

Leicester
City Council

**SPECIAL MEETING OF THE ADULT SOCIAL CARE SCRUTINY
COMMISSION**

DATE: TUESDAY, 30 JUNE 2020
TIME: 4:00 pm
PLACE: Virtual Teams Meeting

Members of the Committee

Councillor Joshi (Chair)
Councillor March (Vice-Chair)

Councillors Batool, Kaur Saini, Kitterick and Thalukdar

One unallocated Labour group place
One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

Angie Smith (Democratic Support Officer),
Tel: 0116 454 6354, e-mail: angie.smith@leicester.gov.uk
Leicester City Council, Granby Wing, 3 Floor, CityHall, 115 Charles Street, Leicester, LE1 1FZ

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If you have any queries about any of the above or the business to be discussed, please contact Angie Smith, Democratic Support on **(0116) 454 6354** or email angie.smith@leicester.gov.uk.

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**

PUBLIC SESSION

AGENDA

LIVE STREAM OF MEETING

A live stream of the meeting can be viewed on the following link:
<https://tinyurl.com/y8xq94d4>

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF THE PREVIOUS MEETING

**Appendix A
(Pages 1 - 14)**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 4 February 2020 are attached and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer to report on any questions, representations or statements of case.

6. ADULT SOCIAL CARE - RESPONSE TO COVID-19

**Appendix B
(Pages 15 - 32)**

The Strategic Director Social Care and Education submits a report to provide the Adult Social Care Scrutiny Commission with an overview of the ongoing work and support provided by Adult Social Care (ASC) services, in response to the Covid-19 pandemic.

Members are recommended to note the report and provide any comments and feedback to the Strategic Director and Executive.

7. REVISION TO ADULT SOCIAL CARE CHARGING POLICY

**Appendix C
(Pages 33 - 126)**

The Strategic Director Social Care and Education submits a report to inform the Adult Social Care Scrutiny Commission of the findings of a consultation exercise in relation to proposed changes to the charging policy for non-

residential care services.

Members are recommended to note the consultation findings and make any comments to the Strategic Director and Executive and note the implications of Covid-19 on the approach to implementation of any decision.

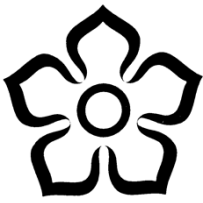
8. LEICESTERSHIRE COUNTY CARE LIMITED

**Appendix D
(Pages 127 - 140)**

The Strategic Director Social Care and Education submits a report to update the Adult Social Care Scrutiny Commission on the proposal made by Leicestershire County Care Limited (LCCL) to change the Terms and Conditions of staff that transferred from the Council's employment in 2015.

Members are recommended to note the content of the report and to provide comment and feedback to the Strategic Director and Executive.

9. ANY OTHER URGENT BUSINESS



Leicester
City Council

Appendix A

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 4 FEBRUARY 2020 at 5:30 pm

P R E S E N T:

Councillor March (Vice-Chair in the Chair)

Councillor Batool
Councillor Kitterick

Councillor Kaur Saini
Councillor Thalukdar

In Attendance

Councillor Russell – Deputy City Mayor, Social Care and Anti-Poverty

* * * * *

45. APOLOGIES FOR ABSENCE

Apologies were received from the Chair Councillor Joshi. Councillor March as Vice Chair to the Chair for the meeting.

Apologies for absence were also received from Councillor Khote and Ruth Lake.

Members wished Councillor Khote a speedy recovery.

46. DECLARATIONS OF INTEREST

No declarations of interest were made.

47. MINUTES OF THE PREVIOUS MEETING

Minute 37: Minutes of the Previous Meeting

Members of the Commission were asked to form a small reference group to test the new format of the Adult Social Care Integrated Performance Report. Members who wanted to be involved were asked to notify the Scrutiny Policy Officer – Councillors Batool, Kaur Saini and Kitterick.

AGREED:

That the meeting be co-ordinated through Scrutiny Policy Officer support.

Minute 42: Communications and Information Co-ordinator – Update

It was recommended that the Communications and Information Co-ordinator liaise with Ward Councillors to better understand communities across the city. The action would be carried forward to the next meeting of the Scrutiny Commission.

AGREED:

That the minutes of the meeting of Adult Social Care Scrutiny Commission held on 17 December 2019 be confirmed as a correct record.

48. PETITIONS

The Monitoring Officer reported that no petitions had been received.

49. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statements of case had been received.

50. CARER STRATEGY UPDATE & OVERVIEW OF CARERS' SUPPORT SERVICE

The Director for Adult Social Care and Commissioning submitted an update on the Joint Social Care and Health Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland Carer Strategy 2018 to 2021. Commission Members were recommended to note the report and provide feedback.

The Director for Adult Social Care and Commissioning presented the report and introduced Cheryl Clegg from Age UK, Leicestershire and Rutland, and Philippa Stanbridge from Leicester Carers Support Service.

It was noted that the Strategy provided a shared vision with eight guiding principles. It was further noted the delivery plan was in final draft form and was on target to be published early March 2020. Production of the plan had started during Carers Week June 2019 and relevant organisations and carers had provided input towards its development.

Delivery of the plan was outlined in the report. It was noted that methods and approaches to measure impacts and achievements were detailed in the Carers Strategy and would be measured every year against national indicators.

Cheryl Clegg provided an outline of the Leicester Carers Support Service (attached for information) based in Clarence House which had been the main support service for carers, provided on behalf of the Council for carers over the age of 18 since 1 July 2019. It was noted that carers under 18 were supported through Barnardo's on behalf of the Council.

A leaflet was circulated to the Commission Members (attached for information)

which outlined a variety of services and support, including information and advice, carers cafes, group activities and peer support groups. Carer learning and training ran sessions such as Mindfulness and wellbeing activities. A recent presentation had been given on alcohol and substance misuse. It was stated that carers could be in complex situations, and many carers were not in the best of health themselves. The Leicester Carers Support Service offered emotional support to all carers.

Carers could drop into the hub at any time for information and support. It was noted that carers came from all backgrounds, were wide ranging in age, with some new to the role, and others may have been caring for many years, and could be supporting one person or multiple people. Activities took place at Clarence House and around the city. Members were told that intensive support was given to 339 carers and numbers were increasing, with an average of 30+ people a week visiting the carers' hub. The Service also took direct referrals.

Members were informed that one group had been started in response to demand. The Cared for Carers Group was slightly different and supported carers who could not leave the person they were caring for. The group was growing in size and was proving invaluable.

The Service continued to hold a number of outreach sessions which were advertised, and staff were present to provide information and advice on the support available. It was noted that carers often did not identify that they were in a caring role initially until questioning drew out information on the role they were performing. The Service was also looking to introduce Carers Passports to show an individual was a carer. It was noted there were no criteria to be met to receive support as a carer but carers under the age of 18 would be referred to Barnardo's.

A Benefits Adviser had also been appointed to help complete forms such as DWP applications and help deal with housing issues. It was noted that carers often struggled financially, an issue which could have a severe impact on health.

The Support Service used a strength-based approach, looking at the carers' own strengths and capabilities. The Service was involved in strategic work with authorities and Carers' Rights days and had positions on the Learning Disabilities and Mental Health Partnership Boards and would soon be holding its first Carers Panel.

A new logo was being designed for Leicester Carers Support Service, which was also looking at having a separate website and rebranding leaflets for a fresher look that would appeal to younger carers.

The Service was in the process of planning activities throughout the year, including some evening events where carers could come along and meet young carers in the same situation, and an event on a Saturday for those carers that worked. Previously events had been held at gurdwaras and temples and had been invited by various companies to hold stands. Other venues

would be looked at across the city, and the Service was in the process of building relations and establishing contacts in different communities.

The Chair recommended that events be taken to other areas within the community.

Members were informed that support was also given to carers who suddenly stopped caring, for example, if the cared-for person died or went into care, which could make the carer feel very lost.

In response to a question from Members, the Director of Adult Social Care and Commissioning said the contract with Leicester Carers Support Service was monitored, statistical information was provided by the service, and quality checks were undertaken as part of the process.

The Chair asked that an update report and delivery plan be brought to the Scrutiny Commission in six months' time and that Age UK, Leicestershire and Rutland be invited also to discuss progress.

AGREED:

that:

1. the report and comments made by the Scrutiny Commission be noted.
2. Leicester Carers Support Service hold events in other areas of the City.
3. the Scrutiny Commission to receive an update report and delivery plan in six months.
4. Age UK, Leicestershire and Rutland be invited to a future meeting in six months to discuss progress.

51. DRAFT GENERAL FUND REVENUE BUDGET REPORT 2020-21

The Director of Finance submitted a report setting out the City Mayor's proposed budget for 2020/21 to 2021/22. The Commission was recommended to consider and comment on the Adult Social Care element of the budget. The Commission's comments would be forwarded to the Overview Select Committee as part of its consideration of the report before presentation to the meeting of Council on 19th February 2020.

Councillor Russell, Deputy City Mayor, Social Care and Anti-Poverty introduced the report. The Commission was asked to note the budget presented was for one year, with no financial certainty beyond 2020/21, leaving the budget for Adult Social Care vulnerable. It was further noted that steadily increasing demand, with increased costs had made it a volatile service budget area.

Martin Judson, Head of Finance, said the Service was reliant on the Better Care Fund monies of £28.5m each year and the budget had to factor in the increasing needs of existing service users at 5.5% (£10m) per annum. A growth in service user numbers was also expected of 0.5% per annum and an increase in the National Living Wage at 6%, which equated to an annual overall

growth in costs of rate of 11.5% for 2020/21. As a result an additional £3m of growth has been included in the 2020/21 budget. Beyond 2020/21 there would be an increasing gap between resources and expenditure of at least £15m per annum unless a long-term funding solution was provided by central government.

It was noted that £2.5m had been achieved towards a £5m savings target under the Spending Review 4 Programme so far, and work was ongoing to find further savings and the remaining £2.5m was not attached to any particular review.

The Deputy City Mayor informed the meeting that a report on the charging policy would be brought to the next meeting of the Scrutiny Commission. She noted the Enablement Service costs were approximately £1m but believed it offset costs of £1m and if funding was ceased the Department would see an increase in costs elsewhere in the budget in future years. It was noted the Department was currently meeting need but was under immense pressure as demand rose.

The Chair asked if the Council sought assurances from other health and social care providers in the city, for example, Leicester Partnership NHS Trust, that adequate, timely support and budgeting was provided to the increasing needs of vulnerable adults. The Deputy City Mayor affirmed that the range of partners working with the Council functioned together to maximise resources.

The Commission acknowledged the difference between available budget and expenditure and the lack of ability to forward plan, and the growing complexity of needs for people below retirement age with deep concern.

AGREED:

that:

1. The Commission note the report;
2. The Commission raise concerns relating to severe cost pressures on Adult Social Care services for the future.
3. Comments and recommendation from the Commission on the budget item go to Overview Select Committee to inform Budget Council.

52. TACKLE CARE HOME STAFF RATIOS: MANIFESTO PLEDGE

The Director for Adult Social Care and Commissioning submitted a report to the Commission which provided an update on progress against the manifesto pledge 'Tackle Care Home Staff Ratio's as part of their commitment to improve Health & Care'. The Commission was recommended to note the contents of the report and provide any comments or feedback to the Director for Adult Social Care and Commissioning.

The Deputy City Mayor introduced the report and legislative framework of The Health and Social Care Act 2008 (Regulated Activities 2014: Regulation 18) around the deployment of staff to deliver care.

Annette Forbes, Group Manager, Contracts and Assurance, presented the report. The Commission was asked to note that the Council had no means of legally enforcing a staff-patient ratio in a care setting, legislation stated only that an organisation was required to deploy enough staff. The report also provided information on the number of measures available to the Council to ensure the needs of social care clients were being met, including the fee setting process.

The report stated Leicester City Council compared well against the national average with regards to the numbers of nursing and residential homes which were graded by the Care Quality Commission (CQC) as 'Outstanding' or 'Good' overall. It was noted that whilst the Council could not enforce the numbers of staff deployed, the Department looked at intelligence from stakeholders, undertook checks on homes, and checked with individuals and family members to ensure the needs of individuals were being met.

It was noted when looking at the quality of services, the Contracts and Assurance Service (CaAS) undertook Quality Assurance Framework (QAF) assessments on a regular basis. Assessments usually could include a desk top exercise and observations, an auditing of alarm systems, Health and Safety inspections of homes, audit of fire safety, health and safety of workforce. Information gathered would form recommendations enforceable under contracts. A range of information was also received from stakeholders. Regular meetings were held with the CQC and information shared to get a rounded picture of services. Where a contracted provider was failing to meet its obligations a Multi-Agency Improvement Planning (MAIP) approach through a team would ensure deployment of enough staff to manage peoples' needs and pressure times at homes, for example, mealtimes.

It was reported that fees had increased from April 2019 following a review of residential and nursing care banded structures, but additional needs allowances had also increased.

The commission was told that managers of care homes were informed on what support was available to them. It was noted that over the previous year, 18 care homes had required improvement following checks, three of which had been in relation to staffing levels.

Members questioned how a care homes performance was measured, and how many concerns had been raised over the past 12 months. Members were informed that a home could only be assessed on what officers could see on any specific day, for example, unanswered alarms ringing for a significant length of time, rushed staff, conversations with people and staff, questionnaires both to professional stakeholders and families. An ongoing alarm would be an indication for a care manager that there was a problem. It was further stated that a care home was required under the Care Act to work out a process to find out how many staff required were required, and assessments were evidence based on what officers saw when visiting a home.

The Commission was informed that homes would receive one announced visit, one unannounced visit, and responsive visits, for example, to check the sustainability of a placement. Reports to the CaAS could also come from district nursing, the CQC, and whistleblowing. For the three homes referred to previously, in two cases the managers had left, and new managers had changed the way they deployed people or increased the number of people employed there. It was acknowledged that situations changed on a day-to-day basis, and, for example, end of life care would require more one-to-one support from staff which would affect the staffing levels in a home.

It was reported that over 1000 Quality Referrals were received over the course of the last year. Officers would look at patterns in the reports and go out to assess a home if the information received warranted this approach. Basic training was also a mandatory requirement for staff, for example, in fire safety, and training to meet peoples' specific needs. It was noted that good carers would seek out additional training to increase their qualifications.

