2

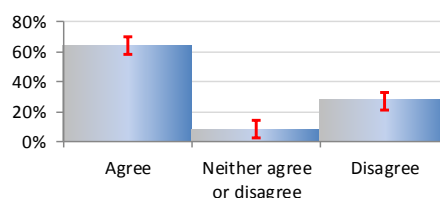
### To change the rules covering the date when people begin to pay for their care.

The current policy says that contributions start from the date that the Council notifies the service user of the amount they are expected to pay. This means that contributions start sooner for people who send financial assessment information more quickly than for people who take longer to do this. The Council believes this is unfair and would like to introduce a fixed timescale so that contributions start at the same time for everyone.

The Council is proposing to introduce a new rule so that everyone assessed to pay a contribution will be charged from 14 days after the financial assessment form is sent out.

Respondents were asked whether they agree or disagree with the proposal that everyone will be charged from 14 days after the financial assessment form is sent out.

| Proposal 2                | Number     | %   | Error Margin |       |
|---------------------------|------------|-----|--------------|-------|
|                           |            |     | Lower        | Upper |
| Agree                     | 170        | 64% | 58%          | 70%   |
| Neither agree or disagree | 22         | 8%  | 2%           | 14%   |
| Disagree                  | 72         | 27% | 21%          | 33%   |
| Did not answer            | 9          |     |              |       |
| <b>Total</b>              | <b>273</b> |     |              |       |



64% of respondents who answered this question agreed with this proposal and 27% disagree. This remains the opinion within the margin of error.

The Council received 171 comments relating to Proposal 2.

The common theme from these comments was that it is not always possible to complete the paperwork associated with the financial assessment within 14 days particularly where information from third parties such as banks and the Department of Work and Pensions was required.

Another theme was that the postal system needed to be taken into account and availability of carers to help complete the forms.

Other respondents felt that charges should be applied for the first day care is received and back dated once the financial assessment has been completed.

Other themes included clarity of dates i.e. form sent versus form received as the start date and people's capacity or the help that they would require to complete and return the forms.

The following comments were made:

- "14 days is too short a time. Users often rely on others to collate and complete information and this cannot always be done in 14 days. 21 days would be more reasonable. However contributions should be backdated to



*time services started - this is logical and obvious. As long as people are made aware that they need to do this."*

- *"Although 14 days seem fair, will there be allowances for postal delays (e.g. postal strikes, bank holidays etc.) 2. If someone only has support once a week to assist with paperwork, and the form is received after their support has been, will there be an extension to allow the support and service user to go through the forms to ensure they are correct and the service user understands?"*
- *"Why wait 14 days? For any other service in life you start to pay as soon as you receive the service. You also need to take into account the postal system which can be slow and the back office systems are 2/3 months behind opening the post. Back office systems need to improve."*

Benchmarking showed charging either starting from completion of financial assessment or from the start of receiving the service. 9 out of 15 councils benchmarked start charging from the start of receiving the service. For full details see Appendix A.

### **4.3 PROPOSAL 3**

**To assess contributions against the full cost of services received and remove the current £250 maximum weekly charge.**

The current policy provides extra protection to service users' incomes by only taking into account 90% of the cost of services and by having a maximum charge of £250 per week.

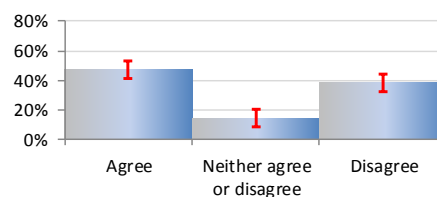
The Council believes that assessing all service users against 100% of the actual cost of services and charging the full amount is fair. The Council has great difficulty in being able to put enough money in the budget for Adult Care and this means that it has to look very carefully at whether it can carry on helping service users to pay less, when this is an extra expense on the Council's budget.

The Council is considering changing this so that:

- a) contributions are assessed against the full cost of services received by the service user and
- b) the current £250 maximum weekly charge is removed so there is no maximum limit

Proposal 3a) Respondents were asked whether they agree or disagree with the proposal to assess contributions against the full cost of services

| Proposal 3 (Q3a)          | Number     | %   | Error Margin |       |
|---------------------------|------------|-----|--------------|-------|
|                           |            |     | Lower        | Upper |
| Agree                     | 124        | 47% | 41%          | 53%   |
| Neither agree or disagree | 39         | 15% | 9%           | 21%   |
| Disagree                  | 102        | 38% | 32%          | 44%   |
| Did not answer            | 8          |     |              |       |
| <b>Total</b>              | <b>273</b> |     |              |       |



47% of respondents who answered this question agreed with this proposal and 38% disagree. This is not conclusive as it changes within the margin of error.

The Council received 114 comments relating to Proposal 3a.

The common theme for these comments focused on the fairness of the payment model with respondents feeling this penalised vulnerable people in the community.

Some respondents queried how this would work for people on a lower income and felt it could create a pressure on carer's to provide more services.

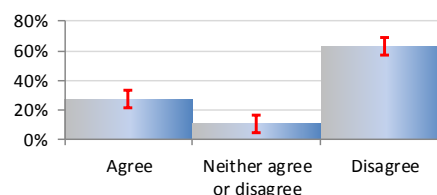
The following comments were made:

- *"It is not possible to comment without knowing the detail of how the contributions are calculated. In principle this is a tax on disability/illness which I think is unfair. Most people receiving care have already paid tax so why penalise vulnerable people."*
- *"I don't fully understand this proposal. Are the council currently operating the minimum income guarantee? Some examples could possibly help - income per week £, amount £ of income per week that is protected or not and if protected how much £ would be considered available to assess charges on."*
- *"As long as the system is fair to those on low incomes or benefits and they are able to meet the p/c without this being detrimental to their living costs. It seems that some consideration would need to be made to those on very low incomes."*

Benchmarking showed all 15 councils benchmarked charge against 100% of the cost of services. For full details see Appendix A. This will only affect those who are assessed as being able to pay more than their current contribution. Examples of how different scenarios will be affected are given in Appendix B.

Proposal 3b) Respondents were asked whether they agree or disagree with the proposal to remove the maximum charge limit and have no maximum charge.

| Proposal 3 (Q3b)          | Number     | %   | Error Margin |       |
|---------------------------|------------|-----|--------------|-------|
|                           |            |     | Lower        | Upper |
| Agree                     | 72         | 27% | 21%          | 33%   |
| Neither agree or disagree | 27         | 10% | 4%           | 16%   |
| Disagree                  | 168        | 63% | 57%          | 69%   |
| Did not answer            | 6          |     |              |       |
| <b>Total</b>              | <b>273</b> |     |              |       |



27% of respondents who answered this question agreed with this proposal and 63% disagreed. This remains the opinion within the margin of error.

The Council received 152 comments relating to Proposal 3b.

The common theme from these comments was that the cap should be kept but could be raised to a fair or realistic level taking into consideration inflation rather than being removed completely.

However, a number of respondents felt that they should not have to pay and this was seen as a way of the Council raising income and the current system should remain.

Respondents also felt they weren't able to fully answer the question without greater insight into how costs are calculated and what was included within them.

The following comments were made:

- *"Would like to keep a cap – would rather raise linking to inflation than have no cap."*
- *"Removing the £250 maximum seems unfair."*
- *"This provides the County Council with an open cheque book to take whatever they determine from my elderly mother."*

Benchmarking showed a range of different caps but 12 out of the 15 councils benchmarked have no current maximum or are consulting on removing it completely. For full details see Appendix A. This will only affect those who are assessed as being able to pay more than their current contribution. Examples of how different scenarios will be affected are given in Appendix B.

#### 4.4 PROPOSAL 4

##### **To set allowances for Disability Related Expenses through banded levels linked to eligibility for disability benefits (for new customers only)**

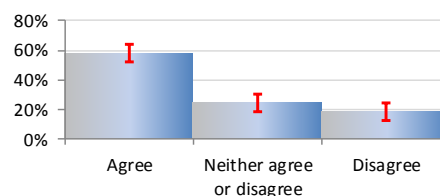
The current policy says that everyone who has particular regular expenses that they have to pay because of their disability will have their need for an allowance for these expenses assessed individually.

For new customers the Council is considering setting allowances for Disability Related Expenses through banded levels linked to the disability benefits people receive. This means that everyone who can show that they have particular regular expenses that they have to pay because of their disability, would be given an allowance according to the disability benefits they receive as follows;

- Level 1 at £10 per week for people in receipt of low level Disability Living Allowance
- Level 2 at £15 per week for people in receipt of middle rate Disability Living Allowance or Personal Independence Payment or Low Attendance Allowance
- Level 3 at £25 per week for people in receipt of highest rate Disability Living Allowance or Personal Independence Payment or High Attendance Allowance

Proposal 4a) Respondents were asked whether they agree or disagree with the proposal to award DRE allowances through banded levels linked to disability benefits for new customers.

| Proposal 4 (Q4a)          | Number     | %   | Error Margin |       |
|---------------------------|------------|-----|--------------|-------|
|                           |            |     | Lower        | Upper |
| Agree                     | 151        | 58% | 52%          | 64%   |
| Neither agree or disagree | 63         | 24% | 18%          | 30%   |
| Disagree                  | 48         | 18% | 12%          | 24%   |
| Did not answer            | 11         |     |              |       |
| <b>Total</b>              | <b>273</b> |     |              |       |



58% of respondents who answered this question agreed with this proposal and 18% disagreed. This remains the opinion within the margin of error.

The Council received 122 comments relating to Proposal 4a.

The common theme from these comments was that it was a fair proposal. Comments (from those who agreed and disagreed with this proposal) strongly showed an opinion that it should apply to all service users.

The following comments were made:

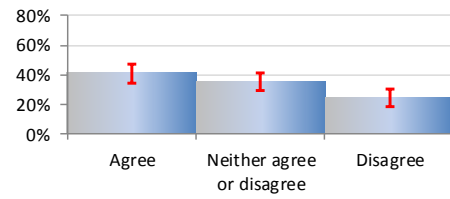
- *"This should apply to everyone not just new customers."*
- *"I feel it is unfair that this new DRE allowance is only for new customers."*
- *"As long as the bands are reviewed regularly and increased with cost of living increases."*

Another theme was that it should be subject to cost of living increases annually.

Benchmarking showed a range of banding systems but 11 out of 15 councils benchmarked still carry out individual assessments. For full details see Appendix A.

Proposal 4b) Respondents were asked whether they agree or disagree with the proposed amounts set for the three bands.

| Proposal 4 (Q4b)          | Number     | %   | Error Margin |       |
|---------------------------|------------|-----|--------------|-------|
|                           |            |     | Lower        | Upper |
| Agree                     | 107        | 41% | 35%          | 47%   |
| Neither agree or disagree | 93         | 35% | 29%          | 41%   |
| Disagree                  | 63         | 24% | 18%          | 30%   |
| Did not answer            | 10         |     |              |       |
| <b>Total</b>              | <b>273</b> |     |              |       |



41% of respondents who answered this question agreed with this proposal and 24% disagree. This is not conclusive within the margin of error.

The Council received 65 comments relating to Proposal 4b.

The common theme from these comments was that they felt the bandings were low and should be higher.

A number of respondents felt they needed more information on how the bandings were calculated to be able to answer the question fully.

Respondents also commented on the need to make clear if this proposal was for new service users or existing service users.

The following comments were made:

- *"The prices/allowances aren't enough."*
- *"Amounts should be higher than you are suggesting."*
- *"New users – all these changes applicable to existing users or just new users."*
- *"Yes but for everyone not just new customers that's not fair it discriminates against existing customers."*
- *"Until figures are publicised as to how the £10, £15 and £25 rates were established it is impossible to expect any reasonable comment on this question."*

#### **4.5 PROPOSAL 5**

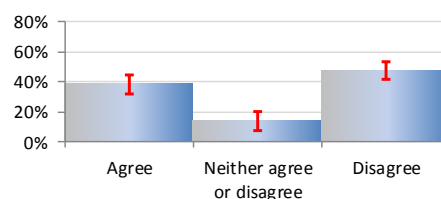
##### **To introduce an arrangement fee to cover the cost of arranging non-residential services for people who have savings and/or assets over the capital limits (i.e. self-funders)**

The Care Act (Care & Support Statutory Guidance, 2014) gives a new duty to councils to help people, called self-funders, to arrange their non-residential services if they are asked to do so. Self-funders are people who have savings and/or capital, over the capital limits set by government which is £23,250 for 2015/16. The Care Act (Care & Support Statutory Guidance, 2014) states that councils can charge a fee for providing this service, limited to the cost actually incurred by the Council in providing the service. The current policy does not say anything about this as the Council has not had the power to charge for this support in the past. The Council is consulting about the principle of charging a fee to cover the cost of providing care management support for self-funders.

It is proposed that an amount for the fee will not be set until the Council has had the experience of costing the service when the costs involved are better known.

Respondents were asked whether they agree or disagree in principle with the proposal to charge self-funders an arrangement fee to cover the cost of providing this service.

| Proposal 5 (Q5)           | Number     | %   | Error Margin |       |
|---------------------------|------------|-----|--------------|-------|
|                           |            |     | Lower        | Upper |
| Agree                     | 102        | 38% | 32%          | 44%   |
| Neither agree or disagree | 37         | 14% | 8%           | 20%   |
| Disagree                  | 127        | 48% | 42%          | 54%   |
| Did not answer            | 7          |     |              |       |
| <b>Total</b>              | <b>273</b> |     |              |       |



38% of respondents who answered this question agreed with this proposal and 48% disagree. This is not conclusive as it changes within the margin of error.

The Council received 146 comments relating to Proposal 5.

The common theme from these comments was that they required clarity around the proposal and in particular felt unable to comment until the arrangement fee had been set.

Other themes related to people feeling that this was unfair and should not be a chargeable service.

The following comments were made:

- *"Whilst in principle I accept the proposal, I am unwilling to formally agree to it until the size of the arrangement fee is published. The Council should put this proposal to one side until the necessary research has been completed."*
- *"See the fairness of it, but want to see how the fee is calculated. Make sure it's transparent and that people know what they are being charged for."*
- *"Raised concerns for especially elderly people being self-funders and finding it unfair and too expensive to cope."*
- *"This service should be free. People who have worked hard, contributed to the welfare system and saved some money, should not be penalised for having done so!"*

As this is a new concept it was difficult to clarify but 6 out of 15 councils benchmarked currently charge. For full details see Appendix A.

It should also be noted that any fee could be set against any deferred payment, which is a facility already provided by the Council.

## 4.6 IMPACT

The impact on service users is already protected to a degree through the financial assessment process and government regulations (updated by the Care Act 2014 (Care & Support Statutory Guidance, 2014) through the Care and Support Statutory Guidance) which all councils **must** follow. The financial assessment includes a minimum income guarantee that all service users must be allowed to keep before any contributions can be set. The financial examples in Appendix B demonstrate how people may be impacted.

The database of current service users changes every month and an analysis, based on service users assessed to pay a charge in September 2015, has been carried out in order to show the current impact. The results of this analysis are summarised below:

- 4421 people: no change to their contribution
- 1063 people: their contribution increases
- 62 people: contributions increased by removing the maximum charge 3a.

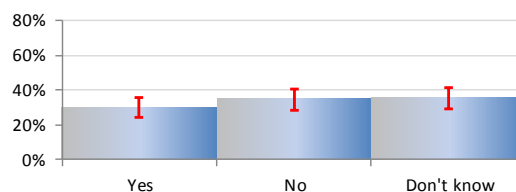
The levels of increases that people would have to pay from are:

- 687 people: an increase of up to £10 per week
- 301 people: an increase of over £10 up to £25 per week
- 24 people: an increase of over £25 up to £50 per week
- 10 people: an increase of over £50 up to £100 per week
- 41 people: an increase of over £100 per week

The Council has made efforts to be fully aware of the impact that the proposed changes would have on service users. The Equality Impact Assessment (Equality Impact Assessment v2, 2015) has looked at the responses we have received from people with the same shared protected characteristics.

Respondents were asked whether they felt they would be adversely affected by the proposals.

| Q6: Impact     | Number     | %   | Error Margin |       |
|----------------|------------|-----|--------------|-------|
|                |            |     | Lower        | Upper |
| Yes            | 79         | 30% | 24%          | 36%   |
| No             | 91         | 35% | 29%          | 41%   |
| Don't know     | 93         | 35% | 29%          | 41%   |
| Did not answer | 10         |     |              |       |
| <b>Total</b>   | <b>273</b> |     |              |       |



The response to this question is not conclusive as it was split almost evenly.



The Council received 51 comments relating to respondents who felt adversely affected.

The common theme on the impact of these proposals received from respondents was that they penalised those who had worked and saved and who would have to pay more under the new proposals.

There were a number of respondents who felt that they already could not afford to continue to pay the cost of their care.

The following comments were made:

- *"Most of the proposals will adversely affect the most vulnerable and frail people in society."*
- *"If the maximum charge per week is lifted I will soon run out of money and have to sell my home, go into care and cost the council the full amount for looking after me."*
- *"I now have £10 in the bank, I cannot afford care package. I cannot afford to upkeep my home. And I have been overdrawn at the bank."*
- *"My care charges have just doubled and I have no savings, investments or my own home and I am living off my benefits it's a disgrace."*

## 4.7 ALTERNATIVES

Under each proposal respondents were asked in the comments section whether they had any alternatives and these were analysed along with the comments under the appropriate proposal.

Respondents were also given the opportunity to add anything further at the end of the survey. The Council received 133 general comments in this section.

It was clear from the responses to this question that respondents did not use this opportunity to detail alternative suggestions and ideas other than those that they had already suggested under each proposal.

The common theme in this section related to Council processes and understanding the information that is sent out to service users by the Council each month/year.

The following comments were made:

- *"Can everything from the council be in plain English?"*
- *"Can we have clearer letters in laymen's terms?"*
- *"Clearer communication back we don't understand 'Jargon' or abbreviations – we need it in Simple Terms."*
- *"Can information sent out be more user friendly as the current information is very complicated?"*

## 6. APPENDICES

## Appendix A – Benchmarking

| Authority        | Notice period | Contributions start  | Max Weekly Cap                                       | Full cost | DRE   | Admin charge                  |
|------------------|---------------|--|--|-----------|---|-------------------------------|
| Cambridgeshire   | 24 hours      | Date of letter informing service user of contribution<br>Unless unreasonable delay in returning forms, then from start of care | None   | 100%      | Individual assessments                                  | £75 one off                   |
| Northamptonshire | Not stated    | Start of receiving the service   | None   | 100%      | Individual assessments                                  | Not found                     |
| Leicester City   | Not stated    | Start of receiving the service   | None   | 100%      | Standard £20 (£15 for couples)<br>Assessments available | NO                            |
| Suffolk          | Not stated    | Start of receiving the service<br>Unless unreasonable delay by council carrying out financial assessment                       | None   | 100%      | Automatic £25 allowed<br>More has to be claimed         | YES<br>Not stated             |
| Reading          | Not stated    | Financial assessment expected to be returned within 14 days<br>otherwise can be charged full cost from start of care           | None   | 100%      | Individual assessments                                  | £182 set up<br>£65 annual fee |
| Derby            | Not stated    | Proposed for start of service<br>currently completion of financial assessment  | Currently £125 (unless self funder)<br>Proposed none | 100%      | Individual assessments                                  | £94 set up<br>£84 annual fee  |
| Brighton & Hove  | Not stated    | Start of receiving the service   | £900   | 100%      | Individual assessments                                  | Not found                     |
| Bromley          | 24 hours      | Start of receiving the service   | None   | 100%      | Banding based on disability                             | YES<br>£240 annual            |

| Authority              | Notice period           | Contributions start                             | Max Weekly Cap             | Full cost              | DRE  | Admin charge           |
|------------------------|-------------------------|---|----------------------------|------------------------|--|------------------------|
|                        |                         |   |                            |                        | allowances £5.50 and £11<br>Or appeal  | fee                    |
| <b>Nottingham City</b> | Not stated              | Completion of financial assessment              | None                       | 100% (some exceptions) | Individual assessments   | NO                     |
| <b>Cornwall</b>        | Not stated              | Completion of financial assessment              | None                       | 100%                   | Individual assessments   | Not found              |
| <b>Leicestershire</b>  | Not stated              | Start of receiving the service                  | None                       | 100%                   | Service users self-assess according to bandings: £0; under £7; under £14; under £20. If over £20 then full assessment required | Out to consultation    |
| <b>Doncaster</b>       | 7 days                  | Completion of financial assessment              | 85% cost of residential    | 100%                   | Individual assessments   | Not found              |
| <b>Durham</b>          | Not stated              | Start of receiving the service                  | 75% of cost of residential | 100%                   | Individual assessments   | Not found              |
| <b>Manchester City</b> | Not stated              | Unclear   | None                       | 100%                   | Individual assessments   | Not found              |
| <b>Oxfordshire</b>     | Not stated              | Start of receiving the service                  | None                       | 100%                   | Individual assessments   | YES<br>Cost to council |
| <b>TOTALS</b>          | <b>12/15 not stated</b> | <b>9/15 from start of receiving the service</b> | <b>12/15 no cap</b>        | <b>15/15 100%</b>      | <b>11/15 individual assessments</b>  | <b>6/15 charge</b>     |

## Appendix B – Financial Scenarios

### Case Example 1

- Mrs A has an assessed income of £50.53 per week (the most she can be asked to pay) and a care package of 3.5 hours per week.
- The hourly rate for care is £12.70 so the cost to the Council is £44.45 per week (3.5 x £12.70)
- Under the 90% rule the cost of care that could be charged to Mrs A is £40.05 per week (£44.45 x 90%).
- Mrs A's contribution is £40.05 per week as this is less than her assessed income of £50.53 per week (the most she can be asked to pay)
- If the 90% rule is removed, Mrs A's **contribution would increase by £4.45** to the full cost of the service Mrs A would still be paying less than her assessed income of £50.53 per week (the most she can be asked to pay)
- There is no effect from any change in the maximum charge

### Case Example 2

Mr B has an assessed income of £35.26 per week (the most he can be asked to pay) and a care package of 7 hours per week.

