

| **Proposal Title:** Changes to Adult Care Charging Policy  **Proposal Number:** ASC-2021-22-005  **Proposal Type:** Service Delivery  **Directorate:** Adult Social Care  **Service Area:** Adult Care Operations |
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| **Recommendation** |
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1.1 Members are asked to consider the proposal to change the adult care charging policy for consultation as part of the Savings Programme 2021/22 – 2022/23.

| **Reason for Recommendation** |
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2.1 To support the Council’s requirement to deliver a balanced budget for 2021/22 – 2022/23.

| **Key Points for Consideration** |
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3.1 **Overview of the proposal**

It is proposed that new charges are introduced to maximise income to the Service:

3.2 **Administrative charges for full cost payers**

The Charging Policy mandates that anyone with capital / assets worth more than £23,250 (excluding the value of the home for non- residential services) and/or sufficient income will pay for the full cost of their care and support. These people are known as ‘full cost payers’. For service users on managed budgets this means that we arrange care and support, pay the providers and then recharge the full cost of those services to the service user. This is especially financially beneficial to service users in residential care who would receive care at the Local Authority rate, which in most cases is lower than the privately sourced rate. The costs of this administration are not currently passed onto the service user. Some Local Authorities are now starting to introduce an administration charge to full cost payers to cover their costs. It is proposed that a fee of £12 per week is introduced from April 2021. A charge would not be levied to anyone who does not have mental capacity and therefore are unable to arrange their own care and does not have anyone to do this on their behalf.

3.3 **Careline cancellation fee**

Careline is the community alarm service provided by Adult Care. The current charge for Careline is £3.10 per week which includes the cost of the equipment, fitting and monitoring the calls to the contact centre. If a service user cancels the service within six months then the charges made over that period do not recover the cost of the fitting of the equipment. A new one off charge for fitting of equipment is proposed of £50, where the service user has cancelled within six months of fitting and we have not recovered our costs through the weekly charge.

3.4 **Supply and fit of key safes**

There is an increasing demand for the supply and fit of keysafes. For example where the care provider needs regular access to the service users home. This is currently sourced by the service user and can often delay the start of care. It is proposed that we offer the supply and fit of keysafes for a one off charge of £110

3.5 **There are also proposed changes to existing charges:**

The current charge for short term care (usually in a residential home) are age dependent and are set at 80% of ‘usual age related benefit levels’. It is proposed to increase this to 85% from April 2021.

3.6 An additional post (detailed in Appendix 2) will be created to support the administration of the new charges

3.7 **Overall Impact of the proposed change**

* Income is maximised.
* Charges cover all costs.

3.8 **Impact on affected service**

* Increased income to the service

3.9 **Savings total**

* Total net annual saving of £80k

| **Background** |
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4.1 **Alternatives Considered:**

No alternatives were considered as part of this proposal.

Members could decide not to take the proposal forward and identify alternative savings proposals

| **Costs and Budget Summary** |
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5.1 The saving proposal is % of the total budget for the area of service affected. Table 1 provides details of the changes to the Adult Care Charging Policy:

5.2 **Table 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Savings 2021/22**  **£k** | | **Savings 2022/23**  **£k** | | **Total savings**  **£k** | |
|  | **On-going** | **One off** | **On-going** | **One off** | **On-going** | **One off** |
| Employees |  |  |  |  |  |  |
| Other Costs |  |  |  |  |  |  |
| Income lost (*show as a minus)* |  |  |  |  |  |  |
| **Net savings** |  |  |  |  |  |  |
| Additional income generated *(show as a positive figure)* | 110 |  |  |  | 110 |  |
| **Total savings** |  |  |  |  |  |  |
| Implementation costs | -30 |  |  |  | -30 |  |
| Cost of Capital (required for the saving to happen) |  |  |  |  |  |  |
| **Total savings less implementation costs and cost of capital** | **80** |  |  |  | **80** |  |

| **Risk and Policy Implications** |
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6.1 **Risk Implications**

|  | | | | | | **Residual Risk** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Risk Description** | **Probability** | **Impact** | **Rating** | **RAG Status** | **Mitigating Actions** | **Probability** | **Impact** | **Rating** |
| Risk: Reputational risk  Cause Adverse publicity  Consequence: increased complaints. | 4 | 4 | 16 | R | Early Comms  Consultation | 4 | 2 | 8 |
| Risk: IT system changes  Cause: Lack of resources within ICT  Consequence: project does not proceed | 4 | 4 | 16 |  | Early engagement with ICT  Consider use of providers to implement changes | 2 | 3 | 6 |
|  | | | | | | | | |

6.2 **Legal Implications**

There may be legal implications associated with this savings proposal and further legal advice will be sought before implementation of this proposal following the outcome of consultation and full completion of EqIA.

6.3 **Equalities Impact**

There are no additional equality/community issues arising from this proposal.

The detailed Equality Impact Assessment is provided at Appendix 1.

6.4 **Workforce Implications**

The proposals outlined within this report may have workforce implications depending on the outcome of service consultation and Member decision making.

| **Consultation** |
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7.1 This project is classed as Policy Change and external consultation would be required. General public consultation will be undertaken via the consultation hub.