Members asked for additional information on the scale of the issues over time, and further information on trend analysis. Members also referred to paragraph 4.24 in the report and asked for information on concerns raised. It was also noted that in addition to a telephone number those with concerns that an email address be provided which might capture non-urgent information.

The Deputy City Mayor suggested the Commission look at the requested information alongside the annual review at the last meeting which contained a significant amount of data.

The Chair recommended that a more detailed report about the scale of issues over time plus detail over the range of contacts which have been made, and what support role could be offered by Members to those that had raised concerns be placed on the Commission's Work Programme for a future meeting.

The Chair asked that in relation to comparative groups Leicester City were doing quite well, but 23% of nursing homes overall required improvement, and that in looking at trends in performance of care and nursing homes, were they improving over time or at standstill? The Deputy City Mayor responded that care needed to be taken that when a home was described as 'requires improvement' through issues identified that it was not the same as 'inadequate' and did not mean it was failing, but could be moving forward and seeing an improvement.

The Chair asked if there was any scope to commission or contract differently with regards to ratios checks. The Deputy City Mayor believed it would increase costs, and as individuals needs changed from week to week, this would change the number of staff in a home required. For example, the ratio of staff needed around lunchtime would be higher than other times of the day or night.

The Chair thanked the officer for the report and stated that given the limited

resources great work was being achieved by the team.

AGREED;

that:

1. The Commission note the report.
2. A detailed report about the scale of issues over time plus detail over the range of contacts which could be made, and what support role could be offered by Members to those that had raised concerns be placed on the Commission's Work Programme for a future meeting.

53. ADULT SOCIAL CARE CHARGING POLICY - UPDATE FOLLOWING CONSULTATION

The Deputy City Mayor informed the meeting that the report would be brought to the next scheduled meeting of the Scrutiny Commission following analysis of consultation responses and before an Executive Decision was made. The report would also include an Equality Impact Assessment.

AGREED:

1. That the report be received at the next scheduled meeting of the Scrutiny Commission.

54. WORK PROGRAMME

The Chair provided an update from the 'Adult Social Care Workforce Planning for the Future' Task Group. Following a meeting with Unison the union a questionnaire would be forwarded to providers to tie in with recruitment and retention.

Items to be added to the Work Programme:

- Manifesto Pledges
- Care Charter - Update

55. CLOSE OF MEETING

There being no other items of urgent business, the meeting closed at 7.10pm.

Leicester Carers Support Service

Based at Clarence House, Humberstone Gate, Leicester is becoming very well established and offers information and advice, group activities, peer support, carer's cafes, allotment sessions, carer learning and outreach events at such venues as Leicester Royal Infirmary, Glenfield Hospital, Haymarket Shopping Centre and Leicester General Hospital. The recent carer learning sessions on Dementia Awareness, Mindfulness, Home Safety and Alcohol Awareness have proved to be very popular. The Leicester Carers Support Service was involved in the Carers Rights Day Event at City Hall.

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A dedicated Advisor has now been appointed as is dealing with an increasing number of benefit applications either through face to face appointments at Clarence House or home visits.

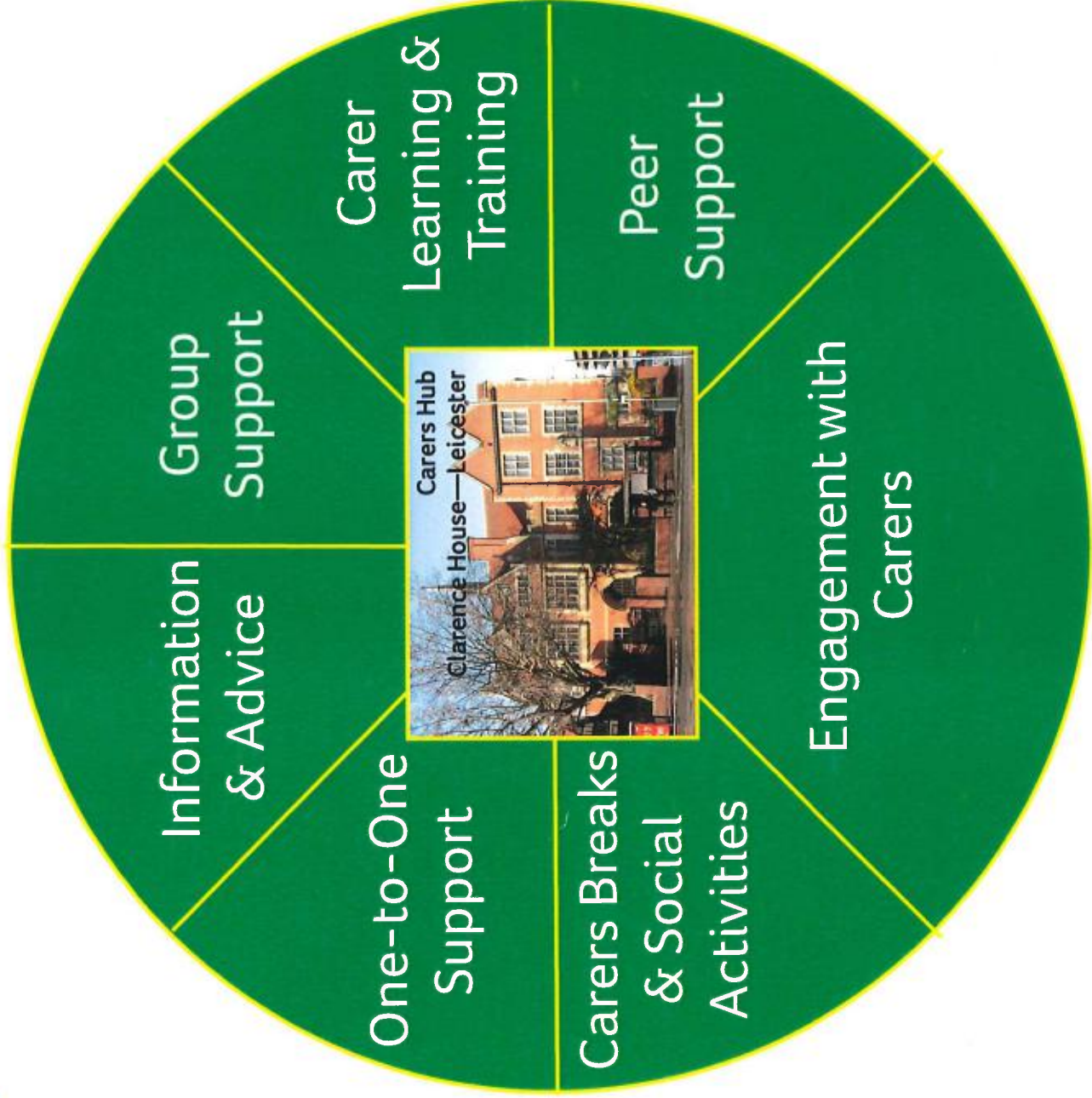
Regular groups are held in Belgrave, St Matthews, Clarence House and West End. A programme of Christmas themed events was held.

Members of the team use a strength-based approach and offer a holistic review of the carer's needs.

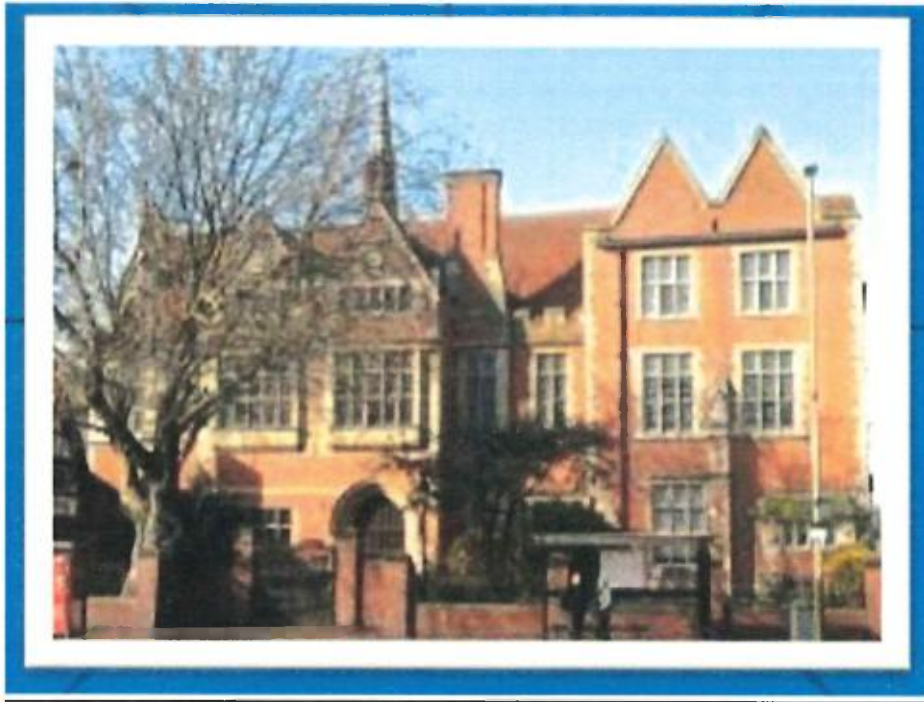
2020's programme of activities include both evening and weekend sessions aimed at working and younger carers.

The overarching aim of the Leicester Carers Support Service is to provide support to all carers, over the age of eighteen, in the City of Leicester. We support carers at whatever stage of their journey they may be at and we also recognise that the carer journey will not end abruptly when the caring role finishes. Carers may also need support to continue to live through the transition of adjusting to no longer being a carer.

Leicester Carers Support Service



WELCOME TO THE LEICESTER CARERS SUPPORT SERVICE



The new Carers Hub, Clarence House, Humberstone Gate, Leicester

Since 1st July 2019 Age UK Leicester Shire & Rutland has been providing support to all carers, over the age of eighteen, in the City of Leicester.

The **Leicester Carers Support Service** provides: -

Carers Hub

The Carers Hub is based at Clarence House with staff and volunteers offering preventative and support services. This includes information, wellbeing and group activities, carer's cafes, peer support groups, referrals to appropriate organisations and signposting.

Carers can access the service by appointment or by just dropping-in for support and information. As well as the Carers Hub additional meeting and interview rooms are available.

Information, Advice & Guidance

Our Adviser delivers information, advice and one-to-one support on such issues as welfare benefits, entitlements, Adult Social Care, housing matters etc and can undertake benefit checks and complete application forms. The Adviser is based at

the Carers Hub but also undertakes home visits, provides telephone advice and will shortly hold some outreach sessions.

One to One Support

Members of the team provide one to one support to carers. For example, maybe they are new to the caring role and need help as to the range of services that are available; they may be under considerable strain and in need of support; they may be facing financial difficulties or need support with a carer's assessment.

Group Support

Staff facilitate a programme of group activities at the Carers Hub and community-based locations. This programme includes crafts, café sessions, outings, carer learning, exercise sessions, discussions, talks and visits.

Peer Support

We arrange peer support sessions at the Carers Hub, as we believe carers can gain tremendous support from one another by sharing experiences.

Peer support is provided through social activities, carer's cafes and outings. Consideration is always given to the varying needs of carers.

Outreach Support

We arrange a programme of activities, social events, information events and drop-in sessions. We constantly review the locations we use for our outreach sessions and utilise accessible venues that cater for the diverse needs of carers.

The new service is available weekdays, 8.30am - 5.00pm.

For further information please contact: -

Leicester Carers Support Service

Age UK Leicester Shire & Rutland

Clarence House

46 Humberstone Gate

Leicester LE1 3PJ

Telephone: 0116 2220538

Email: carers@ageukleics.org.uk

Adult Social Care Scrutiny Commission Report

Adult Social Care - Response to Covid19

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Martin Samuels

Date: 30 June 2020

Wards Affected: All

Report Author: Tracie Rees & Ruth Lake

Contact details: Tracie.rees@leicester.gov.uk Ruth.lake@leicester.gov.uk

Version Control: v3

1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of the ongoing work and support provided by Adult Social Care (ASC) services, in response to the Covid-19 pandemic.
- 1.2 The report covers the work of the internal services, such as the social work teams, and also the support being given to the external providers, including financial support.
- 1.3 Details have also been included of the emerging challenges and the likely impact of Covid-19 on the care sector.
- 1.4 Lessons learnt are in the process of being collated. These will be developed into recovery plans and the opportunities they present to do things differently, to improve outcomes for people needing ASC support.

2. Summary

- 2.1 Adult Social Care (ASC) assists approximately 4,900 individuals (long term support) at any one time, who are eligible for statutory support as defined by the Care Act 2014.
- 2.2 The authority also funds a number of organisations, many in the voluntary and community sector, to provide preventative services that will avoid or delay individuals from needing long term statutory ASC support.
- 2.3 During the Covid-19 pandemic crisis, ASC has broadly continued to operate as usual to ensure the safety of a range of vulnerable individuals by ensuring they continue to receive the care and support they need.
- 2.4 This includes the provision of operational social work staff, who have continued to undertake assessments and to support hospital discharges. Support has also been given to the external care sector, both in terms of additional funding (via government grants) and practical help such as advice and guidance and access to Personal Protective Equipment (PPE). The external services provide a range of support including residential care, domiciliary care and supported living.
- 2.5 Local governance arrangements have also been strengthened during the pandemic, under the direction of the Leicester, Leicestershire & Rutland, Resilience Forum (LLR-LRF) and Local Health Resilience Partnership

(LHRP). There are a number of sub-cells reporting to the LLR-LHRP, including the Social Care Cell. This is chaired by Martin Samuels (Strategic Director for Social Care & Education) and brings together key staff from across health and social care. This has created a strong sense of partnership working and ownership across the health and social care system and a strategic response to local issues.

2.6 Work is currently in progress to collate the lessons learnt from managing ASC services during the pandemic and these will be used to shape our recovery and delivery of services into the future.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

- a) Note the report and to provide comment/feedback.

4. Report

4.1 Most internal Adult Social Care (ASC) services are generally operating as normal, within the restrictions imposed by social distancing guidance. The following information provides an overview of the current position and key changes made to the delivery of services during the pandemic.