- The hourly rate for care is £12.70 so the cost to the Council is £88.90 per week (7 x £12.70)
- Under the 90% rule the cost of care that could be charged to Mr B is £80.01 (£88.90 x 90%)
- Mr B's contribution is £35.26 because this is the most he can be asked to pay.
- If this 90% rule is removed, the **contribution would stay the same** because he is already paying the most he can be asked to pay.
- There is no effect from any change in the maximum charge

### Case Example 3

- Mrs C has an assessed income of £314.57 per week (the most she can be asked to pay) and a care package of 25 hours per week.
- The hourly rate for care is £12.70 so the cost to the Council is £317.50 per week (25 x £12.70)

- Under the 90 rule the cost that could be charged to Mrs C is £285.75 (£317.50 x 90%)
- With a maximum charge of £250, Mrs C would pay £250
- If the 90% rule and maximum charge is removed, Mrs C's **contribution would increase by £64.17** to £314.57 per week (the most she can be asked to pay)

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## ACKNOWLEDGEMENTS

The Adult Contributions Consultation Team would like to thank the following people for their help with the consultation.

- **Adult Social Care**
- **Business Support**
- **Communications Team**
- **Community Engagement Team**
- **Democratic Services**
- **Legal**
- **Serco**
- **The Consultation Institute**
- **The People's Partnership**

## Equality Impact Analysis to enable informed decisions

### The purpose of this document is to:-

- I. help decision makers fulfil their duties under the Equality Act 2010 and
- II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

### Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

### Please make sure you read the information below so that you understand what is required under the Equality Act 2010

#### Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

#### Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

#### Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to

demonstrate 'due regard'.

### **Decision makers duty under the Act**

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

- (i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
- (ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
- (iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
- (iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

### **Conducting an Impact Analysis**

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

### **The Lead Officer responsibility**

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

### **Summary of findings**

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision making report and attach this Equality Impact Analysis to the report. **Impact - definition**

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

### **How much detail to include?**

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions "Who might be affected by this decision?" "Which protected characteristics might be affected?" and "How might they be affected?" will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you



to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such and an explanation as to why no steps can be taken to avoid that consequences must be included.

**Proposals for more than one option** If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances it may be more appropriate to complete an Equality Impact Analysis for each option.

**The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.**

#### Background Information

|   |  |   |   |
|---|--|---|---|
| <b>Title of the policy / project / service being considered</b> | Contribution Policy Review<br>Non- residential Adult Social Care<br>Services | <b>Person / people completing analysis</b>              | Sue Phelps Quality Assurance<br>Manager   |
| <b>Service Area</b>   | Adult Care   | <b>Lead Officer</b>                                     | Adult Care Strategic Financial<br>Advisor David Laws  |
| <b>Who is the decision maker?</b>                               | LCC Executive  | <b>How was the Equality Impact Analysis undertaken?</b> | Discussion/ meeting/ email/further<br>updated to include the responses<br>from the consultation |
| <b>Date of meeting when decision will be made</b>               | It is anticipated that it will be LCC<br>Executive November 2015             | <b>Version control</b>                                  | V2.0<br>October 2015  |

#### 1. General overview and description of the proposed change

This impact analysis forms part of the decision making process relating a review of the Contributions policy for non- residential Adult Social Care Services to inform the decision making process.  
Version 1.1 was produced to accompany an early scrutiny paper in May 2015  
Version 1.2 was updated during May/June 2015 in response to comments including the Peoples Partnership to make it easier to understand

Version 1.3 was updated again 1<sup>st</sup> July 2015 to include projections of the potential effect of proposal 4. Version 1.3 was published on the website.

Version 1.4 of the impact analysis was updated at the point of the mid- term review of the consultation period.

This version 2.0 has been updated to include analysis of more recent financial modelling of the proposed contribution charges under proposal 3 and what people told us in the consultation. The findings of the consultation are included at section 7 of this document

### **Background - why are we doing this review?**

Adult Social Care ( ASC) has a Contributions policy in place which was last reviewed in 2010. With the implementation of the Care Act 2014 from April 2015 there is a need for Adult Social Care to make sure that it has a fair and transparent policy in place which reflects current legislation and guidance.

There are currently immense financial pressures facing all local authorities including Lincolnshire.

Adult Social Care ( ASC) needs to make sure that it has sufficient resources to fulfil its statutory obligations. There is discretionary power to apply contribution charges to non- residential care. This review relates to non- residential services.

Contribution charges generate income which contributes to maintaining a budget which is sufficient to meet the needs of adult social care services in Lincolnshire.

Contribution charges can be applied to those service users whose assessed needs meet the national eligibility threshold. They are calculated by a financial assessment of income, outgoings and savings; this contribution level is reviewed annually. As part of the financial assessment benefit advice is offered to people to help them maximise their income.

There are increasing demands on health and social care services with life expectancy rising for both men and women.

- The number of people aged 65 and over is projected to increase nationally by 23% from 10.3 million in 2010 to 12.7 million in 2018.
- This trend towards an ageing population profile will continue, with the proportion of people over 75 years of age predicted to increase by 101% between 2012 and 2037 in Lincolnshire
- The largest increase in Lincolnshire has been in the age group 65-69 where the population

has risen by approximately 16,000 people between 2003 and 2013; an increase of approximately 45 per cent. The 85+ age group has also changed substantially, with numbers increasing from 13,800 people in 2003 to 19,700 in 2013; an increase of approximately 5,900 (approximately 43%)..(Source Lincolnshire Observatory population trends 2013)

• People are living longer with complex needs; there are increasing numbers of people living with more than one health condition, an increased number of people living at home with dementia and more people who choose to receive end of life care in their own home.

Currently ASC supports approximately 17,000 people per each year with a range of support and the greatest numbers are people who aged 85 +.

In the past people have told us that the wording in the policy and how it written is difficult to understand; revising the policy will include reviewing the wording in the policy to make it as clear, jargon free and understandable as possible for the public.

## **1.2 The proposed changes**

Applying and calculating a contribution for adult care services is a complex and often emotive area as it is means tested, whereas health services are free at the point of contact. For people at a vulnerable time in their life it is often difficult to differentiate between services, and they may have already received support at home to help them regain or keep their level of independence after illness or being in hospital (this is often called re-ablement ).

There is no charge for this service for up to a period of six weeks and it is intended to help reduce the need for people to move to long term support. It is at the point when people need long term support that a contribution can apply for those services.

New guidance published with the Care Act 2014 allows Councils to decide how they will charge for non -residential care and support and people cannot be charged more than the cost of the service they receive.

During a financial assessment advice is given to people to help them maximise their income

through benefit entitlements to help cover the cost of care needs, but people sometimes struggle to understand why they have to use eligible benefits to pay for their care.

The council also needs to make sure that people have enough money to cover essential living costs. After paying their contribution a person must be left with the same as on income support and with a buffer of 25% ( Minimum Income Guarantee)

Previously the Council has applied charges at 90% of the actual cost and a maximum charge of £250.

The current financial pressures impact and the need for ASC to set a budget which allows it to deliver its statutory responsibilities, includes the need to consider changes to the policy which would provide additional income.

**Section 2 The proposed policy changes are set out below**

**2.1 The introduction of a 72 hour notice period for cancelling care**

| Currently  | Proposed   |
|--|--|
| <ul style="list-style-type: none"> <li>➤ There is currently no notice period specified within the policy for cancelling care and to describe the way in which refunds are calculated for cancelled or missed care</li> </ul> | <ul style="list-style-type: none"> <li>➤ It is proposed to introduce a 72 hour notice period for service users when cancelling care</li> <li>➤ The Council wants to change what happens to the contribution charge when they cancel care</li> <li>➤ Service users can request an annual review of the cost of their care contributions, which takes account of cancelled or missed care over the whole year</li> <li>➤ At that point if the contributions paid by the service user are more than the annual cost of services received a</li> </ul> |

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|  | <p>refund will be due</p> <ul style="list-style-type: none"> <li>➤ The current policy says that these reductions in contributions for cancellations of care can be reviewed if that care has been cancelled within the required notice period – currently there is no notice period.</li> </ul> |
|--|---|

**2.2 To change the rules for the date when people start to pay their assessed contribution for their care**

| Currently   | Proposed   |
|---|--|
| <ul style="list-style-type: none"> <li>➤ The current policy states that contributions apply from the date the service user is told about the outcome of their financial assessment</li> <li>➤ The Care Act introduces a power for councils to be able to ask people to pay contributions backdated to the date their service began</li> </ul> | <ul style="list-style-type: none"> <li>➤ It is proposed that everyone who is assessed as eligible to pay will pay from 14 days after the financial assessment form is sent to the service user</li> <li>➤ It is not proposed to backdate contributions to the start of services</li> </ul> |

**2.3 Contributions against the cost of services**

This means contribution charges can be applied to those service users whose assessed needs meet the national eligibility threshold.

They are calculated by a financial assessment of income, outgoings and savings; this contribution level is reviewed annually. In the financial assessment process benefit information is given to

people to help them maximise their income.

| Currently   | Proposed   |
|---|--|
| <ul style="list-style-type: none"> <li>➤ If people are assessed as able to make a contribution currently we calculate a contribution charge for the care service at 90% of the actual cost. There is a maximum charge at £250 per week.</li> <li>➤ There is discretion in the government guidance to assess the contributions against the full cost of services and to increase the maximum chargeable cost to the actual cost of service.</li> <li>➤ There is a minimum income guarantee that all service users must retain before any contribution can be set, which is laid down in government guidance. The current policy when the Council applies charges at 90% of the actual cost and a maximum charge of £250</li> </ul> | <ul style="list-style-type: none"> <li>➤ If people are assessed as able to make a contribution it is proposed to calculate a contribution charge for the care service against the full cost of the service, rather than 90%</li> <li>➤ It is proposed to remove the current £250 maximum weekly charge to take into account the actual cost of services; this would mean that everyone is assessed against their ability to pay the full cost of the services they receive.</li> </ul> |

**2.4 Disability Related Expenses ( DREs) as part of a financial assessment**

Disability Related Expenses are expenses which people can show are necessary because of their disability; these allowances are then not included in a persons assessed income

| Currently   | Proposed   |
|---|--|
| <ul style="list-style-type: none"> <li>➤ When service users meet the conditions for Disability Related</li> </ul> | <ul style="list-style-type: none"> <li>➤ The Council are considering the introduction of banded system of</li> </ul> |

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|   | <p>Expenses within their financial assessment they are assessed and awarded on the basis of individual need</p> <ul style="list-style-type: none"> <li>➤ Some other authorities have chosen to award allowances through banded levels linked to eligibility for disability benefits which provides consistency and more efficient administration; some other authorities use one flat rate band.</li> </ul> | <p>Disability Related Expenses allowances to use in financial assessments where they are appropriate.</p> <ul style="list-style-type: none"> <li>➤ Consideration is being given to introducing and awarding DRE allowances through banded levels linked to eligibility for disability benefits for new service users <ul style="list-style-type: none"> <li>• Level 1 at £10 per week for people in receipt of lower rate of Disability Living Allowance (DLA) -</li> <li>• Level 2 at £15 per week -for people in receipt of middle rate for Disability Living Allowance /Personal Independence Payment ( PIP) or Lower rate of Attendance Allowance</li> <li>• Level 3 at £25 per week for people in receipt of the highest rate of Disability Living Allowance /Personal Independence Payment or the higher rate of Attendance Allowance</li> </ul> </li> <li>➤ Service users who are dissatisfied with an allowance awarded through a banded rate would retain their right to request their Disability Related Expenses needs to be assessed on an individual basis</li> </ul> |
| <p><b>2.5 The introduction of an arrangement fee to cover arranging non- residential services</b></p> |   |  |
| <p style="text-align: center;"><b>Currently</b></p>   |   | <p style="text-align: center;"><b>Proposed</b></p>   |

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|   | <p>There is a new duty on councils to manage services for people who have savings and /or assets over the capital limits ( self- funders) if they ask the Council to do so</p> <ul style="list-style-type: none"> <li>➤ The Care Act provides a power for councils to charge an arrangement fee for arranging the service. This will be limited to the cost of arranging the service</li> </ul> | <ul style="list-style-type: none"> <li>➤ Consideration is being given to introducing an arrangement fee to cover the cost of arranging non -residential care for people who have savings and/or assets over the capital limits over £23,250. These people are self- funders</li> </ul> |
| <p>3 Is this proposed change to an existing policy/service/project or is it new? Existing/new (delete as appropriate)</p>   | <p><b>The proposed changes are a revision to the policy</b></p>   |  |
| <p style="text-align: center;">4 Evidencing the impacts</p> <p>In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics. To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.</p>  |   |  |
| <p>You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.</p> <p>Data to support impacts of proposed changes</p> <p>When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.</p> <p><u>Population data and the Joint Strategic Needs Assessment</u></p> <p>The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: <a href="http://www.research-lincs.org.uk">http://www.research-lincs.org.uk</a> If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.</p> <p><u>Workforce profiles</u></p> <p>You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the <a href="#">Council's website</a>. As of 1<sup>st</sup> April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.</p> |   |  |



#### **Section 4. Considering the positive impact of the proposed changes :**

The changes to the policy are intended to make it easier to understand for all groups of people; this will help to address what people have told us previously is complicated and difficult to understand. The policy would be applicable to all service users who meet the threshold for ASC services. The proposal to introduce of new DRE banding levels would be for new service users at the point of their financial assessment.

There are financial benefits to the Council from the additional income which could be generated from the proposals. A Fundamental Budget Review was completed across all areas of the Council in 2014. Adult Care identified a number of areas where savings could be made or income increased.

There is a discretionary power to apply contribution charges to non- residential care and the Contribution policy is a way Adult Social Care can generate income for its budget to maintain delivery of its duties for people who meet the eligibility threshold, at a time when we know there will be increasing demand for services from an ageing population.

#### **4.1 The introduction of a 72 hour notice period for cancelling care ( positive benefits)**

- The Council wants to change what happens to the contribution charge when they cancel care. Service users can request an annual review of the cost of their care contributions, which takes account of cancelled or missed care over the whole year. At that point if the contributions paid by the service user are more than the annual cost of services received a refund will be due. The current policy says that these reductions in contributions for cancellations of care can be reviewed if that care has been cancelled within the required notice period – currently there is no notice period.
- Therefore the proposed 72 hour notice period would provide a criterion to assist any review of care contributions; it would also give the County Council an opportunity to cancel the care with the provider so that it does not pay for the care.
- The introduction of a notice period would provide clarity for all service users ; it would not be required if there was an emergency admission into hospital
- 72 hours would allow the Council to cancel the care with the provider and also provide a timeframe to apply in considering reductions in contributions from service users

#### **4.2 To change the rules for the date when people start to pay their assessed contribution ( positive benefits)**

- Although the Care Act introduces a power for councils to be able to ask people to pay contributions backdated to the date their service began it is not proposed to do this, but to introduce a proposed revision to the start date for paying contributions which will be clear and consistently applied
- The Council wants to introduce clearer rules and consistency for when people start to make a contribution to their care; it is proposed this will be 14 days after the financial assessment form is sent rather than from the date service user is told of the outcome of their financial contribution assessment.
- Under the current policy contributions apply from the date a service user is told of the outcome of their financial assessment. This means that people who return their financial information quickly start their contributions sooner than those who take longer to return the information
- By the introduction of a standard timeframe the Council is seeking to make it fairer.
- It is proposed that any assessed contributions from all service users would be from 14 days after the form is sent. The introduction of a fixed timeframe would standardise the process and remove the anomalies for when people begin to make their assessed contribution. It would be a clearer process for people at the beginning of their financial assessment process and a fairer way to apply the policy
- There are also financial benefits to the council by making it clearer when they can start to recover contribution charges. The average income from new financial assessments each year is approximately £21,000 per week. This proposal will reduce average time for starting contributions from 4 to 2 weeks and financial analysis has shown that it will provide an additional £42,000 income every year.

#### **4.3 Contributions against the full cost of services ( positive benefits)**

- Overall ASC supports approximately 17,000 people each year to meet their assessed needs through a variety of service, which includes long-term care and tele-care services
- Financial modelling ( July 2014) indicated 5656 people who had had a financial assessment against their chargeable non – residential care service. More recent financial modelling indicates that the number approximately 5484.
- The Council also needs to make sure that people have enough money to cover essential living costs and after paying their contribution a person must be left with the same as on income support and with a buffer of 25% ( Minimum Income

Guarantee)

- The original modelling has shown that for the majority of those existing service users (4630=81%), who had a financial assessment there would be no change under proposal 3. More recent modelling still indicates that for 80% (= number 4421) there would be no change to their contribution.
- Because contributions are means tested only people who can afford to pay will be asked to pay and any increases would be shared by those who can afford to pay
- There are financial benefits to the Council from the proposals as it is anticipated that changing the chargeable cost from 90% to 100% will generate an additional income of £568,000 per year and the removal of the weekly maximum contribution would generate increased income of £346,000 per year. This would be used as income for ASC to meet its statutory responsibilities to the increasing number of people who become eligible for support.

#### **4.4 Disability Related Expenses ( DREs) as part of a financial assessment ( positive benefits)**

- Disability related expenditure within a financial assessment recognises the additional living cost associated with a person's disability. Currently this is done on an individual basis and this can be perceived as inequitable.
- The proposal includes an option to set allowances for Disability Related Expenditure via banded levels linked to disability benefits for new service users
- Consideration has been given to a flat rate but it is anticipated that a banded level would allow for the different levels of individuals needs
- If a banded rate was introduced for new service users, they would still have the right to ask for an individual assessment.
- The introduction of a banded rate would provide the opportunity for a consistent, reliable and efficient financial assessment and be in line with what is now being used in other authorities
- The financial modelling used for the proposal for new service users was based on a cohort of existing service users. It indicated that 53% of new service users would potentially have an increase in Disability Related Expenditure under this proposal.

#### 4.5 Arrangement fee to cover arranging services ( positive benefits)

The Care Act 2014 gives councils a new duty to arrange services for people with savings and /or assets over the capital limits; people in this category are often referred to as self-funders. In line with Care Act guidance the Council are proposing the introduction of an arrangement fee to cover the cost of doing this if people in this group ask the Council to arrange services for them.

If the Council did not introduce an arrangement fee the costs incurred would be passed to other services users

#### 4.6 Specific considerations for the protected characteristics (positive benefits)

People's eligibility for Adult Social Care is based on their assessed care needs meeting the national eligibility threshold. This is applied regardless of the protected characteristics of age: disability: gender re-assignment: sex (gender): marriage and civil partnership: race: pregnancy and maternity: religion or belief: sexual orientation.

The Contributions policy is applicable to all people in Lincolnshire who have been assessed as meeting the national eligibility threshold. People who meet the national eligibility threshold also are within groups of people sharing protected characteristics in particular those of age: gender: disability.