7.2 The Council must ensure that it remains open minded throughout the consultation period to all alternative proposals and expressions of interest.

| **Background Papers** | **Place of Inspection** |
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| 8. |  |  |
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| **For Further Information Contact:** |  |
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**Appendix 1**

| **Stage 1: Initial Screening** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Directorate:**  Adult Care Services | | | | | | | |
| **Service:**  Adult Care Operations | | | | | | | |
| **Officer completing EIA:**  Helen Murphy | | | | | | | |
| **Other officers involved in completing EIA:**  None | | | | | | | |
| **Date of Assessment:**  **29.9.20** | | | | | | | |
| **Name of policy to be assessed:**  Adult Care Charging Policy | | | | | | | |
| **Is this a new or revised policy?**  New  Revised | | | | | | | |
| **What is the purpose of the policy?**  To ensure that charges made for Adult Care services are compliant with the Care Act | | | | | | | |
| **Are there any other objectives?**  No | | | | | | | |
| **Who is likely to benefit from the policy (key stakeholders)?**  **Adult care service users / families and representatives** | | | | | | | |
| **Is the policy relevant to equality?**  Yes  No  *(Answer yes if you think that the policy has equality considerations for example it has the potential to affect groups in different ways. If you have answered yes, proceed to question1. If you answered no, move to the sign off section as no further assessment is required)* | | | | | | | |
| **What information do you have to inform this initial assessment?**  The Charging Policy aims to treat all users equally | | | | | | | |
| **What is the potential impact that the policy could have with regard to the protected characteristics?**  *(Identify whether the policy has the potential to impact in a positive or negative way or not at all. For negative impacts use the impact table to calculate a score based on the likelihood that an impact will occur and what the actual impact might be then determine whether it is a High priority (H), Medium priority (M) or Low priority (L))* | | | | | | | |
|  | | **Positive Impact** | **Negative Impact** | **Impact Score (1-25)** | | **Impact priority**  **(H/M/L)** | **Neutral**  **Impact** |
| Age | |  |  |  | |  |  |
| Disability | |  |  |  | |  |  |
| Gender Reassignment | |  |  |  | |  |  |
| Marriage or civil partnership | |  |  |  | |  |  |
| Pregnancy or maternity | |  |  |  | |  |  |
| Race | |  |  |  | |  |  |
| Religion or belief | |  |  |  | |  |  |
| Sex | |  |  |  | |  |  |
| Sexual orientation | |  |  |  | |  |  |
| Serving / ex serving members of the armed forces | |  |  |  | |  |  |
| Carers | |  |  |  | |  |  |
| **3. Do any of your negative impact scores identify as high priority on the impact table?**  Yes  No  If you identify a negative impact as being **HIGH PRIORITY** you must complete a full EIA (stage 2 onwards) | | | | | | | |
| **4. How will you minimise/remove any negative impact that identifies as medium or low?**  *(Identify the actions that you will take to minimise or remove these negative impacts by completing an action plan as at Appendix 1)* | | | | | | | |
| **5. Is a full EIA required?**  Yes  No | | | | | | | |
| **Lead Officer Signature:** | **H Murphy** | | | | **Date:**  **30.9.20** | | |
| **Approver Signature** |  | | | | **Date:** | | |

| **Stage 2: Full EIA** | | | |
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| **1. What data / evidence do you have to inform the EIA?**  *(List all available data and evidence that shows groups having different needs, experiences or attitudes in relation to the policy. Use the information from the initial screening plus collect any additional data)* | | | |
| Age | |  | |
| Disability | |  | |
| Gender Reassignment | |  | |
| Marriage or civil partnership | |  | |
| Pregnancy or maternity | |  | |
| Race | |  | |
| Religion or belief | |  | |
| Sex | |  | |
| Sexual orientation | |  | |
| Serving / ex serving members of the armed forces | |  | |
| Carers | |  | |
| **2. What are the key messages coming from this data?**  *(outline any trends, patterns or key points that you have identified in the data collected)* | | | |
| **3. What gaps are there in the data?**  *(outline any gaps in the data that are preventing you from having a full understanding of the needs of different groups and that will need to be addressed through further research or consultation)* | | | |
| **4. What consultation feedback do you have to inform this EIA?**  *(Outline any stakeholder consultation or engagement that you have undertaken and state the feedback received from groups that highlights different needs, experiences or attitudes in relation to the policy)* | | | |
| Age | |  | |
| Disability | |  | |
| Gender Reassignment | |  | |
| Marriage or civil partnership | |  | |
| Pregnancy or maternity | |  | |
| Race | |  | |
| Religion or belief | |  | |
| Sex | |  | |
| Sexual orientation | |  | |
| Serving / ex serving members of the armed forces | |  | |
| Carers | |  | |
| **5. What is the overall impact that the policy is likely to have on different groups?**  *(Outline the overall impact that the policy will have on different groups from the data and feedback collected. Show how you reached your conclusions; decide on the priorities and identify actions. Complete an action plan outlining the actions that you will take to minimise any impacts. Include any positive impacts in your assessment because these might be important to the decision making process.)* | | | |
| Age | |  | |
| Disability | |  | |
| Gender Reassignment | |  | |
| Marriage or civil partnership | |  | |
| Pregnancy or maternity | |  | |
| Race | |  | |
| Religion or belief | |  | |
| Sex | |  | |
| Sexual orientation | |  | |
| Serving / ex serving members of the armed forces | |  | |
| Carers | |  | |
| **6. What are the conclusions from undertaking the full EIA?**  (Summarise the key points) | | | |
| **7. Does the policy meet our equality obligations?**  Yes  No  *(Select yes if you are satisfied that all of the available evidence has been accurately assessed for its impact in relation to the protected characteristics and that mitigations have been identified and actioned accordingly)* | | | |
| **Lead Officer Signature:** |  | | **Date:** |
| **Approver Signature** |  | | **Date:** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **EIA Impact Action Plan**  *(Outline the actions that you have taken or will take to reduce or mitigate any of the potential impacts identified during your assessment)* | | | | | | | |
| No. | What is the impact identified? | What is the action taken or required to mitigate / reduce the impact? | What are the required outcomes? | How will outcomes be measured? | Who is responsible? | Completion date? | Review date? |
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