Internal Services

4.2 Safeguarding

Safeguarding activity has continued throughout the pandemic. ASC has received similar levels of safeguarding alerts to that which would be expected in usual times. Staff have continued to visit people where this is necessary to undertake a safeguarding enquiry, with all appropriate protections. The only noted change is in the level of alerts that resulted in a full safeguarding enquiry. This reduced to 25% in April, from a conversion rate of 43% in March and may reflect a change in the nature of enquiries, being more linked to staying safe in a Covid-19 context, which would require a practical response rather than a safeguarding investigation. This will be monitored in coming months. We recognise the national concern regarding stress and violence in the home, as families spend significant periods behind closed doors, and this has the oversight of the Leicester Safeguarding Adults Board, where it is now a specific theme in the 2020 / 21 annual business plan.

The provision of Deprivation of Liberty Safeguards (DOLS) assessments is continuing as far as it is possible to do so, in line with recommended practice given the restrictions on visiting care homes.

4.3 Requests for support

New requests for support are managed by the community front doors (Contact and Response, Adult Mental Health) and hospital front door (Health Transfers Service).

Although the number of requests has decreased from the March 2020 level it is still higher than the same month in 2019 and at 1082 enquiries is just 48 fewer than the monthly average (of 1130) for 2019/20. As such we can conclude that the Covid-19 outbreak has not had a significant impact on demand for support. However, it should be noted that the total volume of telephone calls (which includes but extends beyond requests for services) received during April did fall significantly and may reflect non-urgent enquiries not being made, which may come to us at a later date. During May, we have seen both contacts and requests for support increase week on week.

New requests prompted by a hospital discharge dropped in April 2020 to 143; this was 90 fewer than in March (when efforts to expediate prompt discharges were increased as the demand on beds for Covid-19 patients increased) and 77 fewer than the monthly average for 2019/20. This suggests that any increase in the number of discharged Covid-19 patients requiring support was comfortably off-set by a reduced number of discharges due to cancelled elective surgery and other business as usual clinical activity at UHL (including significantly reduced A&E admissions). People affected by these cancellations, or those who did not attend A&E, are likely to 'come through the system' in coming months.

ASC is also noting a significant increase of discharge referrals in the last two weeks of April and in early May; we expect full data for May and June to be showing a notable rise in demand.

The Covid-19 discharge guidance required a number of changes to the discharge pathway. This included the establishment of a Discharge Coordination Hub, to manage the discharge of all people leaving UHL from a single point; the use of trusted assessment, with ward staff determining what care is needed for discharge rather than social care staff assessing directly before discharge; the temporary cessation of charging people for care where they are leaving hospital with services; cessation of Continuing Health Care (CHC) assessments with all new services for individuals who had not previously been receiving care being funded via the NHS Covid-19 additional funding to CCGs. Work is underway to review and reset the discharge pathway for the future, and national guidance is expected to move towards a funded discharge offer for the long term.

4.4 Reablement and Integrated Crisis Response Service

Both services prepared for a substantial rise in activity due to Covid-19, but

in the event this did not materialise. ICRS took a greater role in discharge, to maintain capacity in reablement. Reablement also took the opportunity to review and then streamline processes to support people moving onto mainstream services as soon as they had reached their improvement potential. There had been concerns that domiciliary care would be disrupted by excessive demand and loss of staff capacity due to Covid-19.

However, it became apparent that domiciliary care was not put under severe pressure and capacity has been good throughout. Coupled with a reduction in elective hospital activity, both internal services noted a reduction in activity. The number of those new requests for support that went on to receive reablement began to fall in March and over April dropped to just 45 compared to a monthly average over 2019/20 of 113. This is beginning to return to usual levels and a peak in demand is likely in the next few months.

The key issues for these services, in line with external provision, was the initial challenge of PPE. The Head of Service took a lead role corporately, working with colleagues in Public Health and procurement to establish a robust system for ensuring access to PPE across the whole sector. Significant efforts were made to avoid the risk of providers running out of PPE, which included the authority providing stocks of masks and other materials to almost every provider and liaising with colleagues in the Procurement Team to ensure providers had access to an extensive list of suppliers, many of them local, which could meet their needs.

4.5 Enablement

This is a preventative service that seeks to promote independence in community access and domestic routines, primarily accessed by people who have learning disabilities or mental health issues. Similar to that seen in Reablement referrals, Enablement referrals fell to 22 in April 2020, a 42% reduction from the monthly average of 38 in 2019/20. This reflects the move to avoid non-essential visits in line with social distancing guidance, and these are fundamental to the enablement approach. Staff were re-purposed to support other critical activity, including support to care homes and the LeicesterCare community alarm centre. A recovery plan is in progress to establish an enablement approach in the new context of Covid-19.

4.6 Social Work Teams

There are 4 social work services supporting people who have ongoing needs for care and support. These are Locality East, Locality West, Learning Disabilities and Adult Mental Health. A team to support older and disabled people living in care homes is part of Locality East.

All teams continued to provide core social work activity, although the approach was adjusted to enable social distancing and follow the

government guidance during lockdown regarding only leaving the home for essential tasks. Where visits were needed these have happened. However, successful use has been made of technology and also telephone triage and information gathering, to allow decisions to be taken and services arranged without a visit. This is proportionate in the circumstances, but recovery will focus on seeing people who require a fuller assessment to be completed and reviewing any changes made during the Covid-19 period. Some activity, such as financial assessments, will need to restart once national guidance changes in the future.

A positive feature has been the innovative approaches to harness community and volunteer capacity, with a strong focus on strength-based practice and asset-based support. This is something that ASC will seek to maintain going forwards.

4.7 Occupational Therapy

OT services have continued, with greater reliance on telephone and virtual / technology enabled assessment. The OT service noted a shift towards critical moving and handling assessments, as well as maintaining rapid assessment for people at end of life. Face to face assessment with appropriate PPE and social distancing is being completed. Across all pathways the Service has improved its response timescales by introducing daily allocation of work to ensure that those in most need are seen as soon as possible.

Provision of Equipment

The OT Service and wider partners are linking with NRS (Nottingham Rehab Supplies – Equipment Providers) to order suitable equipment for people to either sustain their functional abilities or to increase them. During this period the provision of community equipment through the contracted provider has been increased to respond to the 7-day discharge working arrangements.

Working with UHL and LPT Therapists through Planned Therapy and Home First

The Service has seen an increase in referrals for people who are COVID-19 positive and has been working with UHL and LPT Therapy colleagues to design and deliver a new COVID 19 pathway for people in the community requiring Therapy Services.

Provision of Major Adaptations

Some activity that is managed jointly with Housing has been suspended temporarily, such as major adaptations, unless the recommendation are deemed to be critical. These will be returned to when it is appropriate to do so.

4.8 Staff Wellbeing

The safety and wellbeing of our staff is paramount. As most of our teams are working from home, a social care wellbeing survey was undertaken in May 2020 to understand how staff were coping with the changes. The key messages from the survey are positive with staff appreciating the support being given with managing multiple priorities, plus regular contact with colleagues and managers. The biggest challenge is a lack of correct office equipment, which is being addressed with corporate support. A follow up survey which includes additional questions looking at recovery has been sent out this month.

An individual risk assessment tool has been designed to explore personal risks for individual staff; this includes the safety needs of our Black, Asian and Minority Ethnic (BAME) workforce, who are at an increased risk of contracting the virus, particularly when combined with other risk factors. The recently published report by Public Health England on the impact of Covid-19 on BAME communities is being given active attention as we develop our recovery plans.

4.9 Hastings Road Day Centre

The service provides support for people with a complex learning disability, and normally 34 individuals attend the service. The building and service closed on 20th March. At the time, information was collated to understand the likely risk of family/carer breakdown. Staff members have been providing regular welfare calls to families and an outreach service to those who need support. Some staff were re-purposed to support other critical activity, including support to care homes. The building and service was partially reopened on 4th May to support 2 particularly complex individuals following completion of the necessary risk assessments for the staff and building. In terms of fully re-opening the service, plans are being developed with the Learning Disability social work team to enable more individuals to return, whilst observing social distancing guidance.

4.10 Shared Lives

Shared Lives provides adult fostering placements for a range of vulnerable individuals. There are currently 21 people in long term placements supported by 17 shared lives carer households. Whilst day support and respite were temporarily suspended, there have been 2 respite stays and 1 person continues to receive day support due to risk of placement breakdown. Carers are being contacted on a weekly basis (or more often if necessary), to ensure they feel supported during the lockdown. Over a 2-week period the team typically undertake more than 50 calls to carers relating to welfare, payments, PPE, general queries etc. Recently an assessment process has commenced for a foster carer transferring to shared lives using an amended process, due

to restrictions on home visits at this time.

External Services

4.11 Plans were developed to ensure resilience of the external market in ensuring capacity; safety; and sustainability.

Communication and information have been a fundamental element of the support given to the external services, this includes a provider webpage on the authority's website, daily briefings and government guidance being issued to support safe working practises.

In order to ensure market oversight and to understand the pressures for external providers, an intelligence tracker was created to collate key data about the stability of the market. This includes staff sickness/self-isolating absence levels, availability of PPE, number of individuals affected by the virus and those who have passed away. The tracker is updated twice a week by dedicated staff contacting the providers and has allowed a greater understanding of key pressure points and responding accordingly. Feedback from providers has been that they have found this hugely supportive, building up trusting relationships, and having someone they have been able to get practical support from.

DHSC has subsequently required all providers to register for, and upload data to, the national NHS Capacity Tracker, making this a pre-requisite for funding through the Infection Control Grant. Almost all care homes in the city have now done so, but there remain ongoing issues around the quality and accuracy of the data that is uploaded, often due to variations in how questions are interpreted and differing practice by providers. In general, experience has shown that the data collected locally, through the direct contact between the authority's staff and providers, is more accurate, timelier, and more complete. This process is therefore being retained in parallel with the national tracker and decisions over the future will be made once the temporary national requirement to use the tracker has ended.

4.12 Additional Residential Care Capacity

The City Council has secured a block contract with a local care home for the provision of up to 15 isolation beds for patients being discharged with Covid-19 or where otherwise symptomatic. This was in response to care homes being reluctant to accept discharges that were positive or not tested, in order to ensure they were able to reduce the risk of introducing infection from hospital. The contract commenced on 5 May 2020 and is available to patients across LLR. It is funded via the Covid-19 monies paid to the NHS, with the initial 3-month contract costing £145k. To date, 7 people have been supported on a short-term basis. Although the numbers have been lower than anticipated, the contract has been an important strategy to both increasing capacity and confidence in the residential care sector, reducing risk

transmission, and removing financial barriers to admission whilst allowing us to control costs. It is therefore regarded as meeting its objectives.

4.13 Residential/Nursing Care Homes

There are currently 103 homes in the city registered with the Care Quality Commission (CQC) providing in the region of 2,745 beds. 48 of these homes provide care for people with a learning disability or mental health issue (aged 65 and under). 33 homes provide residential care and 22 provide nursing care (for those aged 65 and over). The City Council has a contract with 98 of these homes and currently funds 1,154 residents (which is 3.2% lower, when compared to June 2019). There are also an estimated 450 residents who are self-funders, 300 individuals placed by other local authorities (mainly Leicestershire County Council), and 150 funded by the CCG's. The remaining beds are either vacant or are in homes with which neither the City Council nor the CCG has any contractual relationship.

As at 10 June 2020, the homes have reported 99 deaths (in 26 care homes), plus 81 current known or suspected infections – N. B this latter figure is a snapshot in time and has grown significantly in recent days due to the discovery of numerous asymptomatic cases as a result of the one-off testing of all care home staff and residents. 47% of older people's homes are affected and 12.5% of those for people under the age of 65. There is no obvious pattern across the homes in terms of geography, type, or size of home.

4.14 Testing for the Residential Care Homes

65 homes were included in 1st phase (completed 6 June) and results are known from 43 homes (data from testing is not provided direct to the authority, but this is requested through the regular contacts with each provider). 6 homes have staff that have tested positive (43 of 1040 staff members) and 9 homes have residents that have tested positive (54 of 713 residents). PHE provide the initial advice to Care Homes that have a positive case, and thereafter the home is supported by the infection prevention control response service run by Leicester City Council and Leicestershire County Council Public Health and also by Adult Social Care teams.

The remaining 38 homes (for working age adults) will now be tested as part of the 2nd phase. This will be completed by the end of June. We are waiting to hear from DHSC what the plans are for future whole homes testing.

4.15 Testing – Pillar 2 (Community)

A process has been designed by HR and ASC relating to how our internal staff access testing if they become symptomatic. The process has been communicated to all staff via SharePoint. Where required staff have been able to access testing through – the Mobile Testing Unit or Birstall Park and Ride Site or home testing kits.

4.16 Antibody Testing

Antibody testing has recently begun to be rolled out. It is important to appreciate that the outcome of the antibody test has no clinical significance in

order to support a person's return to work duties. The primary aim of this test is COVID 19 mapping across the population and thereafter to manage local outbreaks. The Testing cell is working on a plan to roll out antibody testing across UHL, LPT, GP Surgeries and the LA, and then across the wider population. Officers within the Department are engaging with this work.

4.17 Test and Trace

Since the Government's announcement of test and trace this is actively being implemented. The data from this will be used to map and manage local outbreaks across LLR. The testing cell is working on the development of a conversation for partners to have in their service areas about the potential impact of test and trace within an aim to mitigate risk where possible.

4.18 Domiciliary Care

Actions were taken in early March to ensure increased resilience in the domiciliary care market in order to respond to the anticipated increase in demand, especially from hospital discharges. This included increasing capacity through putting contractual arrangements in place with providers not currently in contract with the authority. This was supported by increasing the in-house Brokerage Team to a 7-day / 12-hour service, in line with the hospital discharge arrangements. Conversely, since March the number of packages of support have reduced from 2,039 to 1,892 (as at 15 June 2020) and the number of commissioned hours of care has reduced from 23,588 to 22,314. This has resulted in spare capacity in the market and there have been no cases of individuals waiting for a package of care to be arranged since 29th March 2020. However, emergency plans remain in place should the numbers increase or if there is a failure in the wider domiciliary care workforce.

4.19 Supported Living

The Supported Living team has been supporting in the region of 105 people, with either helping people to find alternative accommodation or supporting them to settle into their new accommodation. The majority of people the team support are those with a learning disability or mental health issues (including those being discharged from the specialist hospitals).