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| <p><b>Age</b></p> | <p>The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their age.</p> <p>We know that the largest numbers of people we support are older people. Currently ASC supports approximately 17,000 per each year and the greatest numbers are people who aged 85 +. ( source ASC performance team data May 2015 ) and this will continue to grow.</p> <p>The largest increase in Lincolnshire has been in the age group 65-69 where the population has risen by approximately 16,000 people between 2003 and 2013; an increase of approximately 45 per cent. The 85+ age group has also changed substantially, with numbers increasing from 13,800 people in 2003 to 19,700 in 2013; an increase of approximately 5,900 (approximately 43%)</p> <p>The number of people aged 65 and over is projected to increase nationally by 23% from 10.3 million in 2010 to 12.7 million in 2018.</p> <p>This trend towards an ageing population profile will continue, with the proportion of people over 75 years of age predicted to increase by 101% between 2012 and 2037. (Source Lincolnshire Observatory population trends 2013)</p> <p>Greater clarity in the policy will also benefit younger adults, e.g. at transitions, as it will be make it</p> |
|-------------------|--|

|                   |   |
|-------------------|---|
|                   | <p>clearer to understand the contribution charges which become applicable to young people as they move into adult services</p> <p><b>Proposal 3:</b> Analysis of financial modelling information (2014) used to inform the proposals showed that of that a cohort of existing service users, 4630, who would have no charge under proposal 3 the greater numbers were older people age 75-84 (17.5%= number 812) and 85+ (23%= number 1054) This correlates to the greater numbers of people ASC supports in this age group.</p> <p>This modelling has been updated using a more recent cohort of people and shows 81 % of people who would have no change to their contribution which includes 96% of service users aged 18-65, 82% aged 65-74, 69% aged 75-84 and 64% aged 85+</p> <p><b>Proposal 4:</b> The Council has considered the impact of the proposal to introduce DRE banding levels for new service users.</p> <p>The potential impact for a group of new service users of proposal 4 was projected by modelling the proposed banding for DRE for 2079 existing service users (source financial data July 2014) to estimate its potential effect. This modelling projected potential increases in Disability Related Expenditure for 53% (1114) of new service users within their financial assessment under this proposal. The projections indicated there would be DRE increases for new service across all age groups supported by Adult Social Care and by band level.</p> <p>The estimates suggested there would be a slightly higher proportion of new service users in the 45-64 age groups who would have an increase in their DRE under this proposal.</p> <p>There has been no further financial modelling for proposal 4.</p> |
| <b>Disability</b> | <p>The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their disability</p> <p>It will affect disabled people as ASC supports people who have a disability or long term conditions. This includes those with a learning or physical disability, sensory or memory impairment and those with dementia</p> <p><b>Proposal 3:</b> Analysis of financial modelling information ( July 2014) used to inform the proposals shows that existing service users ( 4630) who would have no charge under proposal 3 includes ;<br/> 814 ( 17.5%) people with physical disabilities:<br/> 1086 (23%) people with learning disabilities :<br/> 344 (7%) people with mental health.<br/> This is proportionate to the numbers of people ASC supports in these groups</p>   |

|                            |   |
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|                            | <p>This modelling has been updated using a more recent cohort of people and indicates that of the 81% of people who would have no charge 91% of people with learning disabilities, 94% of people with mental health and 94% of people with physical disabilities would have no change.</p> <p><b>Proposal 4:</b> The potential impact for a group of new service users of proposal 4 was projected by modelling the proposed banding to the DRE to a cohort of current service users ( source financial data July 2014)<br/>The modelling projected potential increases for Disability Related Expenditure for 53% (1114) of people within their financial assessment under this proposal.<br/>This included potential increases across all disability groups:<br/>24% people with physical disabilities<br/>37% people with learning disabilities<br/>3% people with mental health<br/>It indicated a slightly higher proportion of people with learning disabilities who would benefit.</p> <p>There has been no further financial modelling under proposal 4</p> |
| <b>Gender reassignment</b> | <p>There is no specific positive impact relating to gender re assignment. The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their gender reassignment</p>  |
| <b>Sex ( gender)</b>       | <p>The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their sex. However we know that we support more women than men which correlates to the ageing population and longer life expectancy for women, however there are rising life expectancy levels for both men and women</p> <p><b>Proposal 3:</b>Analysis of financial modelling information used to inform the proposals showed that existing service users 4630) who would have no charge includes a greater number of women 58% ( 2725) than men 41%( number = 1905) which is proportionate to the numbers ASC supports</p> <p>This modelling has been updated using a more recent cohort of people and indicates that of the 81% of people who would have no charge 80% are male and 81% are female.</p> <p><b>Proposal 4:</b> The potential impact for a group of new service users of proposal 4 was projected by modelling the proposed banding levels for DRE for a group of existing service users ( source financial</p>              |

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|  | <p>data July 2014).</p> <p>This modelling projected potential increases in Disability Related Expenditure for 53% ( 1114) of people within their financial assessment under this proposal which includes increases for both men and women and by band level .It projected increases for a greater number of women (56%) to men (43%)</p> <p>There has been no further modelling under proposal 4</p> |
| <b>Marriage and civil partnership</b>  | There is no specific positive impact relating to marriage or civil partnership   |
| <b>Pregnancy and maternity</b>   | There is no specific positive impact relating to pregnancy and maternity   |
| <b>Race</b>  | <p>There is no specific positive impact relating to race. The policy is applicable to those people whose assessed need meet the national threshold regardless of race</p> <p>The ethnic origin profile of adults ASC currently supports is consistent with the current overall profile of Lincolnshire residents White 98%: Black Minority Ethnic groups 2%</p>                                      |
| <b>Religion or belief</b>  | There is no specific positive impact relating to religion or belief. The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their religion or belief   |
| <b>Sexual orientation</b>  | There is no specific positive impact relating to sexual orientation. The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their sexual orientation   |
| <p>If you have identified positive impacts for other groups not specifically covered by the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision</p>  |  |
| <b>Section 5.0 Other groups</b>  |  |
| <p>You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.</p> <p>If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected</p> |  |

characteristic. If you have not identified any mitigating action to reduce an adverse impact please state 'No mitigating action identified'

**Section 6. Adverse/Negative impacts of the proposed change and practical steps to mitigate, reduce or avoid any adverse consequences are detailed below**

**General: potential negative impacts:**

As already highlighted applying and calculating a contribution for adult care services is a complex and often emotive area as it is means tested, whereas health services are free at the point of contact.

It is often difficult for service users to differentiate between services, and people may have already received a period of re-ablement (support at home) for up to a period of six weeks to help them recover or regain their independence after illness or being in hospital. The Contribution Policy applies when/if they need to move to long term support. For younger people there are changes as they move from children's to adult services as charges for services begin to apply.

During the financial assessment advice is given to people to help them maximise their income through benefit entitlements to help cover the cost of care needs, but people sometimes struggle to understand why they have to use eligible benefits to pay for their care.

In order to consider the potential impact of the proposed changes we have undertaken analysis of people currently in receipt of non-residential services broken down by the protected characteristics of age, gender and disability.

We have then considered this with their primary support needs. This is the main type of support service they receive, so that we have richer information to inform this impact analysis and the consultation so that we can make sure it is as accessible as possible, and we try to get the views from those groups of people who are affected by the proposed changes.

The biggest impact comes from the proposal to change calculating the contribution from 90% to 100% of the cost and removing the maximum contribution charge of £250 per week so that everyone is assessed against their ability to pay the full cost of the services they receive.

The original financial modelling indicated that 81% of existing service users there would be no change under proposal 3, and for 18% (1026) there would be an increase. There has been more recent modelling which indicates that 19% (1063) of people would have an increase.

Under proposal 4 although modelling shows 53% (1114) of new service users could be estimated to receive increased Disability Related Expenses under the proposed banding it shows that 46% (965) could be estimated to have a reduction. There has been



no further modelling on proposal 4.

The following analysis is based on finance and client record information and particularly focuses on the proposed financial changes. The modelling to assess the impact of proposal 4 for new service users uses assumptions based on that of a group of existing service users.

| Characteristics   | Potential impact   | Mitigation  |
|-------------------|--|---|
| <p><b>Age</b></p> | <p>The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their age<br/>Changes to the policy would mean some people may have to pay increased contributions<br/>The largest numbers of people we support are older people<br/>The original analysis of financial information used to inform the proposals illustrated the numbers of existing service users who would pay an increased contribution under <b>proposal 3</b> by age groups</p> <ul style="list-style-type: none"> <li>• 709 people would have a projected increase of up to £10 per week : 564 ( 79%) of these are people aged 75-84 and 85 +</li> <li>• 276 would have a projected increase of £10 to £ 25 per week: 234 ( 84%) of these are people aged 75-84 and 85 +</li> <li>• 13 would have a projected increase of £25 to £50 per week: all of these are people aged 55 + ( 100%) , with 6 ( 46%) aged 85 +</li> <li>• 12 would have a projected increase of £50-£100 per week: all ( 100%) these people are 55+, 9 (75%) are 75+</li> <li>• 16 would have a projected increase of £100+ per week: all ( 100%) these people are 55+, 11 ( 68%) are 75+</li> <li>•</li> </ul> <p>This figures are proportionate the number of people Adult Social Care support by age group</p> <p>The modelling for proposal 3 has been updated more recently to indicate 19% (1063) people who would have an increase in their contribution.<br/>This shows 4% people 18-64, 18% 65- 74, 31% 75-84 and 36%</p> | <p>The introduction of standardised timeframes for when people start to pay their contributions and the notice period for cancellation of care would provide a consistent approach and equitable approach</p> <p>For the majority of existing service users there would be no additional contributions under proposal 3</p> <p>As part of their financial assessment people receive advice about how to maximise their income through benefit entitlements to help cover the cost of their care</p> <p>The financial assessment includes a minimum income guarantee</p> |

|                          |   |  |
|--------------------------|---|--|
|                          | <p>over 85.</p> <p>This indicates that the highest proportion with change is older people but further analysis shows that proportionately (93%) of the increase are at the lower amounts of under £25.</p> <p><b>Proposal 4</b><br/>         The potential impact for a group of new service users of proposal 4 was projected by modelling the proposed banding to the DRE for existing service users (2079) ( source financial data July 2014) This modelling projected potential reductions in DRE expenses for 46% (965) of new service users within their financial assessment</p> <p>The proposals projected that there would be decreases in DRE for new service users in all age groups people supported by Adult Social Care. The largest proportion would be older people aged 75-84 and 85+ (30%)which correlates to the numbers of people supported by age group</p> <p>There has been no further modelling fro this proposal</p> | <p>The proposed introduced of banding levels for Disability related expenses indicates that there would be an average an increase in allowances across all age groups for new service users</p> <p>The introduction of Disability Related Expenses banding levels would only be for new service users</p> <p>The proposal of banded levels rather than a flat DRE rate recognises the greater disability needs of individuals which are reflected by higher disability benefits levels</p> <p>New service users would retain the right to ask for an assessment based on individual needs</p> <p>A banded level of DRE linked to benefit levels would be more consistent and therefore would fairer to apply</p> <p>Only those people who are able to afford the additional contributions will be affected</p> |
| <p><b>Disability</b></p> | <p>The negative impacts of this policy will affect disabled people as ASC supports people who have a disability or long term condition.</p>   | <p>The introduction of standardised timeframes for when people start to pay their contributions and the</p>  |

|  |  |  |
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|  | <p>This includes those with a learning or physical disability, sensory or memory impairment and those with dementia<br/>Changes to the policy would mean some people may have to pay increased contributions<br/><b>Proposal 3:</b> Analysis of financial modelling information used to inform the proposals showed the existing service users who would be projected to have increases under <b>proposal 3</b> broken down into disability groups</p> <ul style="list-style-type: none"> <li>• 709 people who would be projected to have an increase of up to £10 per week : 639 ( 90%) older people: 31 ( 4%) with Physical disabilities : 13 (1.8%) with learning disabilities: 26 (3%) with mental health</li> <li>• 276 would have an increase of £10 to £ 25 per week: : 258 (93%) older people: 15 (5%) with Physical disabilities : 2 ( 0.7%) with learning disabilities: 1 (0.3%) with mental health</li> <li>• 13 would have an increase £25 to £50 per week: : 12 (92%) older people: 1 (7%) with Physical disabilities : 0 with learning disabilities: 0 with mental health</li> <li>• 12 would have an increase £50-£100 per week: : 11 ( 91%) older people: 1( 8%) with Physical disabilities : 0 with learning disabilities: 0 with mental health</li> <li>• 16 would have an increase of £100+ per week: :11(68%) older people: 1 ( 6%) with Physical disabilities : 1 ( 6%) with learning disabilities: 1(6%) with mental health</li> </ul> <p>This figures are proportionate the number of people we support by disability group.</p> <p>The modelling for proposal 3 has been updated more recently to indicate 19% (1063) people who would have an increase in their contribution<br/>This included 2% learning disabilities, 6% mental health and 6% physical disability<br/>The analysis showed that the lowest proportion with change is for people with learning disabilities (2%) but the highest change in amount is also for learning disabilities with 20% at £100 +</p> <p><b>Proposal 4:</b> The potential impact for a group of new service users</p> | <p>notice period for cancellation of care would provide a consistent approach and equitable approach</p> <p>For the majority of existing service users there would be no additional contributions under proposal 3</p> <p>As part of their financial assessment people receive advice about how to maximise their income through benefit entitlements to help cover the cost of their care</p> <p>The financial assessment includes a minimum income guarantee</p> |
|--|--|--|

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|----------------------------|---|--|
|                            | <p>of proposal 4 was projected by modelling the proposed banding to the DRE for existing service users (2079) ( source financial data July 2014) This modelling estimated the potential reductions in DRE expenses for 46% ( 965) of people within their financial assessment.</p> <p>This included potential decreases for new service users for all disability groups and by band levels<br/> 19% people with physical disabilities<br/> 18% people with learning disabilities<br/> 1.2% people with mental health</p> <p>There has been no further modelling for proposal 4</p>  | <p>The proposed introduced of banding levels for Disability related expenses (proposal 4) indicates that there would be an average increase in allowances across all disability groups for new service users</p> <p>The introduction of Disability Related Expenses banding levels would only be for new service users</p> <p>New service users would retain the right to ask for an assessment based on individual needs</p>  |
| <b>Gender reassignment</b> | <p>There is no specific negative impact relating to gender re assignment. The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their gender reassignment</p>  |  |
| <b>Sex ( gender)</b>       | <p>The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their sex ( gender).</p> <p>Changes to the policy would mean some people may have to pay increased contributions</p> <p>Analysis shows Adult Social Care supports more women than men which correlate to the ageing population and longer life expectancy for women. However national trends show there are rising life expectancy levels for both men and women</p> <p><b>Proposal 3:</b>Analysis of financial information used to inform the proposals showed the breakdown of existing service users who would be projected to have an increase in contribution by sex ( gender) under proposal 3</p> <ul style="list-style-type: none"> <li>709 people who would have an increase of up to £10 per week: male = 267 (37%) female 442 (62%)</li> </ul> | <p>The introduction of standardised timeframes for when people start to pay their contributions and the notice period for cancellation of care would provide a consistent approach and equitable approach</p> <p>For the majority of existing service users there would be no additional contributions under proposal 3</p> <p>As part of their financial assessment people receive advice about how to maximise their income through benefit entitlements to help cover the cost of their care</p> <p>The financial assessment includes a minimum</p> |



|                                       |  |  |
|---------------------------------------|--|--|
|                                       |  |  |
| <b>Marriage and civil partnership</b> | There is no perceived negative impact relating to marriage or civil partnership  |  |
| <b>Pregnancy and maternity</b>        | There is no perceived negative impact relating to pregnancy and maternity  |  |
| <b>Race</b>                           | There is no perceived negative impact relating to race. The policy is applicable to those people whose assessed need meet the national threshold regardless of race<br>The ethnic origin profile of adults supported is consistent with the current overall profile of Lincolnshire residents White 98%: Black Minority Ethnic groups 2% |  |
| <b>Religion or belief</b>             | There is no perceived negative impact relating to religion or belief. The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their religion or belief  |  |
| <b>Sexual orientation</b>             | There is no perceived negative impact relating to sexual orientation. The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their sexual orientation  |  |

### How are we mitigating the potential impact: Informing the consultation

These proposals are subject to the Council's decision making process and no decisions have been taken. The proposals were subject to a full consultation exercise. As part of the consultation we asked people if they have any other suggestions.

| <b>What did we know</b>  | <b>Informing the consultation</b>  |
|--|--|
| <p>The Council was able to use what people told us that our consultation in 2010 about the Contribution policy:<br/>The questions were not clear and difficult to understand.<br/>Some people did not understand the terms being used e.g. personal budget.<br/>Some people felt that the questionnaire did not let people comment on the existing policy.</p> | <p>There was an easy read version of the consultation document and questionnaire being prepared<br/>All information was reviewed the information to make sure it could be understood<br/>A variety of formats and approaches were used to be able to understand service user views and perspectives.</p> |

|  |   |
|--|---|
| <p>Some people suggested that workshops may have been useful as an alternative consultation method.</p>  |   |
| <p>The Council identified that our consultation needed to be accessible for people who need sensory support: people who have memory and cognitive support needs and people with access and mobility support needs.</p> | <p>This was incorporated into the consultation plan to make sure that the venues and timings of events were accessible<br/>         It was incorporated into the communication/consultation plan to make sure information can be available in other ways e.g, having people to be able to sign for people with hearing impairment if people need this<br/>         We worked with partnerships and representative groups where people may have needed more support to understand the proposals because of their needs</p> |
| <p>The impact analysis identified that we needed to target ways and to seek responses from people who are older, particularly those who are 75-84 and 85 + and also younger people at transitions</p>                  | <p>This was incorporated into the consultation plan so that we could gain views from these groups<br/>         We reviewed the responses returned during the consultation and considered ways we could target groups and networks to increase responses</p>   |
| <p>The impact analysis identified that we need to get the views of people with learning disabilities, physical disabilities and mental health</p>  | <p>This was incorporated into the consultation plan<br/>         We reviewed the responses returned during the consultation and considered ways we could target groups and networks to increase responses</p>   |
|  |   |

**If you have identified negative impacts for other groups not specifically covered by the Equality Act 2010 you can include them here if it will help the decision maker to make an informed**

**5 Stakeholders**

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

- People whose assessed needs meet the national threshold
- This includes people who are older and/or with long term conditions , sensory impairment, learning disabilities, mental health problems and physical disabilities
- Their families and carers - The Contribution policy applies to service users which therefore indirectly affects their carers
- In Lincolnshire the ONS Census 2011 identified 79,262 people of all ages as carers
- Support and advice services e.g Citizens Advice Bureau
- LCC staff and partner agencies
- Support services managed by SERCO on behalf of LCC

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them on [engagement.cop@lincolnshire.gov.uk](mailto:engagement.cop@lincolnshire.gov.uk)

State clearly what (if any) consultation or engagement activity took place by stating who you involved when undertaking this EIA, under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

## **6 Objective(s) of the EIA consultation / engagement activity**

### **The proposals considered in this impact analysis are subject to the decision making processes of the council**

The impact analysis has considered the potential impacts on people who are affected by the Contribution Policy in ASC

Version 1.1 of the EIA was produced to accompany an early scrutiny paper to Adult Scrutiny Committee in May 2015

Version 1.2 was updated during May/June 2015 in response to comments including the Peoples Partnership to make it easier to understand

Version 1.3 was updated again 1<sup>st</sup> July 2015 to include projections of the potential effect of proposal 4. This version was published on the website.

Version 1.4 of the impact analysis was updated at the point of the mid- term review of the consultation period.

This final version 2.0 has been updated to include what people told us in the consultation and analysis of more recent financial modelling

It is acknowledged that contribution charges paid by service users for adult care services are complex and emotive.

We identified that any proposed changes would require a period of consultation and that the consultation should include getting the



views from those groups of people with shared protected characteristics who have been identified as being affected by the proposals

At the mid- term point of the consultation period we reviewed the engagement which had taken place to date to target and consider ways to increase getting the responses from people with the protected characteristics of gender, age and disability

Following the end of the consultation the responses have been analysed and included in this impact analysis

## **7 Who was involved in the EIA consultation/engagement activity and detail findings of the consultation by protected characteristics**

Version 1.1 of the impact analysis was written following discussion from variety of staff within ASC including commissioners for the older people and long term conditions ,specialist services and carers teams; it has also included input from members of the financial assessment team

Following feedback from the People's Partnership it was simplified to make it clearer ( v1.2)

It was further updated to version 1.3 ( dated 1<sup>st</sup> July 2015) which was published on the website

A full engagement plan was followed, in parallel to the impact analysis. . At mid -point of the consultation the impact analysis was reviewed to make sure we were getting the views from the people identified in the Equality Impact Analysis as potentially impacted by the proposed changes, in particular with the protected characteristics of age and disability ( version 1.4 dated August 2015)

The consultation began with a direct mailshot to approximately 4,700 current service users who were receiving non-residential services which can incur charges depending on individual financial assessments. This included a letter informing them of the consultation, the public information sheet and the booking form with event details.

The information was shared with third sector organisations that work within the care market, (e.g. Lincolnshire Carers and Young Carers Partnership, the Alzheimer's Society, Age UK, partnership boards) who shared it with their own networks of staff and service users.

The consultation was promoted to local media with six news releases between 18 May and 11 September. This generated the following media coverage:

- 13 stories in print
- 11 online stories

- 2 radio broadcasts
- 1 story in County News

In most cases the media reported the details as described in our news releases, using comments from Cllr Mrs Bradwell and Glen Garrod Director Adult Social Services. Local newspapers have also published details of individual consultation events in their area.

The Council ran a social media campaign throughout the consultation which has directed people to the consultation and questionnaire on its website. This resulted in a good deal of engagement with people sharing the information with their own friends and followers online.

As a result, traffic to the web page has remained consistent with between 100 and 200 visitors per week and peaking in the weeks following news releases in June and August.

- Consultation web page – 2411 Unique Page Views
- News releases between May and August – 697 Unique Page Views

We had identified that the consultation needed to engage with groups of people representative of those identified as being impacted as part of this impact analysis.

As part of the mid- term review we reflected on the engagement to date and the responses which we had received up to that point.

#### **What we found:**

The engagement and information had included 10 events across the county in July and August 2015 which had been attended by 273 people 20% of which were service users and 17% declared themselves to have a disability.

The number questionnaire returns both on line and paper at that point were 166

**As a result of this** we reviewed and considered ways to try to target and increase the number of responses particularly from people with disabilities and older people

We had received requests hold consultation events in Stamford and Gainsborough. These were arranged in September 2015 with 3 people attending at Stamford and 10 people in Gainsborough.