Regular telephone calls are being made to support emotional wellbeing and to offer advice and signposting for Covid-19 concerns. Where appropriate the team are sourcing accommodation and working with providers to deliver supported living services and meet people's accommodation requirements. Despite the lockdown the team has managed to support 7 people to move, 3 of whom were complex hospital discharges. This is a 63% reduction from the same period in 2019/20, when we assisted 19 people to move. There are 2 further moves planned for week commencing 15th June and we anticipate moves will now continue to increase. The Supported Living team has also been supporting the department with the ASC Covid-19 helpline, completion of adult social care financial assessments and welfare calls to people who are shielding.

Additional Funding to the Care Sector Since 19 March 2020

4.20 Residential Care Homes

- a) All residential care home fee rates have been uplifted by a minimum of 5.6% per week, up to a maximum 6.24%, with effect from 6th April 2020. This predominantly reflects the increase in the National Living Wage. This is above the suggested 5% increase as set out nationally by the Local Government Associate (LGA) and The Association of Directors of Adult Social Services (ADASS).
- b) Additional payments have been made to the residential care homes (as well as supported living organisations). The funding recognises the cost pressures in terms of higher staff sickness absence rates and associated agency and PPE costs. These payments equated to 10% of the weekly care package costs and were paid from 19 March 2020 to 5 June 2020, amounting to an extra £1.235m.
- c) Payments have also been made to residential care homes out of locality, recognising placements the City Council have made in these care homes. This funding amounts to a further £200k of resources and similarly covers the same period.
- d) The authority has also made payments to support self-funded individuals living in the care homes in the city. This was based on a 10% uplift on the Council's usual banded rates in each care home, again to cover COVID-19 costs. This has provided an additional £284k of funding to the local care home market.
- e) Following the Government announcement of the Infection Control Grant (totalling £3.7m for Leicester to be paid in 2 tranches) the City Council made payments of £1.8m to 95 residential care homes at the beginning of June. Although 25% of the grant is discretionary and funding could have been used for domiciliary care and/or supported living, it was decided to pay 100% of the grant in tranche 1 to care homes. This was in recognition of the additional costs of PPE and pressures on the residential care market.
- f) Tranche 2 is due to be paid in July. Consideration will be given to spending the 25% discretionary element on support for the domiciliary care and supported living market.
- g) Therefore, the total amount of additional payments made to the residential care market since 19 March 2020 amounts to £3.2m, with a further tranche of the Infection Control Grant to be paid in July (a minimum of £1.4m).

4.21 Domiciliary Care

- a) An upfront 4-week payment has been made 'on account' to the

organisations contracted to the City Council, at a cost of £1.2m. This has been paid to support cashflow in recognition that some visits have been reduced as family members have decided to take over. Under normal circumstances, if a call was reduced, the payment to the home care organisation would also be reduced. However, we have made the payment to ensure that home care organisations can continue to pay their workers the same level of pay, even if their hours of work have been reduced.

- b) An additional 10% (based on existing care packages) has been paid to the providers to cover additional costs, since 19 March 2020, totalling £450k. This additional funding is due to end shortly and will be potentially replaced by monies from the 25% discretionary monies from the Infection Control grant.
- c) The Council has given an annual uplift of 6.8% to the hourly rate for all contracted home care organisations, with effect from 6th April 2020. This reflects the increase in the National Living Wage and other costs, such as increases to National Insurance contributions, statutory sick pay, inflation for general business running costs and increased Care Quality Commission registration costs.
- d) In order to reduce delays to people being discharged from hospital who need home care support, the contracted fee has been increased to £18 per hour to reflect additional costs associated with the provision of Personal Protective Equipment (PPE) and the extra time required to deliver care safely whilst following infection control guidance.

Therefore, the total amount of additional payments made to the domiciliary care market since 19 March 2020 amounts to £1.65m, with further potential funding from the Infection Control Grant to be paid in July.

4.18 Supported Living

A 10% fee uplift has also been applied to Supported Living providers from 19 March to cover additional costs. Funding provided up to 5 June 2020 equates to £305k.

Consideration will be given to potentially giving additional monies from the 25% discretionary monies from the Infection Control grant.

4.19 PPE

Nationally, the supply of PPE was a significant challenge, and guidance on its usage was not always clear. However, the City Council centralised its entire stock of PPE early in April to create an emergency supply for the local care market. All local care providers were RAG rated on at least a twice weekly basis, and given access to items, if they could not be sourced from their usual supplier. With effect from 22 May 2020, providers can now access items from the LRF. The national PPE-ordering service is expected to become fully available in the coming weeks.

To date the authority has purchased £362k of equipment and continues to be a source of supply for Personal Assistants and other small-scale carers who are unable to secure supplies directly.

4.20 Day Care and Voluntary & Community Sector services

The City Council continues to provide the existing level of funding to the contracted Day Care and Voluntary & Community organisations to ensure the long-term viability of the sector. Whilst the services cannot be delivered in the usual manner, the sector has been asked to diversify its approach to ensure contact is maintained with vulnerable individuals through differing channels, such as Skype. As a minimum, a daily welfare check is undertaken with users of the service. Providers were supported with a RAG tool to help them identify which of their users might require alternative support packages.

4.21 Emergency Workforce

In recognition of the impact the pandemic could have across organisations, especially if several were to suffer a large number of staff absences, an emergency workforce plan was created to achieve 2 key things. First to support a dedicated recruitment drive, and secondly the provision of an emergency workforce pool that could be utilised in the event of provider failure due to staffing shortages. The Leicester Employment hub has led a targeted recruitment campaign to secure care workers, and as of 1 June 2020, 110 candidates have been screened, 12 have secured employment, and 18 new employers have engaged with the Leicester Employment Hub.

The emergency workforce pool is supported through various sources. This includes volunteers who are DBS checked, and provided with training; staff from contracted providers who are not currently delivering service due to Covid-19, such as Headway; and internal LCC staff with relevant training and experience. In addition, the authority is working with health colleagues to find appropriate solutions to nursing pressures in care homes. To date the emergency workforce has been used to provide additional capacity, (but non personal care) to homes experiencing staffing pressures. 7 residential/nursing homes have been supported. Using the data from the Intel tracker homes are identified and RAG rated where pressures are mounting. The response has not been required across other markets e.g. domiciliary care/supported living to date.

Challenges

4.22 It is difficult to forecast the impact of the pandemic on ASC demand in both the short and medium term. New older service users (excluding those paid for by the CCGs) in April and May are at lower levels than the average monthly entrants seen in 2019/20, but as indicated above there may well be a surge in later months, as individuals cease to be supported by their families as these return to work and the fear of infection in care homes reduces. Working age new entrants are tracking at similar levels to 2019/20 currently.

4.23 There is an increasing issue of residential care homes operating at lower

occupancy levels and hence becoming less financially viable. A number of homes have written to the City Council asking for compensation for loss of income, but the authority is not in a position to be able to provide additional monies. Whilst this issue, which is affecting homes nationwide, has been raised with the DHSC and MCHLG, it may result in the market having to restructure to respond to the reduced demand.

- 4.24 Workforce retention has been identified both locally and nationally as an area of concern. Whilst further work is being completed to attract new employees into the care sector, low pay and recognition as a profession remain a barrier. Again, this has been raised with the DHSC.
- 4.25 Whilst the numbers being affected by the virus are reducing in Leicester, there is still concern that a further peak or peaks may occur. The Public Health England COVID-19 tracker shows the weekly counts of lab confirmed cases had been falling since the week ending 24 April 20 when 135 cases were confirmed to the week ending 05 June 20 when 34 cases were confirmed. However, in the week up to 12 June 20, 37 cases were confirmed in labs (PHE COVID-19 tracker includes pillar one testing only). There is still concern that a further peak or peaks may occur. Therefore, continuity plans need to be able to respond to any new spikes
- 4.26 Over the last few weeks the Government and the DHSC has taken a greater interest in providing a national role in Adult Social Care. Whilst some of this has been welcome, other elements have proved to be confusing, such as the process around testing and the reliance on the national NHS Capacity Tracker. This may create further challenges when addressing local issues, whilst responding to national interventions.
- 4.27 New constraints for Local Authorities, with the likelihood of significant further financial constraint, which is in direct conflict with the support needed to improve the care market in the city.

Lessons Learnt & Planning for Recovery

- 4.28 Work is currently in progress to determine the impact that Covid-19 has had on the ASC workforce and the wider social care market. This includes:
- a) Understand the psychological impact on people using services, carers and our staff
 - b) Building on the positive developments from the internal and external COVID-19 responses
 - c) Assessing the impact on provider financial viability and sustainability
 - d) Planning the return of services, whilst observing social distancing
 - e) Considering how the volunteer base that has emerged be used to develop great preventative approaches
 - f) Determining the future models of care and support, and opportunities for the wider use of technology in ASC
 - g) Understanding the economic context and labour market and ensuring the local workforce is fit for the future (taking into account skills, reward and

- recognition)
h) Maintaining improved relationship with NHS and the local CCG's

4.29 Once these plans have been developed, they will be share with the ASC Scrutiny Commission for comment/feedback.

5.1 Finance

5.1.1 Additional fee uplifts to providers total £2.2m with a further £1.2m cash advance made to domiciliary care providers and £93k of PPE supplied across all providers and a further £269k used internally. These are the known costs incurred over the period 19 March to 5 June.

5.1.2 Whilst we have been able to fund additional costs incurred by providers there have been a number of requests from care homes to fund lost income where occupancy levels have fallen. We are not in a position to address this and further work is being planned to address the capacity and utilisation issues for the sector. The issue has also been raised with the DHSC and MCHLG.

5.1.3 The LA has been given £20m of COVID grant funding to cover the additional costs and lost income across the authority including those incurred in adult social care. The grant is inadequate to cover the LA's forecast additional costs and lost income. The MCHLG's planning assumption appears to be a full return to normality generally post July which is wholly unrealistic.

5.1.4 CCGs have been given additional funding to pay for those people who have been discharged from hospital post 19 March who require adult social care packages. This funding is limited to paying for people who were not known to adult social care prior to the hospital discharge. To the end of May there have been 200 such discharges incurring a cost of £288k. A proportion of these people may end up with a permanent care package and require financial assessment in the normal fashion. Dates from which CCGs will no longer fund these people are not yet known.

5.1.5 Hospital discharges post 19 March for known adult social carer service users total 207 to the end of May. Any contribution these service users were making to their care package costs have been suspended following government guidance and this will be an additional cost to the authority (amount yet to be confirmed). No dates have yet been given as to when such service users will resume paying contributions to their care package.

5.1.6 The CCG will fund the 15 bed block contract for those discharge patients (irrespective of the person's previous adult social care status) who are tested as COVID positive or who are symptomatic. The three month contract will cost £157k.

5.1.7 The LA has received a £3.7m allocation of the Infection Control Grant

primarily aimed at residential care homes. The first instalment was received by the LA in May, with the second instalment due in July. The grant must be spent by 23 September. The grant conditions imposed by government on providers and the LA are overly complex and onerous and this is not helping the administration and effective use of the monies.

5.1.8 It is difficult to forecast the impact of the pandemic on ASC demand in both the short and medium term. New older service users (excluding those paid for by the CCGs) in April and May are at lower levels than the average monthly entrants seen in 2019/20, but as indicated above there may well be a surge in later months. Working age new entrants are tracking at similar levels to 2019/20 currently.

Martin Judson, Head of Finance

5.2 Legal

This report provides a comprehensive summary and analysis of impact resulting from Covid-19 on the ongoing provision of Adult social care services.

The contents of this report confirm that to date the Council has maintained a “business as usual” approach to the provision of services and where adjustments have had to be made, these have been in response to government guidance.

Legal advice has been sought when required regarding any perceived changes to service related activity and relevant provisions under the Coronavirus Act 2020 and related regulations and guidance considered where appropriate.

Pretty Patel- Head of Law, Social Care & Safeguarding Tel: 0116 454 1457

5.3 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

There are no direct equalities implications arising from the report recommendations as the report provides information and is for noting. However,

COVID 19 will have disproportionately impacted on particular protected characteristic groups, either directly or indirectly. Underpinned by the Care Act, adult social care supports many different people, including older people, disabled people and those with long-term conditions, those in need of support to maintain good mental health, and those who are mentally unwell, along with their carers.

The PSED has remained in force throughout this time and considerations on the impacts of the immediate response to COVID 19 and the actions that the Council and partners take going forwards into recovery should fully consider the needs of people with different protected characteristics and where disproportionate negative impacts are identified, steps should be implemented to mitigate this. Risk assessments, should take account of the particular circumstances of those with different protected characteristics or who appear to be in particular at-risk groups.

Any lessons learnt that may develop into recovery plans for opportunities to do things differently, for people needing ASC support including any changes to service delivery or policy as a result of COVID 19 and future new ways of working, should be equality impact assessed prior to making a decision on those changes, to ensure that there are not unintended consequences for people with protected characteristics. This includes circumstances whereby channels of contact for support or the communication of information are changed. The report does not include equality monitoring information, however, where this is collected, it may be useful in establishing where and for whom COVID 19 has had disproportionate impacts and may provide a useful indication for further work, for the Council and partners, in other areas such as employment.

Surinder Singh
Equalities Officer
Tel 37 4148

5.4 Climate Change

It is highly likely that the move to delivering more services remotely over the phone or through the internet has significantly reduced the level of travel required to access and deliver them, and therefore the transport-related emissions associated with them. Making arrangements to continue to offer more services digitally where practical could therefore play a key role in continuing to reduce city-wide emissions, in line with the council's commitment to tackling the climate emergency.

Whilst the changes to many of the services covered may have had further significant impacts on emissions from services, many of these changes were out of the council's direct control, and it is currently not practical to estimate the size of these impacts or how they are likely to change going forwards.

Aidan Davis, Sustainability Officer, Ext 37 2284

6. Appendices
None

7. Background Papers
None

8. Is this a Key Decision Y/N = N

Adult Social Care Scrutiny Commission Report

Revision to Adult Social Care Charging Policy

Meeting Date: 30th June 2020

Lead director: Ruth Lake

Useful information

- Ward(s) affected: All
- Report author: Prashant Patel & Matt Cooper
- Author contact details: 37 2145
- Report version number: 5.1

1. Summary

- 1.1 The purpose of this report is to inform the ASC Scrutiny Commission of the findings of a consultation exercise in relation to proposed changes to the charging policy for non-residential care services.

2. Recommendations

- 2.1 The ASC Scrutiny Commission is recommended to note:
- a) the consultation findings and make any comments
 - b) the implications of Covid-19 on the approach to implementation of any decision

3. Supporting information including options considered:

3.1 Supporting Information

3.1.1 As part of the Council's approach to achieving substantial budget reductions, like other Council Departments, Adult Social Care has to achieve targeted savings as part of the Spending Review 4 Programme target of £5.7m.

3.1.2 These targeted savings included a review of income generation in the form of how Disability Related Expenditure (DRE) and other disability benefits are treated within the Council's Charging Policy. Accordingly, in 2018 the Council undertook a formal consultation covering the treatment of Disability Related Expenditure (DRE) within the financial assessment for non-residential care service users. This resulted in a change to the Council's Charging Policy from April 2019, which delivered the targeted savings sought against DRE.

3.1.3 To contribute further to the savings target, the Department undertook a formal consultation with proposals for changes to how disability benefits are treated within the Council's Charging Policy.

3.2 Rationale

3.2.1 Some non-residential social care service users pay a charge towards the cost of their services, based on a means test which assesses how much they can afford to pay.

- 3.2.2 Disability benefits are paid by the Department of Work and Pensions (DWP) to people who require frequent help or constant supervision during the day and/or night. These benefits are paid in the form of an Attendance Allowance for over 65's (AA) and Disability Living Allowance - Care Component for under 65's (DLA). DLA is being phased out for people aged 16 to 64 and is being replaced by a Personal Independence Payment (PIP).
- 3.2.3 AA is paid to service users at two rates, a lower rate of £59.70 per week (where frequent help / constant supervision is needed during the day or night) and a higher rate of £89.15 per week (where help/supervision is needed during the day and night).
- 3.2.4 PIP is made up of 2 components – care and mobility. The mobility component is out of the scope of this report as the Care Act guidance is specific in that the mobility component of PIP must be fully disregarded in the assessment of income calculation. The PIP care component is paid to service users at 2 rates depending on how their condition affects them: a standard rate of £59.70 per week or an enhanced rate of £89.15 per week.
- 3.2.5 The current financial assessment for non-residential care counts the lower or standard rate, up to £59.70 a person receives per week from these benefits, as income and is therefore included in the calculation of assessable income for the purposes of assessing a person's ability to contribute towards the costs of the care they receive. If a person receives the higher or enhanced rate, it is currently disregarded (to the lower rate). This is in line with previous Department of Health guidance, pre-Care Act.
- 3.2.6 Annex C of the Care and Support Guidance to the Care Act 2014 covers the treatment of income when conducting a financial assessment to calculate what a person can afford to contribute to the cost of their eligible care needs. Whilst the guidance (paragraph 15) is specific about some income sources which must still be fully disregarded (i.e. DLA/PIP mobility component payments), all income from AA and the DLA/PIP (Care/Daily Living Component) is eligible to be taken fully into account when assessing a person's ability to contribute towards the costs of residential care services
- 3.2.7 The guidance also gives the Council further discretion over charging for non-residential care services and to include AA and any DLA/PIP Care/Daily Living components at the higher rate in the assessment of income for the purposes of the financial assessment. However, the guidance also sets out that a person must be able to afford to pay from their income the costs of their care needs which are not being met by the local authority.

3.3 Consultation Proposal

3.3.1 The A single proposal was consulted on:

- 1) to treat the higher rate of all disability benefits, where claimed, as income in full within the financial assessment for non-residential charges.

3.3.2 If the proposals were to be approved, the maximum additional amount that a person would have to contribute would be £29.45 per week, based on the

current rates. Therefore, people were also asked how they would be impacted by the potential increase towards their weekly charge.

3.4 Consultation Approach

3.4.1 A comprehensive approach was taken to ensure that all stakeholders had an opportunity to provide their views. Stakeholders and members of the public were engaged through the following means:

- Surveys were sent by post to approximately 3,100 service users (or their carers or representatives) in receipt of non-residential care, which included a letter outlining the consultation process and a pre-paid return envelope (Appendix B);
- The survey was made available on the Council's consultation Hub (Citizen Portal);
- Public Meetings were held in three locations across the city (City Centre, Belgrave and Braunstone), where people were provided with an opportunity to express their views and discuss the proposals in more detail;
- A dedicated telephone helpline was set up to assist people with the completion of surveys and to note any comments or concerns raised;
- A generic e-mail was set up to provide a supplementary route of contact for those who wanted to write in electronically;
- E-mails (or letter) were sent to providers and organisations that represent the interests of people in receipt of adult social care services.

3.4.2 Detailed correspondence was sent to all city Councillors (including the Chairs of Scrutiny Commission) and local MP's to ensure they were fully informed about the proposals, particularly to provide support to any constituent enquiries.

3.5 Consultation Findings

3.5.1 In total, 1011 surveys were completed and returned, which represents a response rate of 32.8% (of original cohort). Given the complexity of the issues raised, this is considered to be a very good response rate. This helps to provide greater assurance that the responses received are representative of the wider views of the full population of service users.

3.5.2 The survey responses and comments received have been considered below, with specific attention to the additional comments provided by respondents. In addition to the survey, the findings also consider the content from the three public meetings and a letter received from The Carers Centre. The full findings report is shown in Appendix C.

Impact of a £29.45 increase to the weekly charge

3.5.3 This question was asked to assess what the impact would be for service users if their contribution increased by the maximum amount per week. At the time of the consultation, approximately 3,380 service users had a financial assessment for non-residential services. Of this figure, some 2,710 service users were currently in receipt of some form of Disability benefit (AA /DLA/PIP Care/Daily Living element) as part of their income calculation within the financial

assessment.

- 3.5.4 If the proposals were introduced, the maximum increase in a person's charge would be £29.45 per week, being the difference between the higher and middle benefit rates, although the impact for many would be much lower than this based on their individual income levels and/or the value of their package of care. Some people who don't currently pay a contribution towards their care costs could have to start doing so.
- 3.5.5 Over half of all the respondents (64%) reported that the maximum increase to their weekly charge would affect them (or someone they represent) a lot, including how much they have for essentials. Under a quarter (17%) of respondents indicated that they would be affected a little, including how much they have for extras or treats. The remaining respondents noted that they would either be able to manage the increased charge (6%) or they would consider stopping the Adult Social Care services they receive (13%).
- 3.5.6 It should be noted that this consultation was open to all members of the public. As it was not limited to those individuals that would be affected by the proposal, it needs to be noted that:
- A portion of respondents will not be in receipt of any services and would therefore be unaffected.
 - Not all respondents will be in receipt of the higher level of benefits and would therefore be unaffected - using DWP statistics of cases in payment within Leicester, only 36% of all service users receiving a non-residential package of care are estimated to be in receipt of higher-level benefits
 - Some people will already be paying the full cost of services and would not be affected by the proposal
- 3.5.7 Therefore, whilst it is not possible to individually identify which of the respondents would or would not be affected by the change, a majority of people would not be impacted by the proposals.
- 3.5.8 If the AA and DLA/PIP benefits were treated as income in full within the financial assessment, then this would affect those service users currently paid at the higher benefit rates. The Council does not record the rate of these benefits for service users (as currently all higher level payments are disregarded to the lower rate), so only rough estimates can be made of the numbers that would likely be affected by using DWP statistics of cases in payment within Leicester, across the 3 benefit categories.
- 3.5.9 Of the approximate 3,380 service users with a financial assessment for non-residential services, it is estimated that approximately 940 potentially receive the higher level AA or DLA/PIP Care/Daily Living Component. This equates to around 36% of those service users who currently have at least the lower level benefit in their current financial assessment.

Additional Feedback

- 3.5.10 Those who responded in favour of the proposal frequently referred to its

equitable and fair approach. Respondents also mentioned that this would help the Council to support greater numbers of people with social care needs.

3.5.11 Respondents that were against the proposals provided comments that covered the following themes:

- The most frequent comment (25%) was in relation to the potential to have negative effects on people's finances, and the risk of causing financial hardship. In most cases, this was a reference to their own situation, in other cases it was a reference made to disabled or elderly people in general. It is entirely possible that many people use any unspent funds from disability benefits to top up their weekly income and therefore, become dependent on it. Whilst understandable, this is not income that would be available to people who were not in receipt of these benefits, which are paid specifically to meet the costs of disability rather than general living costs.
- The second most frequent comment (16%) was around people feeling that the proposal was unfair or unsatisfactory. This may be due to the complexity of the topic or from being unfamiliar with relevant legislation and guidance. People may disagree with the Care Act itself.
- Another frequent comment centered on the potential inability to spend money on 'extras,' due to increased charges. As previously stated, it is not possible to identify exactly how an individual would be affected by the proposal at this stage and it is possible that those who raised this concern would not in reality see any changes to their weekly charge.
- The remaining comments centered around alternative themes, including previous increases to charges, needing more funding, changes to personal circumstances and worrying around uncertainty of charges. A full breakdown of all themes can be found in Appendix C.

3.6 Options

3.6.1 The following options have been identified for consideration, in relation to the treatment of disability benefits that are provided via DWP:

- 1) To continue disregarding the higher or enhanced rate of disability benefits down to the lower or standard rate, within the financial assessment.
- 2) To disregard all disability benefits as income, within the financial assessment.
- 3) To treat the higher rate of all disability benefits as income in full, within the financial assessment, subject to the key provisions within the Care and Support Guidance to the Care Act 2014, namely:
 - a) Paragraph 39 - Where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority,

and

- b) Paragraph 41 - The care plan should be used as a starting point for considering what is necessary disability-related expenditure.

Option 1: To continue disregarding the higher or enhanced rate of disability benefits:

- 3.6.2 The consultation findings appear to show that service users would prefer to leave the treatment of benefits unchanged from its current form. By retaining the current approach, service users would benefit from not having to contribute more to charges, but conversely, the Council would face additional financial pressure by having to find savings through alternative measures. The Council has discretion to charge in accordance with the Care Act 2014 and Statutory guidance and would be charging less than most other comparator local authorities, if the status quo was maintained.

Option 2: To disregard all disability benefits:

- 3.6.3 The complete removal of charging against all disability benefits would drastically reduce the Council's annual income generation. Whilst this would be the best outcome for all service users in receipt of any disability benefits, this would not be financially viable for the Council and would add an additional financial burden to the targeted savings programme for Adult Social Care. This approach has not been implemented by any other local authority, as it would not be fully compliant with the latest Care Act 2014 legislation. Further, as benefits are paid to meet the costs of care, it is rational to include this income where that care is arranged by the Council.

Option 3: To treat the higher or enhanced rate of disability benefits as income, in full (The recommended option):

- 3.6.4 Based on existing caseload and applying the DWP statistics on cases in payment at the higher rates, it is estimated that this option could increase potential income levels by approximately £1.3m. However, this figure needs to be considered with considerable caution given that the Council would need to apply discretion where:
- a. Service users demonstrate, through reassessment, that they incur additional costs for care in the day or night which is not being arranged by the Council and for which they use the higher benefit payment to cover such costs. In such situations, these costs would need to be offset against the higher benefit payment in the financial assessment.
 - b. A service user is receiving night time care provided by a spouse or family member for example, free of charge, but is considered to be a qualifying 'cost' alongside the care needs of the individual as articulated within their care plan (in that the care would otherwise need to be provided by a third party who would charge for the delivery of that care).

- 3.6.5 This option has been implemented by several other local authorities, including Leeds, Peterborough and Bristol. Should the Council choose to exercise the power to treat all the noted benefits as income, that approach would be in

compliance with the Care Act 2014 legislation.

3.7 Impact for Individuals

- 3.7.1 Some people may already be affected by other welfare changes and benefit cuts. Most of the changes brought in by central government affect people of working age, with those aged over 65 being largely protected.
- 3.7.2 However, under these proposals the Council would continue to exercise discretion in its application of this policy change in line with the requirements of the statutory guidance (as set out under section 3.6.1 part 3 above).
- 3.7.3 There does also remain some further protection for service users in the form of the 'Minimum Income Guarantee (MIG)'¹ within the assessment of a person's charge towards their care. The financial assessment is based on a comparison between their total income and an allowable amount that they should be left with in order to meet living expenses. Inclusion of the MIG calculation (also known as 'Protected Income') in the financial assessment should help to ensure any potential increase in charges for local authority arranged care is affordable.

3.8 Implementation of Changes

- 3.8.1 The impact of Covid-19 (Coronavirus) has led to the disruption of usual business processes. Specifically, in relation to charging the Covid-19 Discharge Guidance, effective from March 19th of this year, introduced a suspension of charging for people leaving hospital or receiving care to avoid an admission to hospital. Therefore, a group of people that receive services are currently not required to contribute towards the cost of their care at all. It is not yet clear when this may change and there are indications from Government departments that a funded discharge pathway may be retained into the future.
- 3.8.2 Further, the staff capacity to undertake the care and financial assessments required to implement any changes to the charging policy is restricted, as a result of other priority work and the limitations to non-essential face to face assessments from social distancing guidance.
- 3.8.3 In addition, the impact of Covid-19 on the Council's financial position and on the financial resilience of individuals is not fully understood.
- 3.8.4 As such, were there to be a decision to make changes to the charging policy, the implementation of any actual change would not take place prior to April 2021.
- 3.8.5 Subject to the decisions made by the Executive, and in the context of the Covid-19 impact, further work will be required to implement any necessary changes from April 2021. The main pieces of work are anticipated to be:
- Advising service users in writing of any decisions made

¹ 'Protected Income' or MIG is the amount that the Department of Health guidance states should remain free from charges and is calculated by adding 25% to a service-user's Income Support allowances and premiums (excluding Severe Disability Premium) according to age, level of disability and family status or the appropriate Pension Guarantee Credit or Pension Credit (excluding Severe Disability Premium).

- Obtaining details of change of circumstances for all non-residential service users
- Reviewing the financial assessments for all affected service users alongside existing care plans as part of the implementation process of this proposed policy change.

3.8.6 If a decision was taken to implement the proposals, all service users would need to have a review of their financial assessment. This process entails updating all of the income and benefit levels for each person as well as identifying any incurred costs for care not arranged by the Council. This is a resource intense process, but one that has the benefit of ensuring that all service users are paying an accurate charge, with appropriate discretion applied, where relevant. It also allows the Council to identify whether all benefit entitlement is being claimed by the person receiving services.