We continued to work with a range of relevant partnerships and support groups to use their networks most effectively to publicise the consultation. These included:

- The Peoples Partnership
- The Learning Disabilities Partnership Board

- The Autism Partnership Board
- Canadda
- The Mental Health Partnership Board
- Older Peoples Forum/ Age Uk
- Alzheimer's Society
- County Carers group
- Adult Care teams
- Linca
- Carers and Young Carers Partnership
- Boston Carers Group ( Learning Disabilities)
- South West Care Network/ Evergreen
- Involving Lincs
- LCC staff engagement group ( disabilities)
- Lincoln Advice network
- Citizens Advice Bureau/ CVS
- Polio Survivors Network

**Further detail of this engagement is included in the full consultation report**

### **7.1 What people told us by protected characteristics**

The Contributions policy would be applicable, following a financial assessment, to those people whose assessed care needs meet the national threshold regardless of their protected characteristics

**A full breakdown of the consultation results is in the appendices of the Adult Care Consultation Survey report**

The following considers the responses under the relevant protected characteristics

We are aware that the responses in the consultation are subject to a margin of error dependent on the proportion of the population that responded to the survey. The analysis is also based on the percentages of responses for each group by protected characteristics so that where there are very low numbers of responses in a particular group the potential for identifying individual respondents is reduced.

Please note that where a protected characteristic is not known, these responses have been excluded (i.e. if the respondent did not return their age group, ethnic background etc they will not be included below). The analysis is also limited to respondents who answered each of the questions.

| Protected Characteristic | What were our findings   |
|--------------------------|--|
| Age                      | <p>As a result of the consultation we received 273 surveys made up of 184 on line surveys and 89 paper surveys.</p> <p>This included responses from people in the following age bands :</p> <p>Under 35 15= 6%</p> <p>35 to 44 27 =10%</p> <p>45 to 54 41 =16%</p> <p>55 to 64 62= 24%</p> <p>65 to 74 35= 14%</p> <p>75 to 84 36= 14%</p> <p>85+ 24 = 9%</p> <p>Prefer not to state 19 = 7%</p> <p>Total answering the question 259 =100%</p> <p>Did not answer 14</p> <p><b>Total 273</b></p> <p><b>We have compared the responses from people who gave us their age with the overall survey results. The analysis is also limited to those who answered each of the questions.</b></p> <p><b>Proposal 1:</b><br/> <b>1a</b> To introduce of a 72 hour notice period for cancelling care</p> <p>In response to this question the majority of people (59%) agreed with this proposal and 29% disagreed.</p> |

The results were similar across from people with the shared protected characteristic of age with 62% of people aged 18-64 and 55% of people aged 65 and over agreeing.

27% of people aged 18-64 and 30% aged 65 and over disagreed.

People raised queries about the timeframes when there are exceptional or emergency incidents.

**1b** Calculating refunds for cancelled or missed care

In response to this question again the responses from people with the shared protected characteristic of age are similar with the overall responses which showed:

60% of people in agreement and 21% disagreeing.

By age groups 70% of people aged 18-64, and 51% of people aged 65 and over agreed.  
16% of people aged 18-64 and 24% aged 65 and over disagreed

Although people were in agreement they commented that they considered an annual review and refunds too long to wait. There were also concerns raised about refunds for missed calls to service users.

**Proposal 2:** To change the rules for the date when people start to pay their assessed contribution to 14 days after the financial assessment from is sent out

For this question again the responses from the people with the shared protected characteristic of age are similar with the overall responses which showed which was in agreement with this proposal.

64% of people were in agreement and 27% disagreed.

By age groups 69% of people aged 18-64 and 65 % of people aged 65 and over agreed.  
25% of people aged 18-64 and 25% aged 65 and over disagreed

Some people commented about the proposed 14 days with some saying it was too short or others saying it was too long

**Proposal 3:**

**3a** To calculate contributions against the full cost of services

Although the overall results from this question show the majority of people agreed, the results are inconclusive

Overall 47% of people agreed and 38% disagreed.  
 By age groups 53% of people aged 18-64 and a lower % (35%) of people aged 65 and over agreed.  
 37 % of people aged 18-64 and 40% aged 65 and over disagreed

People told us that they felt unable to comment until they had more detail. People also commented that this model penalised vulnerable people in the community.

**3b** To remove the £250 cap and have no maximum charge

Overall people told us that they disagreed with this proposal and this was consistent across the shared protected characteristic of age

Overall 27% of people agreed and 63 % disagreed.  
 By age groups 31 % of people aged 18-64 and 21 % of people aged 65 and over agreed.  
 62 % of people aged 18-64 and 64 % aged 65 and over disagreed

In general people told us that if there needed to be an increase there should still be a cap rather than remove it altogether

**Proposal 4 :**

**4a** To introduce a banding system of Disability Related Expenses linked to eligibility for disability benefits for new service users

Overall in the survey responses people told us that they agreed with this proposal and this was consistent from people with the shared protected characteristic of age. The responses have highlighted there was a higher % of people overall and by age bands that neither agreed nor disagreed. This is a higher % than for people who disagreed and indicates that people are unsure and unclear about the implications of this proposal.

Overall 58% of people agreed and 18 % disagreed.  
 By age groups 67 % of people aged 18-64 and 48 % of people aged 65 and over agreed.  
 14 % of people aged 18-64 and 22 % aged 65 and over disagreed

Overall 24% of people were unsure including 30% of people aged 65 or over and 19% of people aged 18-64

People have told us that this proposal should apply to everyone and just new service users so that it is fairer

**4b** We asked about the proposed set amounts for the 3 bands

There is a similar finding in the analysis of the responses to this question as to the one above. Overall people told us that they agreed with the proposed amounts and this was consistent in the age bands however there was an even higher overall % of people who neither agreed nor disagreed particularly people in the over 65 age group.

Overall 41% of people agreed and 24 % disagreed.

By age groups 46 %) of people aged 18-64 and 35 % of people aged 65 and over agreed  
23 % of people aged 18-64 and 23 % aged 65 and over disagreed.

Overall 35% of people neither agreed or disagreed including by age group people 30% aged 18-64 and 42 % aged 65 and over

**Proposal 5:** the introduction in principle of an arrangement fee to cover arranging non –residential services

Overall people told us they disagreed with this proposal and this was consistent from people with the shared protected characteristic of age

Overall 38 % of people agreed and 48% disagreed.

By age groups 44 % of people aged 18-64 and 33 %of people aged 65 and over agreed  
47 % of people aged 18-64 and 47 % aged 65 and over disagreed.

In the responses from people to the question 6 do you feel you will be adversely affected by the proposals there was a similar split in responses

Overall 30 % of people said yes, 35% said no and 35% said they don't know

There was a slightly higher % of people aged 65 or over (41%) who said yes and a slightly higher % of people aged 18-64 (41%) who said no.

Although there is a margin of error in the results this is proportionate to higher numbers of older people who are eligible for adult social care

A common theme was that people told us that the proposals penalised those who had worked and saved and who would have to pay more under the new proposals.

|                     |  |                     |          |               |          |                     |          |                    |          |                     |          |
|---------------------|--|---------------------|----------|---------------|----------|---------------------|----------|--------------------|----------|---------------------|----------|
|                     |  |                     |          |               |          |                     |          |                    |          |                     |          |
| Disability          | <p>As a result of the consultation we received 273 surveys. This included people 132 people who said that they had a disability from those we have been able to identify responses from people who gave further information about their disability. Some people entered more than one disability.</p> <p>This included</p> <table data-bbox="656 343 1097 507"> <tr> <td>Physical disability</td> <td>101= 64%</td> </tr> <tr> <td>Mental health</td> <td>42 = 27%</td> </tr> <tr> <td>Learning disability</td> <td>21 = 13%</td> </tr> <tr> <td>Sensory Impairment</td> <td>21 = 13%</td> </tr> <tr> <td>Prefer not to state</td> <td>25 = 16%</td> </tr> </table> <p>Total responses (including multiples) 210<br/> Total answering the question (at least one option selected) 158= 100%<br/> Did not answer 115<br/> <b>Total 273</b></p> <p><b>We have compared the responses of those people who identified themselves as disabled and those who did not declare they had a disability and the overall survey results. The analysis is also limited to those who answered each of the questions.</b></p> <p><b>Proposal 1:</b><br/> <b>1a</b> To introduce of a 72 hour notice period for cancelling care</p> <p>In response to this question the majority of people (59%) agreed with this proposal and 29% disagreed. The results were similar from people with the shared protected characteristic of disability. Of those people who declared a with disability 57% agreed and those not declaring a disability 71% agreed</p> <p><b>1b</b> Calculating refunds for cancelled or missed care</p> <p>The majority of responses to this question showed the majority of people (60%) in agreement and 21% disagreeing.</p> <p>This was similar for people with the shared protected characteristic of disability as 53% agreed and of those not declaring a disability( 76%) agreed</p> <p>Overall 21% disagreed which is similar to 20 % of people with a declared disability 17% not declaring a disability who disagreed.</p> | Physical disability | 101= 64% | Mental health | 42 = 27% | Learning disability | 21 = 13% | Sensory Impairment | 21 = 13% | Prefer not to state | 25 = 16% |
| Physical disability | 101= 64%   |                     |          |               |          |                     |          |                    |          |                     |          |
| Mental health       | 42 = 27%   |                     |          |               |          |                     |          |                    |          |                     |          |
| Learning disability | 21 = 13%   |                     |          |               |          |                     |          |                    |          |                     |          |
| Sensory Impairment  | 21 = 13%   |                     |          |               |          |                     |          |                    |          |                     |          |
| Prefer not to state | 25 = 16%   |                     |          |               |          |                     |          |                    |          |                     |          |



More people with a disability 27% neither agreed or disagreed compared with 21% overall and 7% of those not declaring a disability

**Proposal 2:**To change the rules for the date when people start to pay their assessed contribution to 14 days after the financial assessment from is sent out

For this question again the responses from the groups are similar with the overall responses which showed more people in agreement 64% than disagreeing 27%

59% of people with a declared disability agreed and 77% of people with no declared disability  
28% of people with a declared disability disagreed, and 18 % of people with no declared disability

**Proposal 3:**

**3a** To calculate contributions against the full cost of services

The overall results of this question are much closer. There some variations comparison with some variations from people who declared a disability.

Overall 47 % of people agreed and 38% disagreed.

A lower % of people with a declared disability 37% agreed with this proposal.  
A higher % (64%) of people with no declared disability agreed.

A higher % of people with a declared disability 42 % disagreed compared with 33 % with no declared disability.

**3b** To remove the £250 cap and have no maximum charge

The majority of people who responded told us that they disagreed with this proposal and this was consistent in the responses from people with the shared protected characteristic of disability

Overall 27% of people agreed and 63 % disagreed.  
23% of people with a declared disability and 31% of people with no declared disability agreed.  
64 % of people with a declared disability and 63 % with no declared disability disagreed.

People told us that if the cap of £250 was raised there should be a maximum charge to help reduce anxiety and concern for service users.

**Proposal 4 :**

**4a** To introduce a banding system of Disability Related Expenses linked to eligibility for disability benefits for new service users.

From the survey results overall people told us that they agreed with this proposal and this was consistent in the responses from people with the shared protected characteristic of disability. However there was a higher % of across all respondents who neither agreed nor disagreed than disagreed which indicates that people are unsure and unclear about the implications of this proposal.

Overall 58% of people agreed and 18 % disagreed.

57% of people with a declared disability and 69% of people with no declared disability agreed.

19 % of people with a declared disability and 12 % with no declared disability disagreed.

Overall 24% neither agreed nor disagreed

24% of people with a declared disability and 19% also neither agreed nor disagreed

People also told us that that they felt it was unfair for this proposal to be for new service users only and should apply to everyone so that it does not discriminate against existing customers.

**4b** We asked about the proposed set amounts for the 3 bands

Overall people told us that they agreed with the proposed amounts and this was consistent from people with the shared protected characteristic of disability but this needs to be considered with the high % of people who neither agreed nor disagreed including those with a declared disability which again indicates people are unsure and it is not clear.

Overall 41% of people agreed and 24 % disagreed.

39% of people with a declared disability and 50 % of people with no declared disability agreed.

27 % of people with a declared disability and 18 % with no declared disability disagreed.

There was also a high % of people (35%) who neither agreed or disagreed

34 % of people with a declared disability neither agreed nor disagreed and 32 % with no declared disability

People commented that the allowances are not high enough and that more information was needed to understand how the proposed rates have been worked out.

**Proposal 5:** The introduction in principle of an arrangement fee to cover arranging non –residential

|                                |  |
|--------------------------------|--|
|                                | <p>services</p> <p>Overall people told us they disagreed with this proposal including people with the shared protected characteristic of disability</p> <p>Overall 38 % of people agreed and 48 % disagreed.<br/>37% of people with a declared disability and 43% of people with no declared disability agreed.<br/>43 % of people with a declared disability and 53 % with no declared disability disagreed.</p> <p>In the responses from people to the question 6 do you feel you will be adversely affected by the proposals there is a higher % of people who declared a disability 38% who said they would be adversely affected compared to the overall response of 30% who agreed. 14% of those who did not declare a disability said they would be adversely affected.</p> <p>More of the non-declared respondents ( 59%) said they would not be affected compared to 23% of disabled respondents and 35% overall<br/>35% of people overall felt they didn't know<br/>38% of disabled respondents and 27%of people not declaring a disability felt they didn't know</p> <p>People commented that most of the proposals will adversely affect the most vulnerable and frail people in society and some respondents felt that they already could not afford to continue to pay the cost of their care.</p> |
| Gender reassignment            | We did not seek views specifically relating to gender reassignment as no specific impacts had been identified for this review of the Contribution Policy. The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their gender reassignment   |
| Marriage and civil partnership | We did not seek views specifically relating to marriage and civil partnership as no specific impacts had been identified for this review of the Contribution Policy. The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their marriage or civil partnership  |
| Pregnancy and maternity        | We did not seek views specifically relating to pregnancy and maternity as no specific impact had been identified for this review of the Contribution Policy. The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of pregnancy or maternity   |
| Race                           | <p>As a result of the consultation we received 273 surveys. We have also monitored the responses where people have given us their ethnic background and have included in this analysis:</p> <p>White 236 = 91%</p>   |

|  |            |
|--|------------|
| Black and other minority ethnic groups | 9= 3%      |
| Prefer not to state                    | 14 = 5%    |
| Total answering the question           | 259= 100%  |
| Did not answer                         | 14         |
| <b>Total</b>                           | <b>273</b> |

**We have compared the responses from those people who choose to give us their ethnic origin profile with overall survey results. The analysis is also limited to those who answered each of the questions.**

**Proposal 1:**

**1a** To introduce of a 72 hour notice period for cancelling care

In response to this question the overall majority of people 59% agreed with this proposal and 29% disagreed. There are some variations from the respondents with the shared protected characteristic of race. It must be noted that because of the small numbers in this analysis there is a likely to be highest margin of error in the results (+/- 31%)

A lower % of people with a BME profile 22% agreed compared to 60% with a white profile.

A higher % of people with a BME profile 78% disagreed with this proposal compared to people with a white profile 27% and the overall figure of 29%

**1b** Calculating refunds for cancelled or missed care

In response to this question the overall responses which showed the majority of people 60% in agreement and 21% disagreeing.

This was similar for people with a white profile (62%) agreed and those with a BME profile (50%) who agreed.

Overall 21% disagreed which is similar to 17 % of people with a white profile - a greater % 50%) with a BME profile disagreed.

**Proposal 2:** To change the rules for the date when people start to pay their assessed contribution to 14 days after the financial assessment form is sent out

For this question again the responses from people with a shared protected characteristic of race are similar with the overall responses which showed 64% of people in agreement and 27% disagreeing

67% of people with a white profile agreed, a lower % (33%) of people with a BME profile agreed  
25% of people with a white profile disagreed and greater % (56%) of people with a BME profile disagreed  
When the margin of error is considered the overall results are similar

**Proposal 3:**

**3a** To calculate contributions against the full cost of services

The results for this question are much closer in the overall comparison. There is some slight variation by those with a BME profile which needs to be considered with the margin of error.

Overall 47% of people agreed and 38% disagreed.

46% of people with a white profile agreed and 56% of people with a BME profile agreed.

39% of people with a white profile agreed and 22% of people with a BME profile disagreed.

**3b** To remove the £250 cap and have no maximum charge

Overall people told us that they disagreed with this proposal and this was consistent in the responses from people of with the protected characteristic of race

Overall 27% of people agreed and 63% disagreed.

27% of people with a white profile and 38% of people with a BME profile agreed.

63% of people with a white profile and 38% with a BME profile disagreed.

**Proposal 4 :**

**4a** To introduce a banding system of Disability Related Expenses linked to eligibility for disability benefits for new service users

Overall people told us that they agreed with this proposal and this was consistent in the responses from people with the protected characteristic of race. There was a high % of people who neither agreed nor disagree which indicates that people are unsure

Overall 58% of people agreed and 18% disagreed.

60% of people with white profile and 38% of people with a BME profile agreed.

17 % of people with a white profile disagreed and 25% with a BME profile disagreed.

24% people overall, 17% white profile and 25% BME who neither agreed nor disagreed

**4b** We asked about the proposed set amounts for the 3 bands

Overall people told us that they agreed with the proposed amounts, with a variation in the % responses of people with BME profile

Overall 41% of people agreed and 24 % disagreed.

43% of people with a white profile agreed and a lower % ( 13%) of people with a BME profile agreed.

23 % of people with a white profile and 25 % with a BME profile disagreed.

There was also a high % of people (35%) who neither agreed nor disagreed including 34 % of people with a white profile and 63% with a BME profile, which again indicates people are unsure about this proposal and it is not clear.

**Proposal 5:** the introduction in principle of an arrangement fee to cover arranging non –residential services

Overall people told us they disagreed with this proposal which was consistent with the responses from people with the shared protected characteristic of race

Overall 38 % of people agreed and 48 % disagreed.

40% of people with a white profile and 33 % of people with a BME profile agreed.

46 % of people with a white profile disagreed and 56 % with a BME profile disagreed.

In the responses from people to the question 6 do you feel you will be adversely affected by the proposals more people with a white profile 31% said they would be adversely affected than those with a black minority ethnic (BME) profile (11%) and an overall response of 30% agreeing.

A similar % of white respondents ( 34%) said they would not be affected compared to 33% of BME respondents and 35% overall

35% of people overall felt they didn't know and 35% of white respondents and 56% of BME respondents which indicates that people are unclear until there is more detail available.

|                              |  |      |         |        |          |                     |        |                              |            |
|------------------------------|--|------|---------|--------|----------|---------------------|--------|------------------------------|------------|
| Religion or Belief           | We did not seek views specifically relating to religion or belief as no specific impact relating to religion or belief had been identified for this review of the Contribution Policy. The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their religion or belief   |      |         |        |          |                     |        |                              |            |
| Sex ( gender)                | <p>As a result of the consultation we received 273 surveys. This included people by the following gender breakdown</p> <table data-bbox="651 343 1220 478"> <tr> <td>Male</td> <td>84= 33%</td> </tr> <tr> <td>Female</td> <td>159= 63%</td> </tr> <tr> <td>Prefer not to state</td> <td>11= 4%</td> </tr> <tr> <td>Total answering the question</td> <td>254 = 100%</td> </tr> </table> <p>Did not answer 18<br/> <b>Total 272</b></p> <p><b>We have compared the responses of those people who gave us their sex (gender) breakdown declare they and the overall survey results. The analysis is also limited to those who answered each of the questions.</b></p> <p><b>Proposal 1:</b><br/> <b>1a</b> To introduce of a 72 hour notice period for cancelling care</p> <p>In response to this question the majority of people (59%) agreed with this proposal and 29% disagreed. The results were similar from people with the shared protected characteristic of sex( gender) with men 57% agreeing and 61% women</p> <p><b>1b</b> Calculating refunds for cancelled or missed care</p> <p>In response to this question the overall responses which showed the majority of people, including both men and women agreed</p> <p>60% in agreement and 21% disagreeing.<br/> This was similar for men (56%) and women (66%) agreed<br/> Overall 21% disagreed which is similar to 20% of men and18% of women who disagreed.<br/> A higher % of male respondents ( 24 %) neither agreed or disagreed compared with 19 % overall and 16 % of female respondents</p> <p><b>Proposal 2:</b>To change the rules for the date when people start to pay their assessed contribution to 14 days after the financial assessment from is sent out<br/> In response to this question the majority of people agree and the responses from people with the shared characteristic of sex are similar with the overall responses.</p> | Male | 84= 33% | Female | 159= 63% | Prefer not to state | 11= 4% | Total answering the question | 254 = 100% |
| Male                         | 84= 33%  |      |         |        |          |                     |        |                              |            |
| Female                       | 159= 63%   |      |         |        |          |                     |        |                              |            |
| Prefer not to state          | 11= 4%   |      |         |        |          |                     |        |                              |            |
| Total answering the question | 254 = 100%   |      |         |        |          |                     |        |                              |            |

These showed 64% of people in agreement and 27% disagreeing.  
 66 % of male respondents and 68 % of female respondents agreed  
 29 % of male respondents and 23 % of female respondents disagreed

**Proposal 3:**

**3a** To calculate contributions against the full cost of services

The results of this question are much closer in the overall comparison with some variation considered by respondents with the shared protected characteristic of sex( gender). Overall people agreed.

Overall 47% of people agreed and 38% disagreed.  
 32% of male respondents and 54 % of female respondents agreed.  
 48 % of male respondents and 34 % of female respondents disagreed.

**3b** To remove the £250 cap and have no maximum charge

Overall people told us that they disagreed with this proposal and this was consistent in the responses from men and women

Overall 27% of people agreed and 63 % disagreed.  
 21% of male respondents and 29 % of female respondents agreed.  
 65 % of male respondents and 62 % of female respondents disagreed.