3.8.7 Initially, resources would be focused on undertaking reassessments for those service users receiving the higher or enhanced rates of disability benefits, whose charge could increase as a result of the changes. Additional resources have been identified at an approximate cost of £150k in year 1 to support the Financial Operations Team in undertaking this work, if necessary.

3.8.8 It is vital that the staff undertaking these assessments are adequately trained for the task, for consistency and to mitigate risks of legal challenges. This work is not straightforward and cannot reliably be undertaken by agency staff. Therefore, although increases in income would accrue from the proposed changes, the actual savings achievable in year 1 will be offset by the cost of the additional resources required to implement the changes.

4. Details of Scrutiny

4.1 ASC Scrutiny Commission are receiving this report on 30.06.20, alongside the full findings report and supporting appendices, prior to any decision being made by the Assistant Mayor for Social Care, in consultation with the Executive Team

5. Financial, legal and other implications

5.1 Financial implications

5.1.1 There is a legislative basis for taking into account full disability benefits in a person's financial assessment. The inclusion of a service users' income benefit intended to cover night time care, net of any actual costs they incur for that provision is justifiable.

- 5.1.2 The levels of additional income that could be generated from the proposals in this report would be subject to a considerable degree of uncertainty regarding the ultimate savings figure that could be achieved as any finalised income projections would be subject to:
- a) Any finalised numbers of service users getting the higher rate of disability benefits. The Council does not currently record this information, so numbers have had to be estimated based on overall city eligibility figures from the DWP, including non-Council service users.
 - b) The extent of qualifying care provided privately for services users (i.e. not arranged by the Council) but which would need to be offset in the financial assessment as qualifying disability related expenditure when considered alongside care needs identified within service user care plans.
- 5.1.3 Any level of savings will be reduced in year 1, due to:
- a) a delay in the final decision against the initial timetable, and any subsequent implementation of the proposed changes.
 - b) additional costs incurred to gather information and undertake the necessary financial re-assessments. Changes to the assessment process could also require additional resources in future years.
- 5.1.4 Based on the uncertainty of actual savings that might accrue, the estimated income target to support the SR4 programme had been revised to £350k in 2020/21, rising to £500k by 2021/22. However, given the implementation of any actual change to the charging policy would not now take effect prior to April 2021, the savings estimates would need to be revised to £350k in 2021/22, rising to £500k by 2022/23..

Matt Cooper, Business & Finance Manager. Tel. 0116 454 2145

5.2 Legal implications

- 5.2.1 This report along with the appendices attached, summarise the outcome of the public consultation on a proposal to take the higher or enhanced rate of disability benefits for Attendance Allowance, Disability Living Allowance (Care Component) and Personal Independence Payment (PIP) where claimed, into account during the financial assessment for non-residential charges.
- 5.2.2 Previous legal advice has been provided and this report highlights the relevant applicable legislation, namely the Care Act 2014 and Statutory Care and Support guidance 2014, which enables the Council to apply charges in line with option 3.
- 5.2.3 It is important to note that the Council exercises discretion in respect of its charging policy and must not apply a blanket approach to charge where circumstances would deem it unreasonable to do so, for example resulting in hardship. This would need to be assessed on a case by case basis. Paragraphs 3.6.1 (3), 3.6.4 and 3.7 above highlight the relevant considerations when

undertaking a financial assessment.

5.2.4 When making a decision, the Local Authority should have due regard to the public sector equality duties as referred to under Section 149 of the Equality Act 2010.

Pretty Patel, Head of Law, Social Care & Safeguarding. Tel. 0116 454 1457

5.3 Climate Change and Carbon Reduction implications

5.3.1 There are no significant climate change implications associated with this report.

Aidan Davis, Sustainability Officer. Tel. 0116 454 2284

5.4 Equalities Implications

5.4.1 When making decisions, the Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

5.4.2 In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

5.4.3 Protected groups under the Equality Act 2010 are age, disability, gender re-assignment, pregnancy/maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

5.4.4 The report sets out proposals for the higher rate of all disability benefits, where claimed, are taken into account in the financial assessment for non-residential charges and that the charging policy be amended to reflect this.

5.4.5 The proposal affects those who are claiming the higher rate of disability benefits and therefore the proposal impacts on those with the protected characteristic of disability. However, those affected will also be from across all protected characteristics.

5.4.6 An Equality Impact Assessment has been carried out which has identified that age and disability are the protected characteristics most likely to be negatively impacted. Whilst the consultation exercise feedback highlights that 64% of respondents indicated that they would be negatively impacted, the council will apply discretion to disregard costs that are incurred and evidenced for night time care, on a case by case basis. The mitigating actions identified in the equality impact assessment aim to provide support and guidance to those service users who would see an increase to their weekly charge if the proposal

is agreed. Such as when the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance.

Sukhi Biring, Corporate Equalities Officer. Tel. 0116 454 4175

5.5 Other Implications

Not Applicable

6. Background information and other papers:

Leicester City Council Charging Policy

The Care Act 2014

7. Summary of appendices:

Appendix A – Simplified Charging Calculation Examples

Appendix B – Charging Policy Consultation Survey

Appendix C – Full Consultation Findings Report

- Appendix Ci – Stakeholder Engagement Plan
- Appendix Cii – Consultation Responses (Raw Data)
- Appendix Ciii – DRE Public Meeting Notes

Appendix D – Equalities Impact Assessment

Examples of Charging Calculations (Simplified)

Example 1: An older single person receiving basic level benefits:

- State Retirement Pension of £122.30 per week;
- Pension Guarantee Credit element of Pension Credit of £44.95 (To bring income up to the appropriate standard Minimum Income Guarantee amount of £167.25);
- Attendance Allowance (High Rate - £89.15) per week;
- Disability Related Expenses total £7.50 per week.

| | | Current Proposed | |
|-------------------|--------------------------------|--|-------------|
| Allowances | State retirement pension | £122 | £122 |
| | Pension Credit | £45 | £45 |
| | Basic level of income support | £167 | £167 |
| | Minimum Income Guarantee (MIG) | £199 | £199 |
| | Allowable DRE | £10 | £10 |
| | Total allowances | £209 | £209 |
| Income | State retirement pension | £122 | £122 |
| | Pension Credit | £45 | £45 |
| | Attendance allowance | £60 | £89 |
| | Total relevant income | £227 | £256 |
| | | Actual weekly charge (income minus allowances) | £18 |

Notes:

1. The individual's basic level of income = £167 per week.
2. The MIG calculation is Government defined to cover normal living expenses and some additional costs.
3. DRE expenditure incurred of £7.50 is less than the current minimum allowance of £10. Therefore, the individual receives the minimum allowance of £10 in the financial assessment.
4. The resultant total allowances for the purpose of the financial assessment = £209
5. The individual's Attendance Allowance is disregarded to the lower rate under the current policy (£59.70). Under the proposals, the full amount of their allowance (higher rate) will be included in the financial assessment (£89.15).
6. Subject to the cost of the services that the individual receives, the service user weekly charge will increase by up to the full amount of £29 (£29.45) in this example.

Example 2: A working age adult in receipt of:

- Employment & Support - Personal Allowance of £73.10
- Employment & Support – Support Allowance of £38.55
- Enhanced Disability Premium of £16.80
- Disability Living Allowance - Care Component (High Rate - £89.15) per week;
- Disability Related Expenses total £31 per week.

| | | Current Proposed | |
|--|--|-------------------------|-------------|
| Allowances | Employment and support allowance | £128 | £128 |
| | MIG (125% of basic income support) | £160 | £160 |
| | Allowable DRE | £31 | £31 |
| | Total allowances | £191 | £191 |
| Income | Employment and support allowance | £128 | £128 |
| | Disability Living Allowance (Care Component) | £60 | £89 |
| | Total relevant income | £188 | £217 |
| Actual weekly charge (income minus allowances) | | £0 | £26 |

Notes:

1. The individual's basic level of income = £128 per week.
2. The MIG calculation is Government defined to cover normal living expenses and some additional costs.
3. The level of qualifying DRE expenditure incurred of £31 is higher than the current minimum standard allowance of £10. Therefore, the individual receives the full disregard of £31 in the financial assessment.
4. The resultant total allowances for the purpose of the financial assessment = £191
5. The individual's Disability Living Allowance is disregarded to the middle rate under the current policy (£59.70). Under the proposals, the full amount of their allowance (higher rate) will be included in the financial assessment (£89.15).
6. Subject to the cost of the services that the individual receives, the service user weekly charge will increase by up to £26 in this example. The proposed change to the DLA allowance would not be enough in itself to increase the service user charge by the full £29, due to their current income being less than their guaranteed income and allowances.

Social care charging policy: consultation 2019

Overview

Leicester City Council is proposing a change to its financial assessment for people who receive non-residential care. This survey can be filled in by anyone, not just those who receive help from adult social care.

Why is change needed?

The Department of Health changed its guidance on financial assessments alongside the Care Act 2014. We plan to bring our assessments in line with the current guidance.

What are we proposing?

Everyone who is eligible for adult social care has a financial assessment to work out if they have to pay towards the cost of their care, and if so, how much. The assessment criteria are outlined in the council's charging policy, which can be found at leicester.gov.uk/financial-assessment

The financial assessment takes into account any benefits that people may receive from the Department of Work & Pensions (DWP) because of their disability. These are called disability benefits and are paid in the form of:

- Attendance allowance (AA) – for over 65s
- Disability living allowance (DLA) – for under 65s
- Personal independence payments (PIP) – slowly replacing DLA.

We are proposing to change the way in which these benefits are treated, within the financial assessment, to bring it in line with the latest legislation.

The change will not affect your entitlement or eligibility to any disability benefits, or their rates.

Why we are consulting

We want to hear your views on the proposed changes. No changes can be made until the city mayor and his executive team have considered the findings of the survey. The consultation will run from **2 September to 15 November 2019**. You can complete it online at leicester.gov.uk/consultations or fill out this questionnaire and return it using the pre-paid envelope to:

Social Care Charging Policy Consultation
9-15 Bosworth House
1st Floor, West Wing
Princess Road West
Leicester LE1 6TH

If you want to talk to someone about the survey or you need support to complete it, please call our helpline on 0116 454 4400 or email us at asconsultations@leicester.gov.uk

About you

1 Please tick the box that applies. If you are filling this in on behalf of someone else, please tick the box that applies to the individual.

Please select all that apply

- I get help with care and support from Leicester City Council (adult social care)
- I am the carer or representative of someone who gets help with care and support from the council (adult social care)
- I belong to an organisation that works with vulnerable adults in Leicester
- Other (please state)

2 What is your postcode?

Please note: we collect postcode data to gain a better understanding of which parts of the city/county respond to our consultations. We cannot identify individual properties or addresses from this information.

Proposal

How are these benefits treated currently?

The council carries out a financial assessment to check the money people have and whether they can afford to pay towards their services. This helps us to work out if a person has to pay for their care and support and if so, how much.

Some people receive benefits from the DWP because they require frequent help or constant supervision. These benefits are paid at different rates depending on a person's level of need, and the council takes this into consideration during the financial assessment.

Currently, for non-residential care, the council does not include the higher or enhanced disability benefit rate in a person's financial assessment. We count up to £58.70 a person receives per week from these benefits as income. If the person receives the higher or enhanced rate of up to £87.65, the difference between the rates is disregarded and not considered as income. This is in line with previous Department of Health guidance.

Current treatment of disability benefits

| Disability benefit | Lower/standard rate (Counted as income) | Middle rate (Counted as income) | Higher/enhanced Rate (Disregarded) |
|-------------------------------------|--|------------------------------------|---------------------------------------|
| Attendance allowance (AA) | £58.70 | - | £87.65 |
| Disability living allowance (DLA) | £23.20 | £58.70 | £87.65 |
| Personal independence payment (PIP) | £58.70 | - | £87.65 |

What does the council want to change?

We want to change the financial assessment and treat all disability benefits as income in full. The Care Act 2014 guidance sets out that all income (care component only, not mobility component) should be taken into account. The council would take the full income into account where we are providing a care package that involves meeting night time care needs. However, the council will continue to apply discretion and disregard part of the income where an individual is incurring costs for night time care that is not arranged by the local authority.

This means that everyone is treated the same, no matter which level of benefit they receive. It would help the council spend its money more wisely so that as many people as possible can get the help they require. It brings us in line with national guidance and we think the proposal is fairer.

How you may be affected by the change

If this proposal is agreed, some people are unlikely to see any change at all. They will either pay nothing as they do now, or will continue to pay the same amount each week. This is because their income is either too low, or they are already paying the full cost of their services.

Other people will see an increase to the cost of their care. Some people could start paying for the first time. The highest increase anyone would have to pay is £28.95 per week.

We want to understand what concerns people may have, if they were asked to pay more towards their care.

3 If you were assessed to pay more per week towards your care, due to the change in the treatment of disability benefits, how would this affect you? If you are not a service user, please answer how you think others may be affected by the change.

Please select all that apply

- I would be able to manage this
- The change would affect me a little. This could affect how much I have for extras or treats
- The change would affect me a lot. This could affect how much I have for essentials
- I would think about whether I want to carry on getting help from adult social care

4 Do you have any other comments about the proposed change?

Equalities monitoring

The information you provide in this final section of the survey will be kept in accordance with terms of current data protection legislation and will only be used for the purpose of monitoring. Your details will not be passed on to any other individual, organisation or group. Leicester City Council is the data controller for the information on this form for the purposes of current data protection legislation.

5 Ethnic background:

Please select only one item

- Asian or Asian British: Bangladeshi
- Asian or Asian British: Indian
- Asian or Asian British: Pakistani
- Asian or Asian British: Any other Asian background
- Black or Black British: African
- Black or Black British: Caribbean
- Black or Black British: Somali
- Black or Black British: Any other Black background
- Chinese
- Chinese: Any other Chinese background
- Dual/Multiple Heritage: White & Asian
- Dual/Multiple Heritage: White & Black African
- Dual/Multiple Heritage: White & Black Caribbean
- Dual/Multiple Heritage: Any other heritage background
- White: British
- White: European
- White: Irish
- White: Any other White background
- Other ethnic group: Gypsy/Romany/Irish/Traveller
- Other ethnic group: Any other ethnic group
- Prefer not to say

If you said your ethnic group was one of the 'Other' categories, please tell us what this is:

6 What is your gender identity?

Please select only one item

- Male
- Female
- Other (e.g. pangender, non-binary etc)
- Prefer not to say

If Other, please specify

Is your gender identity the same as the gender you were assigned at birth?

Please select only one item

- Yes
- No

7 Age:

Please select only one item

- under 18
- 18 - 25
- 26 - 35
- 36 - 45
- 46 - 55
- 56 - 65
- 66+
- Prefer not to say

8 Disability

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day-to-day activities and has lasted or is likely to last for at least 12 months. People with HIV, cancer, multiple sclerosis (MS) and severe disfigurement are also covered by the Equality Act.

Do you consider yourself to be a disabled person?

Please select only one item

- Yes
- No
- Prefer not to say

If you have answered **'Yes'** to the above, please state the type of impairment that applies to you. People may experience more than one type of impairment, in which case you may need to tick more than one box. If none of the categories apply, please tick 'Other' and state the type of impairment.

Please select all that apply

- A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- A mental health difficulty, such as depression, schizophrenia or anxiety disorder
- A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches
- A social / communication impairment such as a speech and language impairment or Asperger's syndrome / other autistic spectrum disorder
- A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D
- Blind or have a visual impairment uncorrected by glasses
- Deaf or have a hearing impairment
- An impairment, health condition or learning difference that is not listed above (specify if you wish)
- Prefer not to say
- Other

If Other, please say

9 Sexual orientation. Do you consider yourself to be...

Please select only one item

- Bisexual
- Gay / lesbian
- Heterosexual / straight
- Prefer not to say
- Other (please specify)

10 How would you define your religion or belief?

Please select only one item

- Atheist
- Bahai
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- No religion
- Prefer not to say
- Any other religion or belief (please specify)

Please send us the completed questionnaire in the pre-paid envelope provided. Thank you.

Consultation Findings on Proposed Changes to the Attendance Allowance (AA)

1. Introduction

Leicester City Council is proposing a change to its financial assessment for people who receive non-residential care. A Statutory consultation was carried out between 2 September 2019 and 15 November 2019 on proposed changes to the treatment of disability benefits.

Disability benefits are paid by the Department of Work and Pensions to people who require frequent help or constant supervision during the day and/or night.

People who are eligible for adult social care may have a financial assessment to work out if they must pay towards the cost of their care, and if so, how much. The assessment criteria is outlined in the council's charging policy, which can be found at leicester.gov.uk/financial-assessment

The financial assessment considers any benefits that people may receive from the Department of Work and Pensions (DWP) because of their disability. These benefits are paid at different rates depending on the level of need and are called disability benefits and are paid in the form of

- Attendance Allowance (AA) – for over 65s
- Disability Living Allowance (DLA) – for under 65s
- Personal Independence Payments (PIP) – slowly replacing DLA

The current financial assessment for non-residential care counts up to £58.70 a person receives per week from these benefits as income (this being the lower or standard rate). Any amount a person receives above this middle rate (the higher or enhanced rate) is disregarded in the current financial assessment, and therefore retained by the individual to spend as they choose. This is in line with previous Department of Health guidance.

The Council is proposing to change the way in which these benefits are treated within the financial assessment, to bring it in line with the latest legislation, by including the higher and enhanced level of disability benefits in full, where applicable, within the financial assessment.

The change does not affect people's entitlement or eligibility to any disability benefits or the rates at which they receive those benefit payments.

2. Methodology

a. Letters

Letters were sent out at the start of the consultation to all service users or their carers (approximately 3100), who are in receipt of non-residential care as they would be entitled to disability benefits, if they meet the eligibility criteria. The letter explained that the Council were proposing to make changes to the financial assessment and that the recipient's opinion was important. The letter detailed all of the ways to contact the Council about the consultation and details of the public meetings to be held. A paper copy of the survey accompanied the letter.

The following were sent with the letter:

- A survey for people to complete and return using the freepost envelope provided
- Details of the three public-held meetings, where people could attend and talk about the proposal
- The web address for the consultation website where more information about the proposal could be found, as well as an online version of the survey
- The postal address and email address to contact the consultation team with any queries
- The consultation helpline telephone number and e-mail address to contact the consultation team with any queries

A downloadable copy of the survey, the Adult Social Care Financial Assessment and Charging Policy, and Disability Related Case Studies were made available online via the consultations.leicester.gov.uk website.

An easy read version of the survey was made available for people who were identified through social care records as having learning disabilities. There were no requests for paper copies of this document. The easy read survey was available online via the consultations.leicester.gov.uk website.

The survey was also available to complete online on the council website at <https://consultations.leicester.gov.uk/adult-social-care-health-and-housing/dre2018/>

Attempts were made to channel shift respondents to online where appropriate, in line with corporate vision.

b. Organisations and other stakeholders

E-mails were sent to various board/group members and organisations to inform about the consultation and help where enquiries may be made about the proposals. These organisations represent the interests of people who receive Adult Social Care services:

Voluntary and Community Groups

| Organisation Name | Stakeholder Group |
|---------------------------------------|--------------------------|
| Learning Disability Partnership Board | Learning Disability |
| Mental Health Partnership Board | Mental Health |
| Leicester Ageing Together Board | Older People |
| Dementia Programme Board | Dementia |
| Carers Reference Group | Carers |

Service Providers

| Organisation Name | Stakeholder Group |
|--|---------------------------------------|
| Action Deafness | Hearing Impairment |
| Action on Hearing Loss | Hearing Impairment |
| Adhar | Mental Health, BME |
| Advance | Learning Disability and Mental Health |
| Age UK | Older People |
| Alzheimer's Society | Dementia |
| Ansaar | Learning Disability, BME |
| ASRA Housing Association | Housing Association |
| Asian Towers Club | Older People, BME |
| Belgrave Lunch Club | Older People |
| Citizens Advice Bureau | Catch-all |
| City & County Care Services (Care Watch) | Home Care Provider |
| City & County Care Services (Aspire) | Home Care Provider |
| Clasp | Carers |
| Community Integrated Care | Home Care Provider |
| Community Links Derby CIC | Learning Disability |
| East West Community Project | Older People |
| Forward Thinking Movement and Dance CIC | Catch-all Disability |
| Gura Tegh Bahadur Day Centre | Older People, BME |
| Guru Nanak Community Centre | Older People, BME |
| Healthwatch Leicester Ltd | Care Reviewer |
| Hindu Community Centre Lunch Club | Older People, BME |
| Ibc Quality Solutions | Learning Disability and Mental Health |
| ICare | Care Provider |

| | |
|---|---------------------------------------|
| Leicester Action for Mental Health (LAMP) | Mental Health |
| LCPT | Vulnerable People |
| Leicester Aging Together | Older People |
| Leicester Jamaica Community Service Group | Older People, BME |
| Leicester, Leicestershire & Rutland Headway | Brain Injury |
| Leicester Quaker Housing | Older People, Housing Association |
| Mosaic: Shaping Disability Services | Catch-all Disability |
| Network for Change | Catch-all Disability |
| Nottingham Community Housing Association (Leicester Quaker Housing) | Housing Association |
| Norton House | Learning Disability and Mental Health |
| Pathfinders | Catch-all Disability |
| POhWER | Catch-all Advocacy |
| Rawal Community Association | Catch-all Information |
| Royal Mencap Society | Learning Disability |
| Santan Manavta Society | Older People, BME |
| Santosh | Older People |
| Signing Networks CIC | Hearing Impairment |
| Sikh Community Centre | Catch-all |
| St Peters Lunch Club | Older People |
| The National Autistic Society | Autism |
| The Centre Project | Vulnerable People |
| The Monday Club | Autism |
| Values | Catch-all Advocacy |
| Vista (Royal Society for the Blind) | Visual Impairment |
| Voluntary Action Leicester | Catch-all Advocacy |

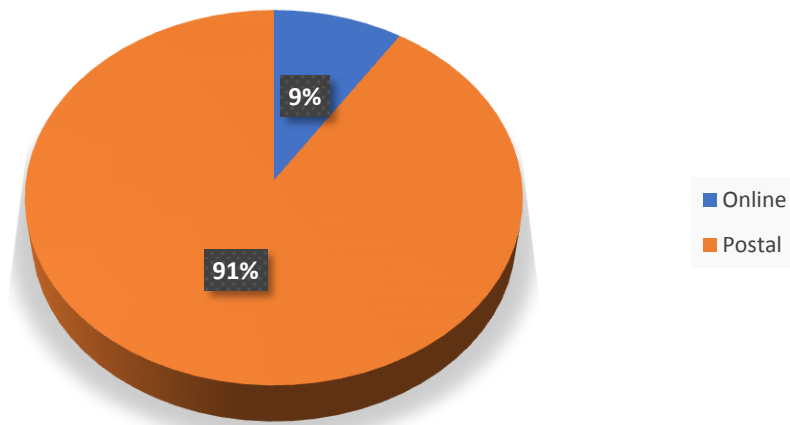
The full stakeholder engagement plan can be found in Appendix Ci.

c. Survey

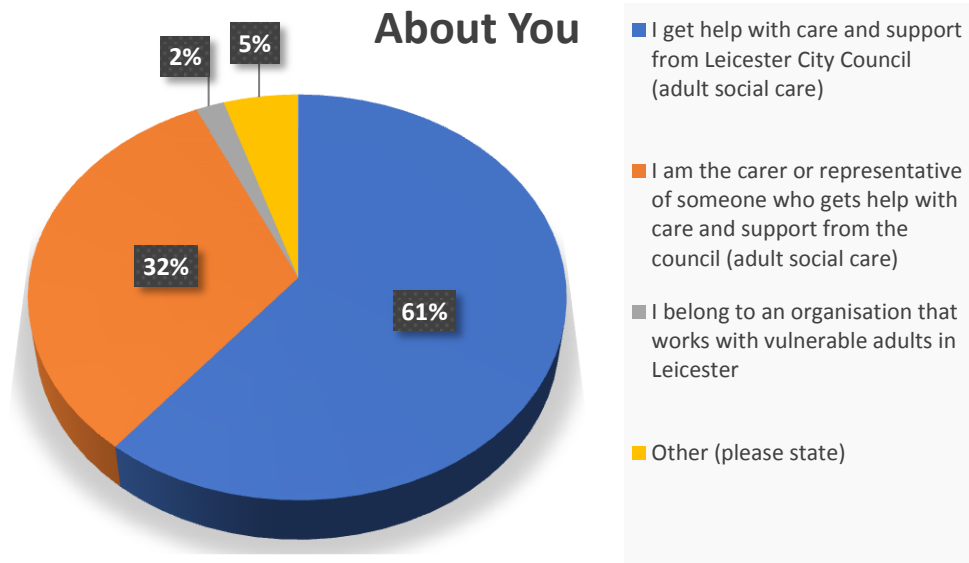
A survey was developed to find out what people’s views were about the proposal to change how disability benefits were to be treated in assessing an individual’s ability to contribute to the cost of their services. A paper copy was attached to the letter informing them about the consultation.

A total of 3078 surveys were sent and 1011 surveys were completed and returned, a response rate of 32.8% was achieved.

Survey Method of Return



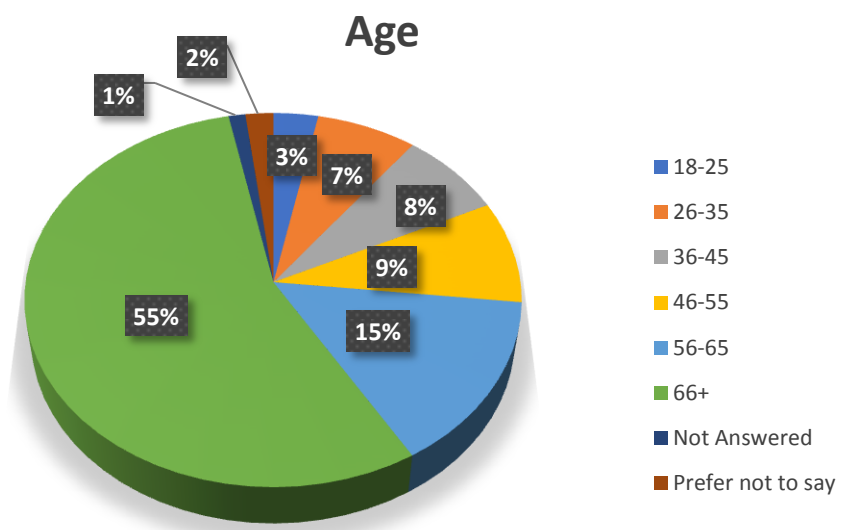
The online returns (9%) were from a combination of people receiving care (51), carers (31), organisations who support vulnerable adults (6) and ‘other’ (7). There were three online responses from people who identified as a combination of the responder types mentioned.



40 respondents (3.9%) chose to not answer this question.

Respondents were first asked to provide some information about themselves and how they interact with Adult Social Care – 65.3% of answers to this question were people who receive help and support from Leicester City Council. Several respondents (3.8%) identified as more than one of the options available, for example, where a respondent received services themselves but also cared for someone who receives care.

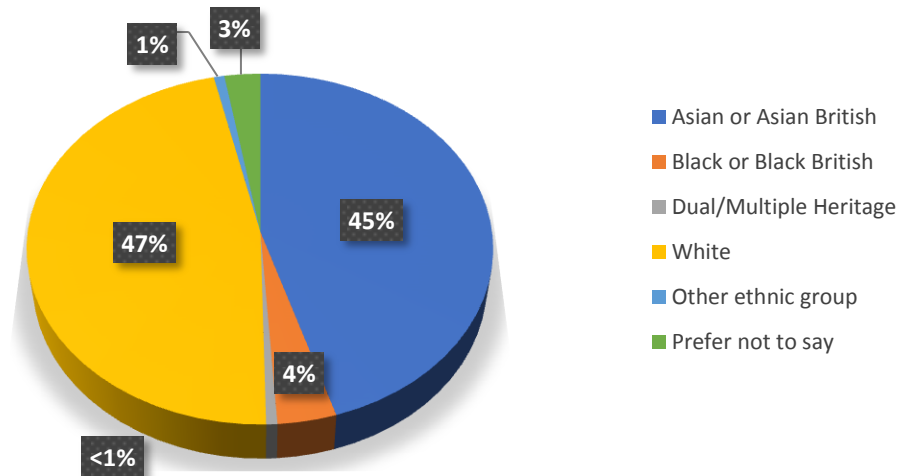
32.7% of the responders identified as carers, 1.8% of the responders were people working for organisations who work with vulnerable adults and 50 identified as 'other'. In the 'other' category there were 15 relatives, 8 from support services such as housing and 4 who identified as 'member or the public' or 'local resident'. The remaining 23 did not disclose any further information.