**Proposal 4 :**

**4a** To introduce a banding system of Disability Related Expenses linked to eligibility for disability benefits for new service users

Overall people told us that they agreed with this proposal and this was consistent in the responses from male and female respondents. However there was 24 % of people who neither agreed nor disagreed

Overall 58% of people agreed and 18 % disagreed, 24% were unsure  
 50% of male respondents and 65 % of female respondents agreed.  
 28 % of male respondents and 13 % of female respondents disagreed.

24% of people overall neither agreed or disagreed  
 23% of male respondents and 22% of female respondents neither agreed or disagreed

This suggest that people are unsure and unclear about this proposal



|                    |   |
|--------------------|---|
|                    | <p><b>4b</b> We asked about the proposed set amounts for the 3 bands</p> <p>Overall people told us that they agreed with the proposed amounts and this was consistent in the male and female respondents. Again there was a high % (35%) of people who were unsure.</p> <p>Overall 41% of people agreed and 24 % disagreed.<br/>         40% of male respondents and 43 % of female respondents agreed.<br/>         29 % of male respondents and 20 % of female respondents disagreed.<br/>         35% of people neither agreed or disagreed<br/>         31% of male respondents and 36 % of female respondents neither agreed or disagreed</p> <p><b>Proposal 5:</b> the introduction in principle of an arrangement fee to cover arranging non –residential services</p> <p>Overall people told us they disagreed with this proposal which is consistent across for male and female respondents</p> <p>Overall 38 % of people agreed and 48 % disagreed.<br/>         35% of male respondents and 44% female respondents agreed.<br/>         51 % of male respondents and 43 % of female respondents disagreed.</p> <p>In the responses from people to the question 6 do you feel you will be adversely affected by the proposals a greater % male respondents 36 % said they would be adversely affected than the % of female respondents (24%) and an overall response of 30% agreeing .</p> <p>More women ( 42%) said they would not be affected compared to 22% of men and 35% overall<br/>         A similar % ( 35%) of people overall felt they didn't know which is a similar % of woman ( 35 %) and 42% of men</p> |
| Sexual orientation | We did not seek views specifically relating to sexual orientation as no specific impacts had been identified for this review of the Contribution Policy. The policy would be applicable to those people whose assessed care needs meet the national threshold regardless of their sexual orientation  |

**8 Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way?**

The purpose is to make sure you have got the perspective of all the protected characteristics.

Contribution charges and therefore these proposed changes can apply to people where their care needs are assessed as meeting the national eligibility threshold. Applying and calculating a contribution for adult care services is a complex and often emotive area.

Because of this review and the proposals for changes there has been a full consultation exercise between June and September 2015 and we have worked with a range of relevant networks and organisations, including the Peoples Partnership, to seek the views of those groups of people who may be affected.

As part of the mid- term review we reflected on the engagement to date and the responses which we had received up to that point and looked at ways we could try to increase the responses from people in these groups. (this is detailed in the final report )

This version 2.0 of the Equality Impact Analysis includes analysis of the views from people with the protected characteristics of age, gender and disability which had been identified as groups of people who may be affected by these proposals.

In conclusion the equalities analysis has shown similar findings to those in the overall consultation survey

**Proposal 1**

- People are in overall agreement

**Proposal 2**

- People are in overall agreement

**Proposal 3**

- Overall people were in favour of assessing contributions against the full cost of services
- All groups of respondents were not in favour of the removal of the £250 cap without any cap at all being in place.
- A potential mitigating action would be to consider a revised figure for the cap

**Proposal 4**

- Although the overall results indicate agreement with the proposal relating to Disability Related Expenses for new service users there is a high percentage from all groups who neither agree nor disagree. People have raised concerns about this proposal being only for new service users.
- A potential mitigating action would be to undertake further modelling on the impact of this model for current service users to address the concerns about lack of fairness

**Proposal 5**

- People have told us that they do not agree with the principle of the introduction of an arrangement fee
- A mitigating action would be more clarity about the fee rate.

**The impact of the proposals**

- People with the protected characteristics of age, gender, disability and race have told us that they feel they will be adversely affected by these proposals and similar proportions have said feel they don't know.
- A mitigating action would be a full implementation plan of any decisions taken by the Council on this proposals which would consider in greater detail the impact on individuals

The findings of consultation, including the equalities analysis, have been used to inform the recommendations in the final report which subject to the decision is making process of the Council.

|   |  |                            |                                 |
|---|--|----------------------------|---------------------------------|
| <p><b>9 Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?</b></p> | <p>The analysis from the consultation responses from people with the shared protected characteristics identified as being impacted by the proposals has informed the final report and recommendations which form part of the decision making process of the Council.</p> |                            |                                 |
| <p><b>10 Further Details</b></p>  |  |                            |                                 |
| <p><b>Are you handling personal data?</b></p>   | <p>The analysis has included using data from our client record data base and financial systems</p>   |                            |                                 |
| <p><b>Actions required</b><br/>Include any actions identified in this analysis for on-going monitoring of impacts.</p>  | <p><b>Action</b></p>   | <p><b>Lead officer</b></p> | <p><b>Timescale</b></p>         |
|   | <p>V1.1 of the analysis accompanied the paper to Adults Scrutiny Committee</p>   | <p>Paul Jenkins</p>        | <p>May 2015</p>                 |
|   | <p>As a result of feedback to make it more understandable and clearer for people v 1.2 was revised</p>   | <p>Sue Blakemore</p>       | <p>May/ June 2015</p>           |
|   | <p>V.1.3 was further updated</p>   | <p>Sue Blakemore</p>       | <p>July 1<sup>st</sup> 2015</p> |
|   | <p>The findings of the impact analysis to inform the consultation/ communication plans so that information, the consultation and the engagement events are accessible</p>  |                            | <p>June - October 2015</p>      |
|   | <p>The consultation will seek to make sure we get views from those groups of people who would be most affected including older people , including those over 85 : people with learning disabilities: people with sensory impairment: people with physical disability</p> |                            |                                 |

|                      |  |             |   |
|----------------------|--|-------------|---|
|                      | <p>Consultation work was undertaken</p> <p>The impact analysis was reviewed at mid - point of the consultation</p> <p>Analysis of findings from the consultation in this responses from the groups with the identified protected characteristics are included in this v2.0 of impact analysis</p> <p>Version 2 of the impact analysis will accompany the paper to LCC Executive Committee for its decision</p> | Sue Phelps  | <p>August 2015</p> <p>October 2015</p> <p>November 2015</p> |
| <b>Signed off by</b> |  | <b>Date</b> | October 2015  |





## **PUBLIC CONSULTATION**

# **Non Residential Adult Social Care Services Contributions Policy**

## Contents

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## Data Protection

Your responses will be kept completely confidential and kept in accordance with the Data Protection Act 1998. The Council's aim is to not be intrusive and we won't ask irrelevant or unnecessary questions.

**Before you give us your feedback can you please let us know if you have any help filling in this questionnaire?**

- No, I did it myself
- Yes, I had help from my carer / support worker
- Yes, I had help from family or friend
- Completed on behalf of service user



## Introduction

1. Adult Care charges for the services it provides to eligible adults. People receiving residential services are charged using national guidance. For people who receive services to support them at home, the Council is able to make some choices about the way they decide to charge. This is explained in the Non-residential Adult Social Care Contributions Policy.
2. Income from contributions for 2014/15 was £6.6m. This represents 3% of the Adult Care budget. The Council commissioned a budget study from financial consultants (KPMG) in 2012/13 to get a better understanding of the budget pressures at that time and to compare Lincolnshire's budget with other similar councils. One of the comments from the study was that service user contributions in Lincolnshire were 10% lower than those of the other councils as a percentage of total spending on older persons' services.
3. Another comparison was made by CIPFA (Chartered Institute of Public Finance and Accountancy) in a report they completed in 2014. This report shows that Lincolnshire has a lower than average number of people who pay high contributions and a higher than average number of people who pay lower contributions. This is because compared to other areas people in Lincolnshire are on lower incomes and the financial assessment takes that into account.
4. Since 2010, due to reductions in the funding the Council receives from central government the Council has made some £148m of savings. Reductions in government funding are expected to continue, whilst pressures on our services will continue to rise. As a result the Council are likely to need to find a further £90m of annual savings by the end of the next four year period (2015/16 – 2018/19).
5. A Fundamental Budget Review was completed across all areas of the Council in 2014. Adult Care identified a number of areas where savings could be made or income increased. A review of the charging policy was recommended to explore potential increases in income to help meet the demand for Adult Care Services in Lincolnshire. This document identifies proposed changes to the policy which would potentially be introduced in January 2016, subject to the outcome of consultation.
6. The current policy was agreed by the Council in 2010. A review of the policy was carried out from January to April 2015. The Council now wishes to consult local residents on changes to the policy proposed from the review. The reasons for the review were as follows;
  - i) It is good practice to review policies from time to time to make sure they are up to date, clear and easy to understand.
  - ii) The policy needs to follow all current guidance and legislation, including the new Care Act 2014.

- iii) Contributions from service users (people receiving services paid for by the Council after their needs have been assessed) are an important part of income in the Council's Adult Care budget. The income received from contributions was reviewed when the Council set the budget for 2015/16. The Council needs to explore opportunities to make more income so that Adult Care Services are available for people in the future.
  - iv) The policy and any proposed changes must be fair and take account of what people can be reasonably expected to afford to pay. Financial assessment will stay for same and those who are assessed as not having the income to pay more won't have to.
7. The Council has made efforts to be fully aware of the impact that the proposed changes would have on service users. The Council will think carefully about the views expressed by local people during consultation before making any decisions.
8. The impact on service users is already protected to a degree through the financial assessment process and government regulations (updated by the Care Act 2014 through the Care and Support Statutory Guidance) which all councils **must** follow. The financial assessment includes a minimum income guarantee that all service users must be allowed to keep before any contributions can be set.

### Proposals for Consultation

9. The proposals under consideration on which the Council wants to hear the views of local people are as follows;
- i) To introduce a 72 hour notice period for service users cancelling care and describe the way that refunds are calculated for cancelled or missed care.
  - ii) To change the rules covering the date when people begin to pay for their care.
  - iii) To assess contributions against the full cost of services received and remove the current £250 maximum weekly charge.
  - iv) To set allowances for Disability Related Expenses, (where service users can show that they have unavoidable expenses because of their disability), through banded levels linked to eligibility for disability benefits. (For new customers only).
  - v) To introduce an arrangement fee to cover the cost of arranging non-residential services for people who have savings and/or assets over the capital limits (i.e. self-funders).

## The Change Proposals Explained

- I. To introduce a 72 hour notice period for cancelling care and to explain the way that refunds are calculated for cancelled or missed care.**
10. It is proposed that service users should be required to give 72 hours' notice to cancel care. This would give the Council an opportunity to cancel the care with the provider so that the Council does not have to pay for the care. The 72 hours notice would not be required to be given in the event of emergency admission to hospital.
  11. The current policy states that service users will not be charged if they cancel their care within the required notice. The policy also states that the service user will not be charged if the required service is not delivered by the service provider or if cancelled by the Council. The required notice is not defined in the policy and the proposal that 72 hours will be required addresses this gap in the existing policy.
  12. It is proposed that service users can ask to have their contributions reviewed every year, if they so wish, to see if any of their contributions should be refunded as a result of cancelled care or care missed by the provider.
  13. Where an annual review is requested, the cost of care for the whole year will be compared with the total annual contribution paid by the service user. If the contributions paid by the service user are more than the annual cost of the services they received, a refund of the difference will be due.
  14. The Council is proposing this policy change so that service users can be clear about what happens to contributions when they cancel their care or when care is missed by the provider. Possible alternatives that the Council has considered are:
    - i) To have a shorter or longer period of notice. However, a shorter period would not enable the Council to cancel the care with the service provider. A longer period would disadvantage the service user by reducing the circumstances in which a reduction in contributions might be available. 72 hours is therefore considered to strike the right balance.
    - ii) To provide direct refunds for any care missed regardless of the total cost of the care delivered. However, the charge is to cover the cost to the Council of meeting the individual's needs. Where the Council incurs that cost the charge should still apply. Only if charging the service user would give to the Council more money than it has incurred in meeting the need should a refund be payable.
    - iii) To review the contributions against cancelled or missed care on a more frequent basis. However this would take up a lot of staff time and would only ever be approximate until the final position was known..

**Consultation Feedback**

**Question 1a) Do you agree or disagree with the proposal to set a notice period of 72 hours for cancelled care?**

**Please show by entering X in one of the boxes below:**

|       |  |          |  |                           |  |
|-------|--|----------|--|---------------------------|--|
| Agree |  | Disagree |  | Neither agree or disagree |  |
|-------|--|----------|--|---------------------------|--|

**Do you have any comments or alternative suggestions?**

**Please enter any comments or alternatives in the box below:**

**Consultation Feedback**

**Question 1b) Do you agree or disagree with how the Council are proposing to calculate refunds where contribution refunds are due for cancelled or missed care?**

**Please show by entering X in one of the boxes below:**

|       |  |          |  |                           |  |
|-------|--|----------|--|---------------------------|--|
| Agree |  | Disagree |  | Neither agree or disagree |  |
|-------|--|----------|--|---------------------------|--|

**Do you have any comments or alternative suggestions you would like to make?**

**Please enter any comments or alternatives in the box below:**

**II. To change the rules covering the date when people begin to pay for their care**

15. It is proposed that everyone will be expected to pay their contribution from 14 days after the financial assessment form is sent by the Council to the service user.
16. The current policy states that contributions apply from the date the service user is told of the outcome of their financial assessment.
17. In practice this means that contributions start sooner for people who send financial assessment information quickly than for people who take longer to do this. The Council believes this is unfair and would like to introduce a fixed timescale so that contributions start at the same time for everyone.
18. Under the Care Act, councils are able to ask people to pay contributions backdated to the date their services started. The Council does not intend to do this, but believes the policy needs to change to make sure that everyone is treated the same and to give service users a reason to return the forms quickly.
19. Where the form is not returned and it is clear that there is no intention to provide the information, legally that person will be treated by the Council as someone who has to pay the full cost of the services they receive. The full cost contribution will be backdated to the same date of 14 days after the form was sent.
20. The Council is proposing this policy change so that service users are treated equally and can be clear about what happens if financial information is not returned quickly. Possible alternatives that the Council has considered are:
  - i) To have a shorter or longer period before payment starts. However, a shorter period would not give the service user a reasonable time to provide the information and a longer period would make it longer before the Council can tell service users how much their contribution will be. 14 days is therefore considered to strike the right balance.
  - ii) To leave the policy as it is. This is considered to be unfair and does not provide any encouragement for service users to return financial information as soon as they can. Although the change may lead to service users having to pay for care they would not have wanted if they had known the level of charge this is rare. In addition, service users can protect themselves from this effect by the speed with which they provide their information. The 14 day period is considered to strike a reasonable balance between service users receiving and paying for care before knowing the charge and the financial impact on the Council of providing care for service users for which it cannot recover a contribution.

**Consultation Feedback**

**Question 2. Do you agree or disagree with the proposal that everyone will be charged from 14 days after the financial assessment form is sent out?**

**Please show by entering X in one of the boxes below:**

|       |  |          |  |                           |  |
|-------|--|----------|--|---------------------------|--|
| Agree |  | Disagree |  | Neither agree or disagree |  |
|-------|--|----------|--|---------------------------|--|

**Do you have any comments or alternative suggestions?**

**Please enter any comments or alternatives in the box below:**

### **III. To assess contributions against the full cost of services received and remove the current £250 maximum weekly charge**

21. The Council is proposing to change the way contributions are calculated by taking into account the full cost of care at 100% and removing the maximum charge of £250 per week so that everyone is assessed against their ability to pay the full cost of the services they receive.
22. The new guidance on charging published with the Care Act 2014 allows councils to decide how they will charge for care and support provided outside care homes. People cannot be charged more than the cost of the services they receive.
23. The guidance says that councils must make sure people have enough money to cover essential living costs like food, rent and fuel bills. After paying their contribution, a person must be left with the same as they would have on Income Support plus a buffer of 25%. This is called the Minimum Income Guarantee.
24. Councils are encouraged by the guidance to think carefully about how they can protect a person's income when they decide how to set their charging policy. This could be by asking people to pay no more than a fixed percentage of what is called the assessable income (the most they can be asked to pay calculated in the financial assessment) instead of their full assessable income.
25. Councils are also encouraged to consider setting a maximum charge. The guidance suggests, for example, that councils should think about having a maximum charge that would mean people would not be asked to pay more for care and support at home, than it would cost to be cared for in a care home.
26. The Council's current policy of having the chargeable cost for services at 90% of actual cost and a maximum charge of £250 per week has given people this kind of extra protection.
27. The Council has considered carefully whether it should continue to provide this level of extra protection. It has noted in particular that:
  - i) there is no legal obligation to provide additional protection;
  - ii) the Regulations and Guidance themselves give a level of protection to make sure contributions take account of what people can afford to pay;
  - iii) the principle that all service users are assessed against 100% of the actual cost of services and pay the full amount they are assessed as being required to contribute is fair for everyone; and
  - iv) The Council has great difficulty in being able to put enough money in the budget for Adult Care and this means that the Council has to look very carefully at whether it can carry on helping services users to pay less,



when this is an extra expense on the Council's budget.

28. Possible alternatives that the Council has considered are:

- i) To assess income against something less than total cost but more than 90%. The financial benefit of this is very low for service users and does not in the view of the Council justify moving from the principle that people should pay their assessed contribution to the full cost of their care.
- ii) To limit contributions to the cost of care home provision. The Council notes the guidance on this and in particular the impact higher non-residential fees may have on people's willingness to stay in their own homes. However, limiting the contribution in this way would impact on only one current service user so this affect would be minimal and does not in the view of the Council justify moving from the principle that people should pay their assessed contribution to the full cost of their care.

**Consultation Feedback**

**Question 3a) Do you agree or disagree with the proposal to assess contributions against the full cost of services?**

**Please show by entering X in one of the boxes below:**

|       |  |          |  |                           |  |
|-------|--|----------|--|---------------------------|--|
| Agree |  | Disagree |  | Neither agree or disagree |  |
|-------|--|----------|--|---------------------------|--|

**Do you have any comments or alternative suggestions?**

**Please enter any comments or alternatives in the box below:**

**Consultation Feedback**

**Question 3b) Do you agree or disagree with the proposal to remove the maximum charge limit and have no maximum charge?**

**Please show by entering X in one of the boxes below:**

|       |  |          |  |                           |  |
|-------|--|----------|--|---------------------------|--|
| Agree |  | Disagree |  | Neither agree or disagree |  |
|-------|--|----------|--|---------------------------|--|

**Do you have any comments or alternative suggestions?**

**Please enter any comments or alternatives in the box below:**

**IV. To set allowances for Disability Related Expenses, (where service users can show they have unavoidable expenses because of their disability), through banded levels linked to eligibility for disability benefits. (For new customers only)**

29. Government guidance on charging says that where disability benefits are included in a person's income, councils should allow people to keep enough benefit to pay for any expenses that come from their disability when they are assessed for contributions. This is done by giving an allowance for disability related expenses (DREs) that reduces the assessed income, which is the most a person can be asked to pay.
30. In the current contributions policy in Lincolnshire, where service users tell the Council that they have extra living expenses because of their disability, these are looked at individually in the financial assessment. Agreeing DRE allowances in this way takes extra time in the assessment and there is a risk that people's needs are assessed differently by different assessors. It seems likely that this is the case in Lincolnshire because the range of allowances is very wide compared to other councils. The DRE allowances in Lincolnshire have more than average low and more than average high allowances agreed.
31. Information from other councils shows that many offer banded rates in a similar way to what is being proposed here. After looking at this information the Council is proposing to change the way that DREs are assessed by using a banded system. This would save staff time and be a more reliable way to make sure people with similar needs get similar allowances.
32. Where people can show they have extra expenses because of their disability, the following banding levels are proposed:
- Level 1 at £10 per week for people in receipt of low level Disability Living Allowance
  - Level 2 at £15 per week for people in receipt of middle rate Disability Living Allowance or Personal Independence Payment or Low Attendance Allowance
  - Level 3 at £25 per week for people in receipt of highest rate Disability Living Allowance or Personal Independence Payment or High Attendance Allowance
33. The information from other councils showed that some use one rate for all service users (which is called a flat rate). In Lincolnshire a banded system is thought to be better because it takes into account different levels of need between individuals. People are given higher disability benefits because they have greater disability needs and this affects the level of expenses offered in the banded system proposed.

34. The levels set at £10, £15 and £25 have been identified by looking at the rates set by other councils and comparing the range of the DRE allowances currently assessed in Lincolnshire and how they relate to entitlement to different benefits. The Council have then proposed a set of levels that represents a reasoned judgment of appropriate DRE allowances which would also be affordable to the Council.
35. Service users who are dissatisfied with an allowance awarded through the banded system would still have the right to have their DREs assessed individually.
36. The proposal is to introduce this approach for new customers only as allowances for existing customers have been agreed by individual assessment. Under the proposed policy changes, service users would be able to request an individual assessment if they were not satisfied with the banding. It is therefore logical to treat existing customers as having requested the individual assessment they have already received rather than move them to a banded rate unless they request an assessment. No savings in time would be realised because the assessment has already taken place. Any differences in assessment can be dealt with through reviews.
37. The Council is proposing this policy change so that the assessment process is speeded up and to introduce greater consistency in assessment. Possible alternatives that the Council has considered are:
  - i) Introduce a single flat rate instead of a banded rate. This is not preferred for the reasons given in paragraph 33.
  - ii) Introduce the banded rates for existing as well as new service users. This is not recommended for the reasons given in paragraph 36.

**Consultation Feedback**

**Question 4a. Do you agree or disagree with the proposal to award DRE allowances through banded levels linked to disability benefits for new customers?**

**Please show by entering X in one of the boxes below:**

|       |  |          |  |                           |  |
|-------|--|----------|--|---------------------------|--|
| Agree |  | Disagree |  | Neither agree or disagree |  |
|-------|--|----------|--|---------------------------|--|

**Do you have any comments or alternative suggestions?**

**Please enter any comments or alternatives in the box below:**

**Consultation Feedback**

***Question 4b. Do you agree or disagree with the proposed amounts set for the three bands?***

**Please show by entering X in one of the boxes below:**

|       |  |          |  |                           |  |
|-------|--|----------|--|---------------------------|--|
| Agree |  | Disagree |  | Neither agree or disagree |  |
|-------|--|----------|--|---------------------------|--|

**Do you have any comments or alternative suggestions?**

**Please enter any comments or alternatives in the box below:**

**V. To introduce an arrangement fee to cover the cost of arranging non-residential services for people who have savings and/or assets over the capital limits (i.e. self-funders).**

38. The Care Act states that councils can charge an arrangement fee for providing this service, limited to the cost actually incurred in arranging the service.
39. In some cases the Council has already been assisting self funders with arrangements for their care. Within the Council these arrangements are made by what the Council calls the brokerage service. The Care Act says that where people ask councils to provide this service, councils may now charge an arrangement fee to cover their costs.
40. The Council proposes to set an arrangement fee for brokerage services as a one-off arrangement fee which will be paid on each occasion when a self-funding service user requests the Council to arrange a care package for them. This usually only happens on one occasion, when a person needs to arrange care for the first time. However, sometimes a person may need their care package changed because they need services that are very different and they may wish to ask for further help to rearrange their services. In this case a second care arrangement fee would have to be paid.
41. At present the Council has not been charging for this service so it would be difficult to set an amount for this arrangement fee. The Council is therefore proposing to wait until it has experience of costing such arrangements and then set an arrangement fee after a period of time when there have been opportunities to better understand the costs involved.
42. The Council is proposing this policy change so that the cost of arranging services for self-funders is paid for by people who choose to ask the Council to provide this service to them. Possible alternatives that the Council has considered are:
  - i) Not to introduce an arrangement fee. This would pass the costs of arranging such services onto other services users at a time when the Council is asking them to pay their full contribution to the cost of their care.



**Consultation Feedback**

**Question 5. Do you agree or disagree in principle with the proposal to charge self-funders an arrangement fee to cover the cost of providing this service?**

**Please show by entering X in one of the boxes below:**

|       |  |          |  |                           |  |
|-------|--|----------|--|---------------------------|--|
| Agree |  | Disagree |  | Neither agree or disagree |  |
|-------|--|----------|--|---------------------------|--|

**Do you have any comments or alternative suggestions?**

**Please enter any comments or alternatives in the box below:**

## Equality Impact Questions

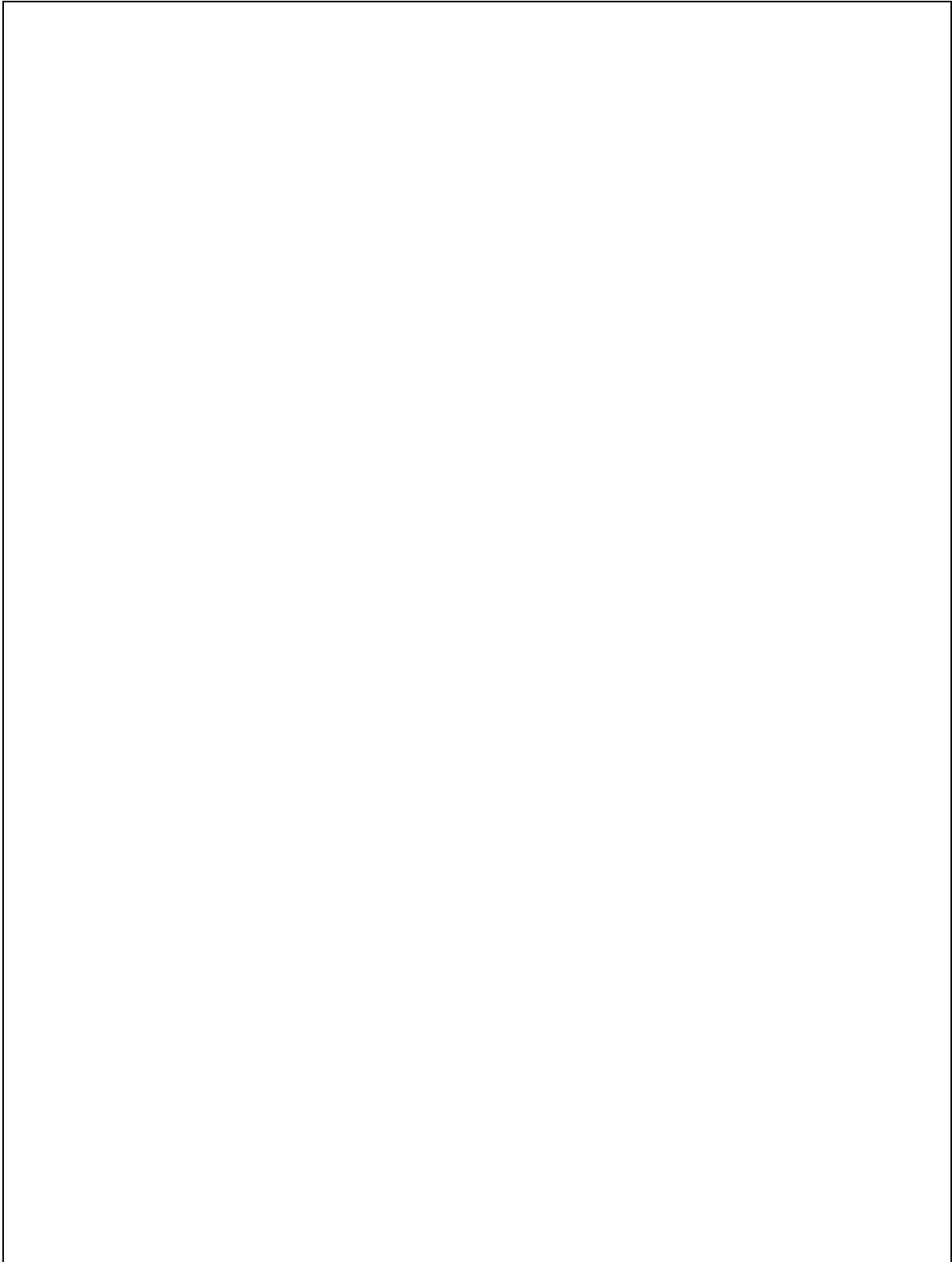
Do you feel you will be adversely affected by the proposals?

Please show by entering X in one of the boxes below:

|     |  |    |  |            |  |
|-----|--|----|--|------------|--|
| Yes |  | No |  | Don't know |  |
|-----|--|----|--|------------|--|

If you answered 'Yes' above please state which proposals and how you believe you would be affected by these proposals.

**Do you have things that you wanted to say and didn't have room for or is there anything else you would just like to say to us about the proposals? If so, please continue here:**

A large, empty rectangular box with a thin black border, intended for the respondent to provide additional comments or feedback on the proposals.

## Impact of the Proposals

43. There are different kinds of impacts from each of the proposals as explained below:
- i) Proposal I) if agreed would make it easier for service users to understand what happens about their contribution when their care is cancelled or missed.
  - ii) Proposal II) would result in a fairer system where all service users start paying contributions at the same time. It is expected to bring more income to the Council because it would stop delays happening when people are slow in sending the financial assessment form back to the Council.
  - iii) Proposal III) would bring more income to the Council and mean that over a 1000 people would have to pay an increased contribution. There is more information about that in the Financial Impacts section below.
  - iv) Proposal IV) would mean that new service users who have extra living expenses because of their disability, would be offered a banded DRE allowance according to the level of disability benefits they receive. They would still have a right to ask to have their needs assessed individually if they wished.
  - v) Proposal V) would mean that people who have savings and/or assets over the capital limits and who ask the Council to arrange non-residential services for them would pay an arrangement fee to cover the Council's costs.

## Financial Impacts

44. There are usually about 800 new financial assessments done every year which bring in, on average, £21,000 per week of income from service users. The impact of Proposal II) would be that the average time for starting contributions would go down from 4 weeks to 2 weeks, giving the Council an extra £42,000 in income every year.
45. An analysis, based on service users assessed to pay a charge on 31/03/2015, has been carried out in order to estimate the impact of Proposal III). The results of this analysis are summarised below;
- 4630 people: no change to their contribution
  - 1026 people: their contribution increases

46. The biggest impact comes from changing the chargeable cost from 90% to 100%.
- 1026 people: contributions increased bringing an increase in income to the Council of £476,000 a year.
47. In regard to the removal of the maximum weekly charge, the impact would be:
- 33 people: contributions increased bringing an increase in income to the Council of £158,000 a year
48. The levels of increases that people would have to pay from Proposal III) are:
- 709 people: an increase of up to £10 per week
  - 276 people: an increase of over £10 up to £25 per week
  - 13 people: an increase of over £25 up to £50 per week
  - 12 people: an increase of over £50 up to £100 per week
  - 16 people: an increase of over £100 per week
49. There would be no impact on existing service users from the introduction of Proposal IV. New service users would be offered a banded allowance set according to their disability benefits, but could still ask for an individual allowance if they wished. The banded system would make it easier for the Council to set allowances in a consistent way.
50. Proposal V would mean that individual self-funders would pay the Council for arranging services on their behalf.

### **How to Respond**

51. This consultation commences on 22<sup>nd</sup> June and closes on 28<sup>th</sup> September 2015.
52. The consultation will be widely publicised in order to encourage as many people as possible to take an interest and express their views. Special efforts will be made to make sure that people who are most affected know about the consultation and how they can make their views known to the Council.

53. Information about the consultation will be made known through the Council website, the local press and all possible means of communication known to the Council. The Council will reach out to voluntary organisations, groups and individuals with a known interest in social care and encourage and support such groups and individuals to take part in the consultation.
54. There are a number of public meetings being held at various locations across the county. These events are advertised on the Council website. All service users will be notified of the meetings by post. Comments and views expressed at the public meetings will be recorded and included in the consultation outcome report to council members.
55. Members of the public and other interested parties who wish to contribute comments and views to the consultation can do so by completing the consultation feedback sections of this document and sending this document to **Contributions Consultation, Freepost RTEC-ZSGE-HSYK, Adult Care, County Offices, Newland, Lincoln, LN1 1YL.**

The Consultation feedback sections from this consultation document are also available on the Council website at the link shown below where views and comments can be submitted through an online questionnaire:

[www.lincolnshire.gov.uk/adultcare](http://www.lincolnshire.gov.uk/adultcare)

### **Analysis of Consultation Outcomes and Decision Making**

56. The process for reporting the outcomes of the consultation so that decisions can be made by the Council is planned to take place as follows:
- Analysis of consultation responses and outcomes 29<sup>th</sup> September to 5<sup>th</sup> October 2015.
  - Final report completed 6<sup>th</sup> October 2015.
  - Report to Adults Scrutiny Committee 28<sup>th</sup> October 2015.
  - Report to Council Executive 3<sup>rd</sup> November 2015.
  - Earliest implementation of any change proposals January 2016.

## **Equality Monitoring**

### **Introduction**

The Equality Act 2010 places organisations under a duty to ascertain how certain people with the following 'protected characteristics' are impacted by organisations activity and how steps may be taken to mitigate or eliminate such impact:

- Age
- Disability
- Race
- Sex (male / female)

### **Data Protection**

Your responses will be kept completely confidential and kept in accordance with the Data Protection Act 1998. The Council's aim is to not be intrusive and we won't ask irrelevant or unnecessary questions.

*It is your choice to answer the following questions. If you do choose to answer them, this will help us to provide appropriate services to all sections of communities in Lincolnshire.*

## Monitoring ethnicity

This information will enable us to gain an overview of our community profile, benchmark our self against local and national statistics and identify any potential areas for improvement. This information will also help us in developing targeted initiatives

| <b>Ethnic Background</b>   |   |  |  |
|--|---|--|--|
| <b>What is your ethnic group?</b>  |   |  |  |
| <b>Choose ONE section from A to F then tick the appropriate box to indicate your ethnic background</b>   |   |  |  |
| <input type="checkbox"/> a) White<br>English/Scottish/Welsh/Northern<br>Irish/UK<br><input type="checkbox"/> Irish<br><input type="checkbox"/> Gypsy or Irish Traveller<br><input type="checkbox"/> Eastern European<br><input type="checkbox"/> Any other White background –<br><i>Please state -</i> | <input type="checkbox"/> d) Black<br>African<br><input type="checkbox"/> Caribbean<br><input type="checkbox"/> Any other Black/African/Caribbean<br>background –<br><i>Please state -</i> |  |  |
| <input type="checkbox"/> b) Mixed<br>Mixed ethnic background   | <input type="checkbox"/> e) Other ethnic group<br>Arab<br><input type="checkbox"/> Any other ethnic group –<br><i>Please state -</i>  |  |  |
| <input type="checkbox"/> c) Asian<br>Indian<br><input type="checkbox"/> Pakistani<br><input type="checkbox"/> Bangladeshi<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Any other Asian background –<br><i>Please state -</i>  | <input type="checkbox"/> f) Prefer not to state   |  |  |

## Gender

| <b>Gender</b>            |      |                          |        |
|--------------------------|------|--------------------------|--------|
| <input type="checkbox"/> | Male | <input type="checkbox"/> | Female |



## Age

| Age                      |       |                          |                     |
|--------------------------|-------|--------------------------|---------------------|
| <input type="checkbox"/> | 16-19 | <input type="checkbox"/> | 20-24               |
| <input type="checkbox"/> | 25-34 | <input type="checkbox"/> | 35-44               |
| <input type="checkbox"/> | 45-54 | <input type="checkbox"/> | 55-64               |
| <input type="checkbox"/> | 65-74 | <input type="checkbox"/> | 75-84               |
| <input type="checkbox"/> | 85+   | <input type="checkbox"/> | Prefer not to state |

## Disability

| Disability                               |                     |                          |                     |
|--|---------------------|--------------------------|---------------------|
| Do you consider yourself to be disabled? |                     |                          |                     |
| <input type="checkbox"/>                 | Physical Disability | <input type="checkbox"/> | Learning Disability |
| <input type="checkbox"/>                 | Mental Health       | <input type="checkbox"/> | Sensory Impaired    |
| <input type="checkbox"/>                 | Prefer not to state |                          |                     |

## Post Code

Please provide your post code to ensure that we have engaged with the communities that may be affected by this engagement exercise

| Post Code |
|-----------|
|           |

## *For Feedback purposes*

| Name and Address or email (only required if you want to receive feedback around the consultation) |
|---|
|   |

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# Agenda Item 5

**Open Report on behalf of Glen Garrod, Director of Adult Care**

|            |                                  |
|------------|----------------------------------|
| Report to: | <b>Adults Scrutiny Committee</b> |
| Date:      | <b>28 October 2015</b>           |
| Subject:   | <b>Care Act 2014 Update</b>      |

**Summary:**

In May 2014, the Care Act completed its journey through Parliament, gaining Royal Assent and its provisions were effective from April 2015. Lincolnshire County Council Adult Care has undertaken a programme of work to implement the changes required by the Act. This report is an update on the progress to date.

**Actions Required:**

That the Adults Scrutiny Committee notes the contents of the report.

## 1. Background

The implementation of the Care Act 2014 has seen the single biggest change to social care legislation for a generation, and brings together a host of guidance and policy that has been implemented since the Community Care Act 1990.

The majority of legislation within the Care Act is putting on statute existing policy and good practice. However, there are also a small number of new duties being brought in through the Act.

The Act is divided into three main parts:

- Part One deals with the reform of adult social care and support legislation, and is structured around an individual's journey through the reformed system (be they someone in need of care, or their carer).
- Part Two of the Act seeks to improve care standards by putting people and their carers in control of their care and support. It also provides a legislative response to the Francis Inquiry by increasing transparency and openness. The intention is to enhance the quality of care.
- Part Three of the Act establishes Health Education England and the Health Research Authority.

This report and the implementation programme have focussed on Part 1 of the Act.

## OVERVIEW OF THE CARE ACT 2014

The Care Act has been designed to reform the law relating to care and support for adults and for carers, updating and bringing together all relevant legislation into a single statute, in order to better offer improved support and wellbeing, with dignity, respect, independence and choice at the centre of the Act. The Care Act also promotes integration between adult social care, health and housing services. To this end, the Care Act sets out a programme of reform to the care and support system, at the centre of which is the concept of wellbeing, a focus on outcomes, and the role of users and carers as partners in care, being enabled to use their own resources and capacity in order to prevent and postpone the need for paid care and support.

A breakdown of Part 1 of the Care Act can be summarised below; to skip this detail please go to page 7 of the report:

- a) **Wellbeing principle:** Section 1 creates a new statutory principle which applies to all the functions under Part One of the Act (including care and support and safeguarding), and means that whenever a local authority makes a decision about an adult, they must promote that adult's wellbeing.
- b) **Prevention:** Section 2 requires local authorities to ensure the provision of preventative services - that is services which help prevent, delay or reduce the development of care and support needs (including carers' support needs).
- c) **Integration:** Section 3 places a duty on local authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services.
- d) **Information and advice:** Section 4 creates a duty on local authorities to provide an information and advice service which is available to all people in the local authority's area. This service must include information on how to access independent financial advice, regardless of whether or not a resident has eligible care needs.
- e) **Diversity and Quality of provision (Market Shaping):** Section 5 creates a general duty for local authorities to promote diversity and quality in the market of care and support providers for people in their local area.
- f) **Cooperation:** Sections 6-7 create a general duty to cooperate between the local authority and other organisations which have functions relevant to care and support. This includes a duty on the local authority itself to ensure cooperation between its adult care and support, housing, public health and children's services.
- g) **How to meet needs:** Section 8 gives examples of the ways in which a local authority may meet a person's needs under the Care Act. It relates to adults who need care and carers.
- h) **Assessment:** Sections 9-11 set out when a local authority must carry out an assessment of need and what the assessment should cover.

- i) **Assessment regulations:** Section 12, which also applies to carers, enables regulations to specify further detail about the assessment process, including requiring the assessment to be appropriate and proportionate.
- j) **Eligibility:** Section 13 requires local authorities to determine whether a person has eligible needs after they have carried out a needs assessment or a carer's assessment. It provides for regulations which will set out the eligibility criteria, including the national minimum level of eligibility at which local authorities must meet a person's care and support needs.
- k) **Charging:** Section 14 gives local authorities a general power to charge for certain types of care and support, at their discretion.
- l) **Cap on Care Costs:** Sections 15-16 allows for regulations to establish a limit on the amount that adults can be required to pay towards the costs of meeting their eligible needs over their lifetime and prevents local authorities from making a charge for meeting needs (other than for daily living costs) once an adult's care costs have reached that limit.
- m) **Financial assessment:** Section 17 requires a local authority to carry out a financial assessment if they have chosen to charge for a particular service under the power in Section 14.
- n) **Duty to meet needs:** Section 18 sets out the circumstances establishing an entitlement to public care and support for adults who need care (carers are covered in a separate section). It describes the conditions which must be met for there to be a duty on local authorities to meet their eligible needs. Section 18 creates a new duty on local authorities to arrange care and support if requested, when the adult would otherwise not be entitled, but could afford to pay for their care, or if the adult's accrued costs exceed the cap on care costs.
- o) **Power to meet needs:** Section 19 provides a broad power for the local authority to meet care and support needs in circumstances where the duty in Section 18 does not arise. It also allows for local authorities to temporarily bypass carrying out an assessment of needs, where care and support is needed urgently.
- p) **Duty and power to meet carers' needs:** Section 20 establishes a legal obligation to meet a carer's needs for support, on a similar basis to those needing care in Section 18. The key conditions for a carer's entitlement are that they have assessed eligible needs for support and that the person for whom they care is ordinarily resident in the local authority area (or present there but of no settled residence).
- q) **Exception for immigration:** Section 21 applies to adults who are subject to immigration control. The section provides that local authorities may not meet the care and support needs of such adults solely because they are 'destitute' or because of the physical effects or anticipated physical effects of being destitute. If their needs have arisen for other reasons (e.g. because of a disability, rather than solely because they are destitute), then the prohibition does not apply.
- r) **Exception for NHS:** Section 22 provides that in meeting an adult's needs for care and support, a local authority may not provide any healthcare services which are the responsibility of the NHS. However, a local authority may provide some healthcare services in certain circumstances, as long as the service provided is minor and it

accompanies some other care and support service which the local authority is permitted to provide.

s) **Exception for housing:** Section 23 provides that local authorities may not meet an adult's care and support needs by providing general housing, or anything else required under other legislation specified in regulations. It forms the boundary in law between adult social care and housing.

t) **Steps to take:** Section 24 sets out the steps local authorities must take after carrying out the needs assessment or carer's assessment (and the financial assessment where relevant). This includes the preparation of a care and support plan for the individual, confirmation to the individual of which needs will be met by direct payments and help to the individual to decide how needs will be met.

u) **Care and support plans:** Section 25 details requirements for inclusion in the care and support plans and carers' support plans.

v) **Personal Budgets:** Section 26 defines a personal budget as a statement of the cost of meeting an individual's needs and the amount the individual and the council must pay towards these costs. It also sets out the financial information to be included in the statement. The definition of the personal budget reflects current policy and practice.

w) **Review of care and support plan:** Section 27 requires local authorities to keep care and support plans and carers' support plans under review generally and to carry out an assessment where they are satisfied that the person's circumstances have changed. The adult can also make a reasonable request to have a review.

x) **Independent Personal Budget:** Section 28 establishes independent personal budgets for adults who have eligible needs, and who choose not to have those needs met by their local authority. The independent personal budget is a statement recording how much of the adult's spending on care will count towards the cap.

y) **Care account:** Section 29 requires local authorities to maintain a record ('care account') of an individual's progress toward the cap on the cost of care.

z) **Choice of accommodation:** Section 30 provides a framework and powers to set regulations regarding the choice of accommodation and other matters. Regulations will broadly maintain current practice. They will set out factors to be considered when it has been determined that an individual's needs would be best met through the provision of care and support in a care home or other type of accommodation and the adult expresses a preference for particular accommodation.

aa) **Direct payments:** Sections 31-33 consolidate the existing legislation on direct payments. People with capacity can request a direct payment and where they meet the conditions set out in this section the local authority must provide direct payments to meet their assessed eligible needs. It also places a duty on local authorities for adults who lack capacity. It requires local authorities to make a direct payment to an authorised person who requests one, provided five conditions set out in the section are met.

bb) **Deferred payments:** Sections 34-36 allows regulations to be made to state when a local authority may or must enter into a deferred payment agreement which will allow people to defer paying their care fees by taking out a loan from their council (secured

against their property) to pay for care and support. The loan will be repaid upon the sale of the person's home. Section 35 contains further provisions for deferred payment agreements to help local authorities recover the costs involved in their provision and to ensure adequate protections for residents and their families. It includes powers to set out what administration costs and interest payments local authorities can charge people and the information or other consumer protection measures that must be provided to the resident.

cc) **Continuity of care:** Section 37 sets out the duties that local authorities are under when an individual and potentially their carer, notifies them that they intend to move from one local authority area to another. Section 38 applies when the second receiving authority has not carried out the assessment before the person moves. It requires the second authority to provide services based on the care and support plan provided by the first authority. The second authority must continue to provide this care until it has undertaken its own assessment.

dd) **Ordinary residence:** Sections 39-41 help local authorities identify a person's ordinary residence (usually based on where they live) for the purposes of providing care and support. It also provides a mechanism for local authorities to reclaim money they have spent providing care and support to someone for whom they were not in fact responsible.

ee) **Adult safeguarding:** Sections 42-47/S2 set out the local authority's responsibility for adult safeguarding for the first time in primary legislation. This includes i) responsibility to ensure enquiries into cases of abuse and neglect ii) establishment of Safeguarding Adults Boards on a statutory footing and iii) information sharing.

ff) **Provider Failure:** Sections 48-52 set out the duty on English local authorities when providers fail. Authorities will be required to temporarily meet those of an adult's needs for care and support which are no longer being met as a result of the provider failing. This specific duty will apply to all individuals present in the authority's area whose needs the local authority is not already meeting, for example those who are self-funders, and those whose services are funded by another local authority.

gg) **Market Oversight:** Sections 53-57 set out duties on the Care Quality Commission (CQC).

hh) **Transition from childhood:** Sections 58-66 provide local authorities with a duty to assess a child, young carers or child's carer before they turn 18, in order to help them plan if they are likely to have needs once they (or the child they care for) turn 18 and if it will be of 'significant benefit'. It gives local authorities a power to meet the needs of an adult caring for a child with needs for care and support and allows regulations to be made in relation to the exercise of this power. The sections also include a power to make regulations about assessment for young carers. This is designed to provide continuity so that, where a young person is receiving children's services, those services will not stop abruptly when the person turns 18, but must continue until adult services have a plan in place.

ii) **Independent advocacy support:** Sections 67-68 place a duty on local authorities, in certain specified circumstances, to arrange an independent advocate to be available to facilitate the involvement of an adult or carer who is the subject of an assessment, care or support planning or review.

jj) **Recovery of charges, Transfer of assets:** Sections 69-70 allow local authorities to recover debt incurred providing care services.

kk) **Five-yearly review:** Section 71 requires the Secretary of State for Health to review how the capped cost system is operating every five years, the results of which can be used to inform decisions on whether to change the level of the cap, or other parameters, such as general living costs, in the system.

ll) **Part 1 Appeals:** Section 72 allows for regulations to establish a process through which appeals may be made against decisions taken by a local authority in respect of individuals under Part 1 of the Act. Amongst other things, the regulations may specify the type of decision that may be appealed and the details of the process that must be followed. The regulations made under the section would provide for investigations to be carried out into things done or not done by the person or body with power to consider the appeal. This would enable overview of the appeals process itself and would, for example, enable the Secretary of State to provide for the involvement of the Local Government Ombudsman in the overall appeal process. The section also aims to establish a flexible and proportionate appeals system which will have an element of independence from local authority decision-making. The final form of regulations and guidance will be developed with stakeholders and consulted upon in late 2014 alongside other elements of the reforms that come into effect from April 2016.

mm) **Human Right Act – application to provision of regulated care or support:** Section 73 makes it explicit that care providers regulated by the Care Quality Commission in England (or by equivalent bodies in the rest of the United Kingdom) are bound by the Human Rights Act when providing care and support.

nn) **Delayed discharges:** Section 74/S3 re-enacts and updates the provisions which relate to delayed discharges from acute hospitals. They set out the process for notification of discharge when an adult has care needs, requirement for assessment and amends the mandatory system of fining (“reimbursement”), where the local authority has not carried out its duties by the day of discharge, to a discretionary one.

oo) **Mental health after-care:** Section 75/S4 clarifies that after-care services provided under Section 117 of the Mental Health Act 1983 are to meet a need arising from or related to the mental disorder of the person concerned. They aim to reduce the likelihood of deterioration in the person’s mental disorder (and, accordingly, reducing their risk of requiring admission to hospital for treatment).

pp) **Prisoners:** Section 76 sets out the responsibilities for provision of care and support for adult prisoners and people residing in approved premises. Where it appears that adults in prison or approved premises have needs for care and support, they should have their needs assessed by local authorities and where they meet eligibility criteria, have services provided by the local authority in question. Prisoners’ non-eligible needs will be met by the prison.

qq) **Registers:** Section 77 requires local authorities to continue to establish and maintain a register of people living in their area who are sight impaired. It also enables local authorities to establish and maintain a similar register of people living in their area that need care and support or are likely to do so in the future.



rr) **Guidance:** Section 78 gives the Secretary of State a power to issue guidance to local authorities on how they exercise functions under the Act. Before issuing any such guidance the Secretary of State must consult such people as he or she considers appropriate.

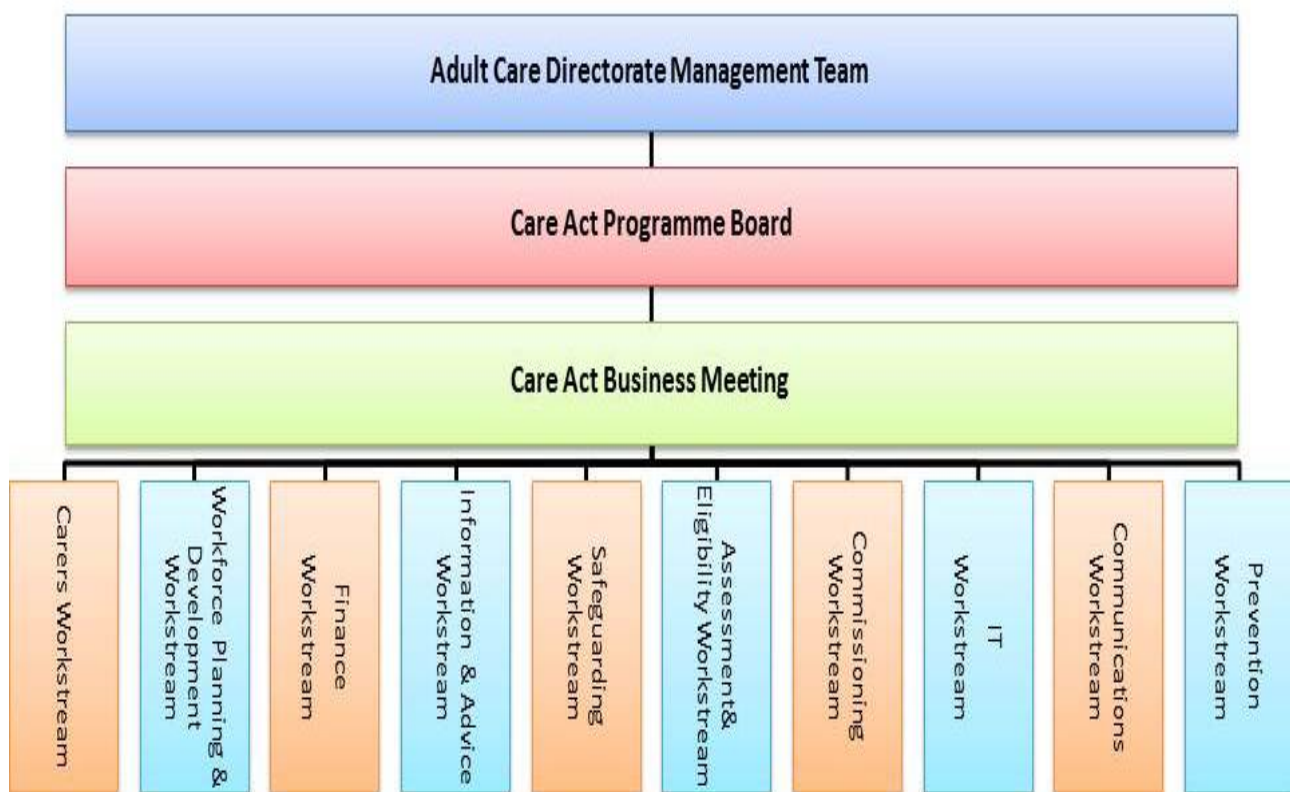
ss) **Delegation:** Section 79 provides for a new power for local authorities to delegate certain care and support functions to a third party. This is a new discretion for local authorities, to be determined locally.

tt) **Cross border placements:** Section S1 makes provision for a person ordinarily resident in England, who has care and support needs and requires residential accommodation to meet those needs, to be provided with that accommodation in another part of the UK. It also allows for such placements to be made in England for people who are ordinarily resident in Wales, or whose care and support is provided under the relevant Scottish or Northern Irish legislation.

### LINCOLNSHIRE COUNTY COUNCILS APPROACH

To consider the work required, and coordinate this to ensure compliance with the Care Act, a Care Act Implementation Programme was formed. Figure 1 below lays out the governance structure and the delivery work streams that have reported to it. Named Leads were identified and assigned to each work stream, some of which used existing groups and structures to support delivery, while other groups were newly formed.

Figure 1



Implementation of the Care Act has been sponsored by Pete Sidgwick (Assistant Director for Adult Care) and overseen by the Care Act Implementation Programme Board with

representatives from Adult Care, finance, legal services and communications. The Board has met on a monthly basis to review progress, make key decisions and escalate actions where required.

In addition to our local implementation, and to ensure that we share good practice and understand how other local authorities are progressing the implementation, the Lincolnshire Programme is heavily involved in the regional and national networks. This has seen a 'Lincolnshire' model of financial modelling used nationally and officers taking a regional lead on specific aspects of the implementation.

## **SUMMARY OF PROGRESS**

Below outlines the progress that we have made to date and gives us assurances that we are compliant with the Care Act. As with the previous legislation, it is difficult to unilaterally state compliance as there is some ambiguities in the law and statutory guidance, the real only test being legal challenge.

a) **Carers** - A carers assessment and eligibility process has been implemented and a combined assessment with the 'cared for person' will be provided where requested and consented by both parties. Recording will reflect a 'whole family approach' which recognises both the impact of care and support needs on the wider family, and on the opportunity for informal arrangements to be supported as a sustainable way of supporting people with care and support needs. Where required a support plan will be produced and shared with the carer. A new Carers service will be procured next year, which will further embed the principles of the Act.

b) **Safeguarding** - Lincolnshire County Council policies and procedures have been reviewed and updated to reflect Care Act requirements. The Lincolnshire Safeguarding Adults Board (LSAB) has reviewed and adjusted its membership, implemented a strategy for 2015-18 and produced a multi-agency policy. The Board will produce an annual report in April 2016.

c) **Prevention** - Public Health provides preventative services, including the Wellbeing Service, making every contact count (MECC) raising awareness of health and wellbeing, weight management services, smoking cessation, physical activity programmes, Community health champions across the county, sexual health services, Ante and post natal support, housing related support for the homeless, offenders, mental health and substance misuse, as well as the adult care services of reablement and the preventative services for carers.

d) **Information and Advice** - Our provision for information and advice is comprehensive; LCC Connects offers access to the Adult Care Manual and links to our micro site: MyChoiceMyCare which has been updated by the workstreams. Our advocacy service has been reviewed to ensure we are compliant with the requirements.

e) **Assessment, Care Planning and Eligibility** - National eligibility thresholds have been implemented. Assessments are proportionate and consider options other than the provision of care and support. The wellbeing and support for the person has been adopted into practice and standards. All needs are identified irrespective of whether the person is eligible. Interventions to prevention options will be promoted relating to the onset of eligible needs. The Adult Care Procedures Manual (Tri-X) and LCC connects have been updated to reflect Care Act changes.

There has been a member of staff in post for transitions since before the Care Act became law, and there is already good practice in place in Lincolnshire but to support this, a transitions protocol has been drafted and a memorandum of understanding between Children's and Adult Services is proposed.

Work commenced with the prison service prior to implementation and subsequently a dedicated post for prisons commenced in April 2015, the pen picture below outlines this area of work and the benefits:

Mr B is an older person who was referred to Adult Care by his probation officer, due to concerns about how he was managing at home. He was assessed by the Customer Service Centre team, and at that time he refused a home assessment. A few days later he was remanded into custody at HMP Lincoln, and due to the nature of concerns raised about his welfare and ability to manage activities of daily living, Adult Care was asked to complete an urgent adult care assessment.

The Prisons Social Worker visited Mr B and discussed the assessment process with him and he consented to an assessment, which was completed. As Mr B was on remand, we also gained his consent for a home assessment jointly with his probation officer at his own home when he was released; however he was remanded back into custody where we have continued to visit him.

While in custody, we have completed an assessment, and had a multi-disciplinary meeting at the prison involving the police, probation, prison safer custody staff, Adult Care and his daughter via telephone link.

Whilst at this time Mr B does not require services from Adult Care, the Prisons Social Worker will on his release continue the work that they have been completing with him, this will support his transition back into the community and he will receive support and further assessment as required.

f) **Commissioning and the Market** - Processes are in place regarding provider failure and the role of market development strengthened in the commercial team. Further work is on-going to ensure Care Act requirements are embedded in future procurement and commissioning exercises. A market position statement has been published and will be distributed to key partners and linked where possible to other bordering authorities' statements on our website.

g) **IT** - Once implemented Mosaic will ensure that Lincolnshire County Council continues to be Care Act compliant.

h) **Workforce** - The Social Care Institute for Excellence delivered assessment and eligibility training for front line staff, Lincolnshire Partnership Foundation Trust and via train the trainer model for trusted assessors and Customer Service Centre. Adult Care Workforce team published bulletins known as the 'Care Act Matters', each edition focusing on a specific area of the Care Act and providing additional links to helpful information and toolkits. Further work is now being planned to develop practice for 'a strength-based approach' to promote people's wellbeing and independence.

i) **Communication** - The programme support team has kept key people informed of national progress and developments on a regular basis. The communications team has provided key messages to partners and providers and supported the development of the Care Act web pages to complement national publicity campaign. A public awareness campaign was launched by the Department of Health including door drops to 2.5 million households, radio, national newspaper and magazine advertising.

## **APRIL 2016 FUNDING REFORMS**

On 20 July 2015, Alistair Burt, Minister of State for Community and Social Care, announced that there had been a decision made to delay implementation of the funding reforms within the Care Act until 2020. This includes delaying the 'Cap on Care Costs', the extension to the 'Means Test Thresholds' and the 'Appeals System'. On this basis, the programme has not considered these funding reforms, and will await further announcements before considering them.

## **2. Conclusion**

The Care Act has been successfully implemented by Adult Care in Lincolnshire.

The Department of Health, in conjunction with the Local Government Association and the Association of Directors of Adult Social Services, continue to undertake stock takes of progress, and are a check and balance of our belief that we are compliant with the Care Act.

In addition to this, there are plans to add Care Act related topics to the Adult Social Care Outcomes Framework (ASCOF), which will enable us to monitor the success of local interventions in improving outcomes and to identify future priorities for making improvements.

## **3. Consultation**

### **a) Policy Proofing Actions Required**

n/a

## **4. Appendices**

n/a

## **5. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Pete Sidgwick, who can be contacted on 01522 552211 or Emma Scarth on 01522 554224.

**Open Report on behalf of Dr Tony Hill, Executive Director of Public Health and Community Wellbeing**

|            |  |
|------------|--|
| Report to: | <b>Adults Scrutiny Committee</b>                 |
| Date:      | <b>28 October 2015</b>                           |
| Subject:   | <b>Wellbeing Service - First Year Evaluation</b> |

**Summary:**

To examine the first year of the Wellbeing Service being in operation, highlighting areas of high performance and areas for improvement. The report considers future recommendations and project developments, whilst aiming to continue to deliver a high performing service during times of funding uncertainty, to the population of Lincolnshire.

The report also looks to inform future recommissioning intentions whilst also informed negotiations with partners regarding the extension of the current provision.

**Actions Required:**

The Adult Scrutiny Committee is asked to consider and comment on the progress of establishing a multi-agency Wellbeing Service for adults in Lincolnshire.

## **1. Background**

An evaluation report of the Wellbeing Service (WBS) has now been completed. The intention of the evaluation was to undertake an assessment of the WBS following the first full year of implementation (from 1st April 2014 to March 2015) and has looked at the processes and systems as well as the outputs and outcomes. It looked to inform future re-commissioning decisions in regard to the services and to inform negotiations with the current providers for improvements and efficiencies to the services during the third year of the contract.

Lincolnshire WBS was launched as a new service to promote confidence in living independently and ensure that the authority is compliant with the Care Act 2014, which places a huge emphasis on preventative care, rather than reactive care. Services include offering simple aids to daily living, minor adaptations, Telecare, a response service, Home from Hospital and short term (six weeks) generic support. The service is delivered by Lincolnshire Independent Living Partnership (LILP) consortium in the districts of South Kesteven, South Holland, Boston, City of

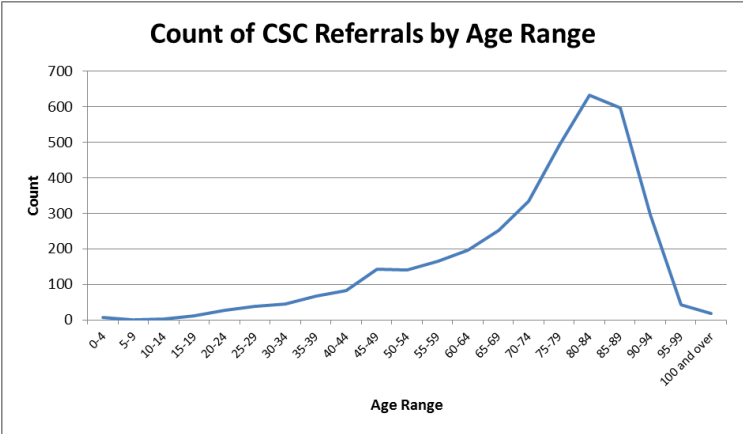
Lincoln and West Lindsey. East Lindsey District Council (ELDC) and North Kesteven District Council (NKDC) are two other providers, independent of LILP and they deliver their own WBS in their respective districts. In addition, there is a countywide monitoring centre for Telecare and community alarms provided by Mears Care Ltd with the above providers.

To receive the service, a person needs to be aged over 18 and meet three of 11 triggers, including recent hospitalisation, bereavement, isolation or a fall in the home. Many parts of the service may be available free of charge while others cost a small regular fee. Referrals are made to the Council’s Customer Service Centre (CSC) who perform an eligibility check and make a referral to the providers Wellbeing Trusted Assessors, who visit the client to determine their needs in more detail and explain more about the service options available to them.

The WBS was designed to increase the number of people who are able to live independently with support and technology in their own home. By providing more proactive, integrated, quality care delivered through multi-disciplinary working it was assumed that the service could create a reduction in attendances at A&E, emergency admissions, entry into Adult Care and length of stay in residential care. The theoretical basis of joining up information and advice services and making equipment, minor adaptations and assistive technology available quickly on a low level preventative basis, the outcome will be that people avoid coming into high cost statutory services and limiting the number of inappropriate hand-offs for the individual.

The evaluation has assessed a number of areas:

- Service transition from Supporting People to the WBS. This mobilisation period was more extensive and complicated than expected. 2,684 reassessments were undertaken across the three providers: LILP 1949, NKDC 505, and ELDC 60. For the new provider, LILP, the scale of the reassessments has adversely affected performance generally. The district providers had a better transition from old to the new.
- Referrals – 3,683 referrals were made into the CSC, with 96% being eligible for a service. The majority of the client group are 75-84 years old. Two thirds of referrals are female and there were very low numbers of 18-25 year olds.



715 referrals (19%) declared they had been referred to other services, e.g. Adult Care, District Nursing, and Physiotherapy, of whom 49% were in receipt of services.

|                            | NKDC      | ELDC          | LILP          | Total |
|----------------------------|-----------|---------------|---------------|-------|
| New Referrals (% of Total) | 734 (20%) | 1,010 (27.4%) | 1,939 (52.6%) | 3,683 |

- Triggers – there are major and minor triggers:

|  |       |
|--|-------|
| Three or more types of prescription medication being taken                               | 86.5% |
| Experiencing feelings of isolation and/or experiencing feelings of depression or anxiety | 84.6% |
| Limited social support networks  | 78.3% |
| Unable to manoeuvre around the home safely   | 69.9% |
| Social support systems and relationships cannot be sustained                             | 59.8% |
| A fall in the past three months (either at home or away from the home)                   | 56.6% |
| Bereavement of spouse or partner within the past year                                    | 51.3% |
| Hospitalisation within the past six months   | 44.7% |
| Family and social roles and responsibilities cannot be met                               | 43.3% |
| The individual's unpaid carer cannot fulfil roles and responsibilities                   | 33.4% |
| Work or education cannot be sustained  | 17.2% |

Further analysis is underway to determine where there are common clusters of triggers.

- Performance – measured through assessment, response and completion times for the various products. In terms of assessments and short-term interventions both ELDC and NKDC performed well. LILP's performance was less than expected. An assessment highlighted poor performance in Quarters one and two for LILP due to the high number of re-assessments of existing clients into the new service and the limited capacity to respond. Variations in performance are being analysed further.
- Telecare – 3,985 referrals were made (some multiple referrals within the timeframe) and with the additional Wellbeing reassessments there were 4,182 installations for 2014/15. Performance across providers is described below:

| Performance Target                                 | ELDC        | NKDC        | LILP          |
|--|-------------|-------------|---------------|
| % of urgent telecare installations completed on or | 92% (68/74) | 79% (42/53) | 69% (208/303) |

|  |                  |                  |                    |
|--|------------------|------------------|--------------------|
| before planned installation date                                       |                  |                  |                    |
| % of non-urgent telecare installations completed within 5 working days | 85%<br>(350/411) | 84%<br>(485/577) | 77%<br>(1032/1346) |

Telecare processes and systems have been a substantial component to the WBS. The change from old to new contracts has generated challenges across the dual-run, multi-agency services, which still need to be resolved.

- Generic Support – data systems have been constructed to report upon assessment and completion times:

| Service element                                       | NK               | EL                | LILP             |
|---|------------------|-------------------|------------------|
| Assessments<br>5 Days of Referral                     | 80%<br>(571/717) | 88%<br>(736/832)  | 67%<br>(252/375) |
| Short-term intervention – start 10 days of assessment | 96%<br>(699/728) | 97%<br>(805/832)  | 40%<br>(211/523) |
| Short-term intervention – end 6 weeks of start        | 80%<br>(407/506) | 100%<br>(788/788) | 42%<br>(146/344) |

An example of the type of support offered:

A resident of Lincoln was referred to the WBS for support following the loss of his Employment and Support Allowance (ESA) benefits and mounting debt. Mr H has disabilities (with Personal Independence Payments), medical conditions (physical and mental health) and agoraphobia.

The ESA appeals process had overwhelmed the client leaving him without income, food, electricity and increasing levels of ill-health and depression. Actions taken with the client:

- Lincolnshire Community Assistance Scheme (LCAS) support re: access to food parcels and electricity vouchers
- Engagement with the client's GP to manage medications and pain management. A letter of support for an appeal to HM Courts and Tribunals Service (HMCTS)
- An appeal to HMCTS
- Communication with debtors and an agency supplying an expensive contract for a mobility car (that utilises the bulk of the Personal Independence Payment [PIP]).

Outcomes after four months of support:

- A successful appeal re: ESA resulting in over £2,000 benefits arrears paid
- Outstanding debts paid off
- Mobility car contract concluded without charges
- Better medications management
- Improved mental health and wellbeing



- Wellbeing Response – 794 clients utilised this fee based service. 713 service users activated a Wellbeing Response call out. 93% of responses were attended in less than 60 minutes. Peak times for response calls are 5 am, 11.30 am and midnight.
- Home from Hospital – Home Safe is the transport and resettling service for isolated individuals with no support at home. 316 users utilised the WBS component between July 2014 and April 2015. In comparison, 2,913 use the transport-only service. The volume of the WBS component is low (and costly).

Providers utilise an outcomes survey to capture client satisfaction and expressed outcomes. 3,331 outcomes have been reported (multiple outcomes are possible), including the generic support components:

| <b>Outcomes</b>   | <b>Achieving Outcomes</b> |
|---|---------------------------|
| Did the client need assistive technology/aids and adaptations to maintain independence                                    | 820                       |
| Did the client need support to maximise their income including receipt of the correct welfare benefits                    | 501                       |
| Did the client need support to establish contact with external services/groups  | 447                       |
| Did the client need support to better manage their physical health  | 428                       |
| Did the client need support in developing confidence and ability to have greater choice and/or control and/or involvement | 409                       |
| Did the client need support to better manage their mental health  | 208                       |
| Did the client need support to participate in leisure/cultural/faith and/or informal learning activities                  | 158                       |
| Did the client need support to reduce their overall debt  | 83                        |
| Did the client need support to establish contact with friends or family   | 59                        |
| Did the client need support to secure/obtain settled accommodation  | 59                        |
| Did the client need support to maintain their accommodation and avoid eviction  | 45                        |
| Did the client need support to participate in training and/or education (participated in training/education)              | 39                        |

An exercise has been undertaken to assess the potential impact on Adult Care of the WBS. Adult Care and Public Health staff have sought to analyse any differences between people who were ineligible for Adult Care services but were given "information and advice" and then came back into Adult Care in a short period of time after this point (pre data 2013/14); against people who had gone through the WBS and subsequently been referred to Adult Care in a short period of time after the Wellbeing referral (post data 2014/15). The outcomes of the analysis are as follows:

- Data Set 1 (pre 2013/14) - following information and advice being given:
  - 824 people came back to Adult Care

- 428 clients (52%) went on to receive 936 services
- 396 received no services (48%)
- Data Set 2 (post 2014/15) - following referral to WBS:
  - 409 people returning to Adult Care
  - 185 clients (45%) went on to receive 354 services
  - 224 received no service (55%)

243 less clients in receipt of services.

This suggests that the introduction of the WBS has reduced the number of people returning to Adult Care.

The WBS contract is to be extended to March 2017.

## 2. Conclusion

The Wellbeing Service has been in place for one year now and has engaged with 34% of the estimated audience who may have qualified for the service. There are variations in the process and systems for the variety of services available.

Performance is being monitored and the analysis underway has identifying delays in the mobilisation and the early implementation phases of the services. Outputs and outcomes are promising for the majority of the work areas. The models of service provision will be reviewed and will form the basis of any service improvements / recommissioning.

## 3. Consultation

### a) Policy Proofing Actions Required

n/a

## 4. Appendices

None

## 5. Background Papers

The following background papers were used in the preparation of this report

| Document title                    | Where the document can be viewed   |
|-----------------------------------|--|
| Full Wellbeing Service Evaluation | Please contact Simon Evans, Health Scrutiny Officer on 01522 553607 or at <a href="mailto:simon.evans@lincolnshire.gov.uk">simon.evans@lincolnshire.gov.uk</a> |

This report was written by Philip Garner, who can be contacted on 01522 552292 or [philip.garner@lincolnshire.gov.uk](mailto:philip.garner@lincolnshire.gov.uk) .



**Open Report on behalf of Richard Wills,  
Executive Director responsible for Democratic Services**

|            |   |
|------------|---|
| Report to: | <b>Adults Scrutiny Committee</b>                |
| Date:      | <b>28 October 2015</b>                          |
| Subject:   | <b>Adults Scrutiny Committee Work Programme</b> |

**Summary:**

This report enables the Adults Scrutiny Committee to consider its work programme for its forthcoming meetings, which is attached at Appendix A.

**Actions Required:**

To consider and comment on the work programme as set out in Appendix A to this report.

## **1. Background**

### Current Work Programme

The current work programme for the Committee is attached at Appendix A to this report. Also attached at Appendix B is a 'tracker' of the items previously considered by the Committee.

### Forward Plan

The current relevant entries in the County Council's Forward Plan are attached at Appendix C.

### Scrutiny Activity Definitions

Set out below are the definitions used to describe the types of scrutiny, relating to the items:

Budget Scrutiny - The Committee is scrutinising the previous year's budget, the current year's budget or proposals for the future year's budget.

Pre-Decision Scrutiny - The Committee is scrutinising a proposal, prior to a decision on the proposal by the Executive, the Executive Councillor or a senior officer.

Performance Scrutiny - The Committee is scrutinising periodic performance, issue specific performance or external inspection reports.

Policy Development - The Committee is involved in the development of policy, usually at an early stage, where a range of options are being considered.

Consultation - The Committee is responding to (or making arrangements to respond to) a consultation, either formally or informally. This includes pre-consultation engagement.

Status Report - The Committee is considering a topic for the first time where a specific issue has been raised or members wish to gain a greater understanding.

Update Report - The Committee is scrutinising an item following earlier consideration.

Scrutiny Review Activity - This includes discussion on possible scrutiny review items; finalising the scoping for the review; monitoring or interim reports; approval of the final report; and the response to the report.

## 1. Conclusion

The Committee is invited to consider its work programme.

## 3. Appendices - These are listed below and attached at the back of the report

|            |  |
|------------|--|
| Appendix A | Adults Scrutiny Committee Work Programme |
| Appendix B | Adults Scrutiny Committee Tracker        |
| Appendix C | County Council's Forward Plan            |

## 4. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, who can be contacted on 01522 553607 or [simon.evans@lincolnshire.gov.uk](mailto:simon.evans@lincolnshire.gov.uk).

**ADULTS SCRUTINY COMMITTEE WORK PROGRAMME**

Chairman: Councillor Hugo Marfleet  
 Vice Chairman: Councillor Rosie Kirk

| <b>28 October 2015</b>  |  |  |
|---|--|--|
| <b>Item</b>   | <b>Contributor</b>   | <b>Purpose</b>   |
| Non-Residential Care Contributions Policy – Outcome of the Consultation | David Laws, Adult Care Strategy Financial Advisor                          | Pre-Decision Scrutiny<br><br><i>Executive Decision<br/>3 November 2015</i> |
| Care Act 2014 Update  | Pete Sidgwick, Chief Commissioner, Adult Frailty and Long Term Conditions. | Status Report  |
| Wellbeing Service – First Year Evaluation                               | Chris Weston, Consultant in Public Health                                  | Update Report  |

| <b>9 December 2015 – 11.00 am</b>   |   |                      |
|---|---|----------------------|
| <b>Item</b>   | <b>Contributor</b>  | <b>Purpose</b>       |
| Adult Care – Quarter 2 Performance Information  | Emma Scarth, County Manager, Performance, Quality and Development   | Performance Scrutiny |
| Adult Care – Local Account 2014-15  | Pete Sidgwick, Chief Commissioner, Adult Frailty and Long Term Conditions<br><br>Samantha Francis, Quality and Development Manager, Business Improvement Team | Status Report        |
| Community Support Procurement (including Adult Home Care; Children with Disabilities Domiciliary Care; and Adult Supported Living.) | Alina Hackney, Senior Strategic Commercial and Procurement Manager  | Update Report        |

| <b>9 December 2015 – 11.00 am</b>   |  |                |
|---|--|----------------|
| <b>Item</b>   | <b>Contributor</b>                               | <b>Purpose</b> |
| Safeguarding Boards Scrutiny Sub Group – Report of 7 October 2015 Meeting | Katrina Cope, Senior Democratic Services Officer | Update Report  |

| <b>27 January 2016</b>                                   |   |                 |
|--|---|-----------------|
| <b>Item</b>  | <b>Contributor</b>  | <b>Purpose</b>  |
| Healthwatch Lincolnshire – Update on Adult Care Activity | Nicola Tallent, Senior Engagement Officer, Healthwatch Lincolnshire | Update          |
| Adult Care Budget Proposals 2016-2017                    | David Laws, Adult Care Strategy Financial Advisor                   | Budget Scrutiny |

| <b>24 February 2016</b>                        |   |                      |
|--|---|----------------------|
| <b>Item</b>                                    | <b>Contributor</b>  | <b>Purpose</b>       |
| Adult Safeguarding Report                      | Elaine Baylis, Chairman of the Lincolnshire Safeguarding Adults Board <i>(To be confirmed.)</i><br><br>David Culy, Lincolnshire Safeguarding Adults Board Business Manager. | Status Report        |
| Adult Care – Quarter 3 Performance Information | Emma Scarth, County Manager, Performance, Quality and Development   | Performance Scrutiny |

| <b>6 April 2016</b>                       |   |                |
|---|---|----------------|
| <b>Item</b>                               | <b>Contributor</b>  | <b>Purpose</b> |
| Care Quality Commission Inspection Update | Deanna Westwood, Inspection Manager, Adult Social Care Directorate, Central Region, Care Quality Commission | Update         |

## Adults Scrutiny Committee Work Programme Tracker

| Item  | 2013    |         |         |        | 2014   |        |        |       |       |        |        | 2015  |        |        |        |       |        |        |        |        |       |   |
|---|---------|---------|---------|--------|--------|--------|--------|-------|-------|--------|--------|-------|--------|--------|--------|-------|--------|--------|--------|--------|-------|---|
|   | 12 June | 24 July | 27 Sept | 30 Oct | 27 Nov | 24 Jan | 26 Feb | 9 Apr | 2 May | 4 June | 30 Jul | 1 Oct | 26 Nov | 23 Jan | 25 Feb | 1 Apr | 27 May | 8 July | 9 Sept | 28 Oct | 9 Dec |   |
| Adult Care – General Strategic Items        |         |         | ✓       |        |        |        |        |       | ✓     |        |        |       |        |        |        |       |        |        |        |        |       |   |
| Adult Care Local Account                    |         |         |         |        |        |        |        |       |       |        |        |       |        |        |        |       |        |        |        |        |       | ✓ |
| Adult Care Market Position Statement        |         |         |         |        |        |        |        |       |       |        |        |       |        |        |        |       |        |        |        |        | ✓     |   |
| Advocacy Re-commissioning                   |         |         |         | ✓      |        |        |        |       |       |        |        |       |        |        |        |       |        |        |        |        |       |   |
| Autism Items                                |         | ✓       |         |        |        |        |        |       |       |        |        |       |        | ✓      |        |       |        |        |        |        |       |   |
| Better Care Fund Items                      |         |         |         |        |        |        |        |       |       |        |        |       |        | ✓      | ✓      |       |        |        |        | ✓      |       |   |
| Care Bill / Care Act 2014 Items             |         |         |         |        |        | ✓      |        |       |       |        | ✓      |       |        |        |        | ✓     |        |        |        |        | ✓     |   |
| Care Quality Commission Items               |         |         |         |        |        |        | ✓      | ✓     |       |        |        |       |        |        |        |       |        |        |        | ✓      |       |   |
| Carers Strategy and Related Items           |         |         | ✓       |        |        |        |        |       |       | ✓      |        |       | ✓      |        |        |       |        |        |        |        |       |   |
| Case Management Partnership Programme       |         |         |         |        |        |        |        |       |       | ✓      |        |       |        |        |        |       |        |        |        |        |       |   |
| Community Support / Home Care               |         |         |         |        |        |        |        |       |       |        |        |       |        |        | ✓      |       |        |        |        |        |       | ✓ |
| Contributions Policy – Non-Residential Care |         |         |         |        |        |        |        |       |       |        |        |       |        |        |        |       | ✓      |        |        |        | ✓     |   |
| Day Services Items                          |         |         |         |        |        |        | ✓      |       |       |        |        | ✓     |        |        |        |       |        |        |        |        |       |   |
| Deferred Payment Agreements                 |         |         |         |        |        |        |        |       |       |        |        |       |        |        |        |       | ✓      |        |        |        |       |   |
| Dementia Related Items                      |         |         |         |        |        | ✓      |        |       |       |        |        |       |        |        |        |       |        |        |        |        |       |   |
| Direct Payment Items                        |         |         | ✓       |        |        |        |        |       |       |        | ✓      |       |        |        |        |       |        |        |        |        |       |   |
| Extra Care Housing                          |         |         |         |        |        |        |        |       |       |        | ✓      |       |        |        |        | ✓     |        |        |        |        |       |   |
| Healthwatch Items                           |         |         |         |        |        |        |        |       | ✓     |        |        |       |        |        |        |       |        |        |        |        |       |   |
| Hospital Discharge Arrangements             | ✓       |         |         |        |        |        |        |       |       |        |        |       |        |        |        |       |        |        |        |        |       |   |
| Independent Living Team                     |         |         |         |        | ✓      |        |        |       |       |        |        |       |        |        |        |       |        |        |        |        |       |   |
| Integrated Community Equipment Services     |         |         | ✓       |        |        |        |        |       |       |        |        | ✓     |        |        |        |       |        |        |        |        |       |   |
| Learning Disability Items                   |         |         |         |        |        |        |        |       | ✓     |        |        |       |        |        |        |       |        |        |        |        |       |   |
| Lincolnshire Assessment and Reablement      |         |         |         |        | ✓      |        |        |       |       |        |        |       |        |        |        |       | ✓      |        |        |        |       |   |
| Mental Health Items                         |         |         |         |        |        |        |        |       |       |        |        |       | ✓      | ✓      |        |       |        |        |        |        |       |   |
| My Choice My Care Website                   |         |         |         | ✓      |        |        |        |       |       |        |        |       |        |        |        |       |        |        |        |        |       |   |
| Neighbourhood Teams                         |         |         |         |        |        |        |        |       |       |        |        |       |        |        |        |       |        | ✓      |        |        |       |   |
| Procedures Manual                           |         |         |         |        |        |        |        |       | ✓     |        |        |       |        |        |        |       |        |        |        |        |       |   |
| Quality Assurance Items                     |         |         | ✓       |        |        | ✓      |        |       |       |        |        |       |        |        |        |       |        |        |        |        |       |   |
| Residential Care Items                      |         |         |         |        |        |        |        |       |       |        |        | ✓     |        |        | ✓      |       |        |        |        |        |       |   |
| Safeguarding Adults                         |         |         |         |        |        | ✓      |        |       |       |        |        |       |        |        |        |       |        |        |        |        | ✓     |   |
| Sensory Impairment Service Items            |         |         |         |        |        |        |        |       |       |        |        |       |        |        |        |       |        |        |        |        | ✓     |   |
| Staff Absence Management                    |         |         |         | ✓      |        |        |        |       |       |        |        |       |        |        |        |       |        |        |        |        |       |   |
| Wellbeing Service & Related Items           |         | ✓       |         |        |        |        | ✓      |       |       | ✓      |        |       |        |        | ✓      |       |        |        |        |        |       | ✓ |
| <b>RECURRING STANDARD ITEMS</b>             |         |         |         |        |        |        |        |       |       |        |        |       |        |        |        |       |        |        |        |        |       |   |
| Adult Social Care Outcomes Framework        | ✓       |         |         |        |        |        |        |       |       |        |        | ✓     |        |        |        |       |        |        |        |        |       |   |
| Budget Items                                | ✓       | ✓       |         | ✓      |        | ✓      |        |       |       | ✓      |        |       |        | ✓      |        |       | ✓      |        |        |        |       | ✓ |
| Quarterly Performance                       | ✓       |         | ✓       |        | ✓      |        | ✓      |       | ✓     |        | ✓      | ✓     | ✓      |        |        | ✓     |        | ✓      | ✓      | ✓      |       | ✓ |
| Safeguarding Board Minutes                  | ✓       |         | ✓       |        | ✓      |        | ✓      |       |       |        |        | ✓     | ✓      |        | ✓      |       | ✓      |        | ✓      |        |       | ✓ |

**LIST OF PLANNED EXECUTIVE KEY DECISIONS RELEVANT TO THE ADULTS SCRUTINY COMMITTEE**

| <b>MATTER FOR DECISION</b>                | <b>REPORT TYPE</b> | <b>DECISION MAKER</b> | <b>PEOPLE/ GROUPS CONSULTED PRIOR TO DECISION</b>  | <b>HOW AND WHEN TO COMMENT PRIOR TO THE DECISION BEING TAKEN</b>                               | <b>DIVISIONS AFFECTED</b> |
|---|--------------------|-----------------------|--|--|---------------------------|
| 3 November 2015                           |                    |                       |  |  |                           |
| Non-Residential Care Contributions Policy | Open               | Executive             | Adults Scrutiny Committee; Public Meetings; Consultation with specific service user groups; other stakeholders | Adult Care Strategic Financial Advisor Email: david.laws@lincolnshire.gov.uk Tel: 01522 554091 | All                       |