22 respondents chose to not answer this question.

The age of the respondents varied. Over half of all who completed the survey identified as over 66 years.

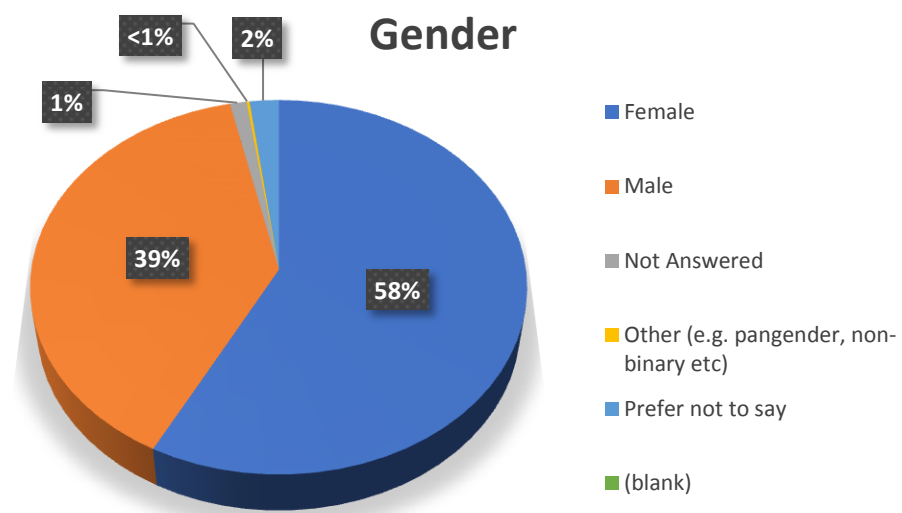
Ethnicity



14 respondents chose to not answer this question.

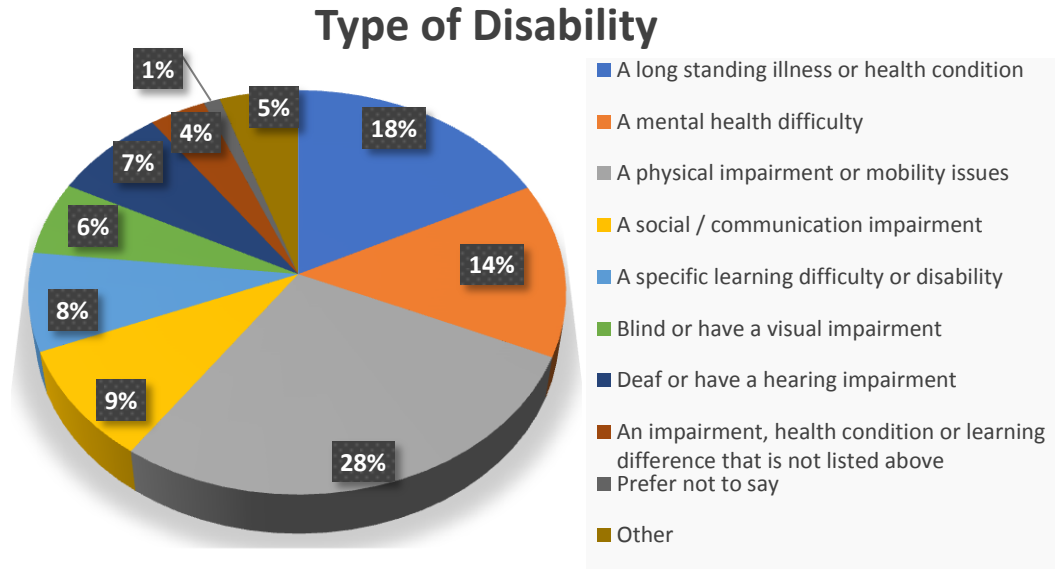
A lot like the demographic of Leicester, the ethnicities of the respondents were diverse. 47% of the respondents identified as 'White' and 45% identified as 'Asian or Asian British'.

A complete breakdown of survey responses by ethnicity can be found in Appendix Cii.



Nearly 60% of respondents identified as female.

There are more females in receipt of non-residential care (59%) and the below information correlates with the data, as more females responded to the survey.



883 respondents (88%) identified as having a disability. 28% of those who answered this question, identified as having a physical impairment, followed by 18% with a long-standing illness or health condition and 14% with a mental health difficulty.

| Ward | Count | Response Rate |
|-------------------------------|-------|---------------|
| Abbey | 49 | 4.9% |
| Aylestone | 21 | 2.1% |
| Beaumont Leys | 57 | 5.7% |
| Belgrave | 102 | 10.1% |
| Braunstone Park Rowley Fields | 47 | 4.7% |
| Castle | 26 | 2.6% |
| Evington | 51 | 5.1% |
| Eyres Monsell | 33 | 3.3% |
| Fosse | 21 | 2.1% |
| Humberstone & Hamilton | 31 | 3.1% |
| Knighton | 25 | 2.5% |
| North Evington | 63 | 6.3% |
| Out of area | 23 | 2.3% |
| Rushey Mead | 65 | 6.5% |
| Saffron | 31 | 3.1% |
| Spinney Hills | 34 | 3.4% |
| Stoneygate | 40 | 4.0% |
| Thurncourt | 38 | 3.8% |
| Tron | 44 | 4.4% |

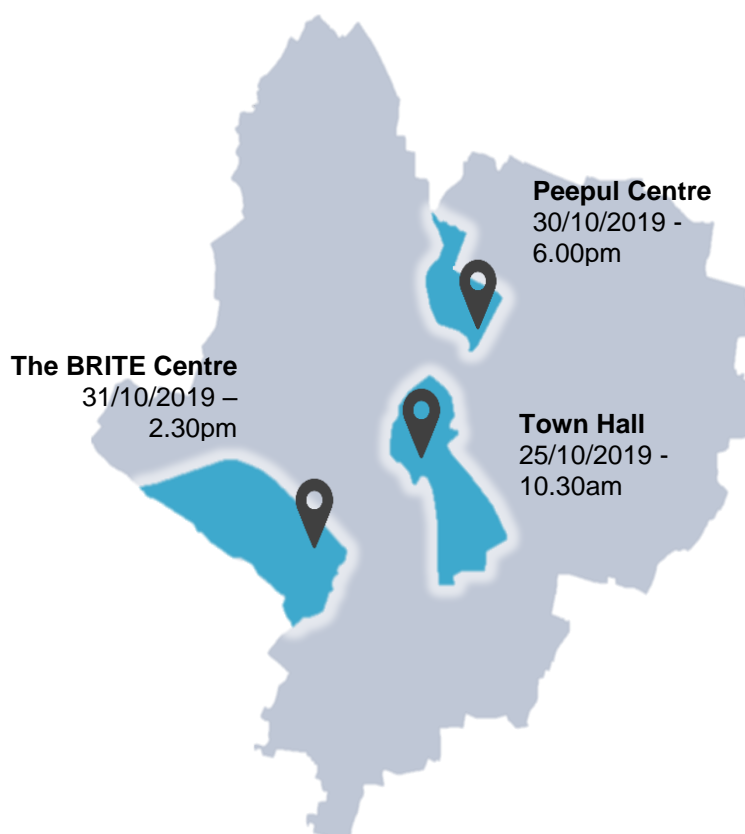
| | | |
|--------------------|-------------|---------------|
| Unknown | 90 | 8.9% |
| Westcotes | 16 | 1.6% |
| Western | 41 | 4.1% |
| Wycliffe | 59 | 5.9% |
| Grand Total | 1007 | 100.0% |

89 respondents chose to not provide their postcode
 23 respondents provided postcodes outside of city boundaries

Survey responses were received from all the City Council’s wards. The most responses were received from service users in Belgrave ward, the least number of responses were received from service users in Westcotes.

d. Public Meetings

Three public meetings were held at different locations around the city, to inform service users about the proposals and to seek their views or concerns. Details of the meetings were included in the letters to all service users, carers, and stakeholder organisations.



A total of 27 people attended the public meetings. Alternative language interpreters were also present for all three meetings.

These meetings began with an overview of the consultation process, an explanation of the disability benefits and details of the proposal.

The full meeting notes for all three public meetings can be found in Appendix Ciii.

e. Submissions and Other Comments

Approximately 70 calls were received on the consultation helpline, of which 5 required additional follow-up action.

A system was established to swiftly respond to people who had specific questions or required help/translation to complete the survey.

The calls were wide ranging and common themes were identified as follows:

| Call Category | Count |
|--------------------------|--------------|
| Benefits question | 1 |
| Booking public meeting | 4 |
| Clarification - Survey | 1 |
| Clarification - Charging | 2 |
| Clarification - General | 16 |
| Make complaint | 1 |
| No longer service user | 1 |
| Other | 17 |
| Survey completion | 26 |
| Unknown (blank) | 3 |
| Grand Total | 72 |

Of the calls received on the helpline, nobody requested for the survey to be sent in an alternative format. Where language support was required, the delivery team and admin officers provided the service.

A generic email account was also set up to receive queries about the proposal. No comments or observations were made about the proposal via e-mail. Five emails were received in total.

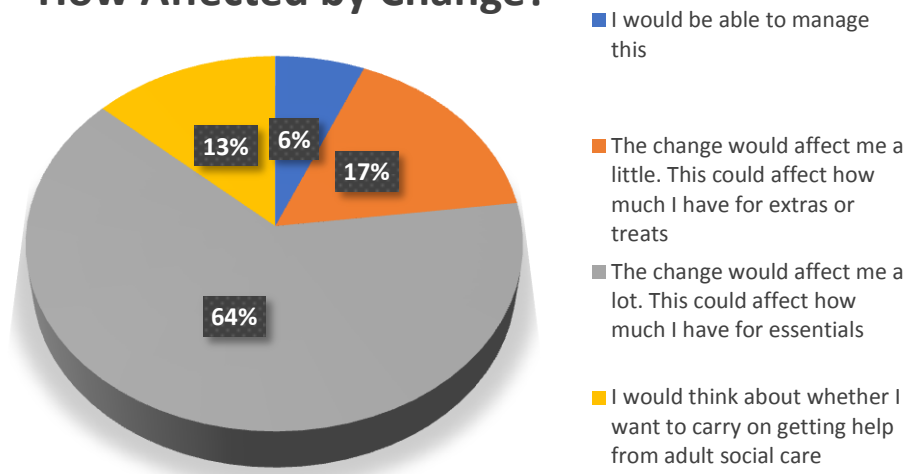
Service users were provided with a postal address to write and submit comments, if they wished to. No postal submissions were received.

3. Headline Findings

A total of 1011 surveys were completed and received.

Respondents were asked to state how an increase towards the amount they have to pay towards their care would affect their day-to-day affordability.

How Affected by Change?



81% of respondents reported that paying more towards their care would have at least some effect on their personal finances. 64% of whom believe that paying more would affect their personal finances 'a lot'.

Respondents were given the opportunity to provide some commentary regarding their choice, 62% of respondents chose not to provide a comment.

Themes emerged from the comments provided, significantly around:

- I. Funding (not having the funds or income to absorb an increase in contribution; ability to pay for essentials; ability to pay for extras).
- II. A feeling that the proposal is either unfair, concerning or unsatisfactory.

The table below shows a breakdown of the responses by primary theme.

| Q4 Comment/Concerns Raised: | | | |
|-----------------------------|--|-------|------------|
| Theme Number | Primary Theme Description | Count | Percentage |
| 1 | I don't have the funds / I have low income | 107 | 25% |
| 2 | These proposals would affect my ability to buy care related essentials | 13 | 3.0% |
| 3 | These proposals would affect my ability to spend on extras | 30 | 7.0% |
| 4 | I need more funding / support, not less | 10 | 2.3% |

| | | | |
|----|--|------------|---------------|
| 5 | I think the proposal is unfair/unsatisfactory/concerning | 68 | 15.9% |
| 6 | Personal circumstances should be taken into consideration. | 6 | 1.4% |
| 7 | I think the proposal will not significantly impact me | 17 | 4.0% |
| 8 | Payments have already increased recently | 9 | 2.1% |
| 9 | Need more info | 22 | 5.1% |
| 10 | Impact on family/unpaid carer | 10 | 2.3% |
| 11 | Significant worry/anxiety | 20 | 4.7% |
| 12 | Other | 76 | 17.8% |
| | TOTAL | 428 | 90.3%* |

**41 (9.3%) people stated they had 'no comments' in the comments box*

One quarter of the responders' primary theme in their comments was around the fact that they do not have the funds to absorb an increase in the amount of money they have to contribute toward their care. A further 15.9% felt the proposal was either unfair/unsatisfactory or concerning.

Theme 1: I don't have the funds / I have low income.

Responders in this category specifically cited an inability to absorb any increase in financial contribution that may be required. This theme accounted for almost a quarter of comments provided. Some example comments from this category are below.

"I find it difficult at the moment and paying more would be almost impossible without affecting my life significantly."

"I struggle already to survive on the little income I receive. Any proposed increase of charges will make it extremely hard to survive."

Theme 2: The proposals would affect my ability to buy care essentials.

Responders in this category specifically cited concern around funding essentials if their contribution was to increase. Approximately 7% of all responders are in this category. Example comment below.

"Due to all the things that have gone up and already finding it difficult to manage as it is. If I have to pay more money per week towards my care, I wont be able to manage for essential things."

Theme 3: These proposals would affect my ability to spend on 'extras'.

Responders in this category specifically cited concern around funding extras if their contribution was to increase. Approximately 7% of all responders are in this category. Example comments below.

"This would affect days out, gardening, budget, petrol for family...shopping, appointment cleaning, clothing. Replacing things due to mum's needs."

"Will not be able to go anywhere for holidays – or will not be able to do anything as whatever you do leisure sports etc have to pay everything..."

Theme 4: I need more funding/support, not less

Responders in this category felt they needed more funding and/or support and not less. Approximately 2.3% of all responders are in this category. Example comment below.

"I have to pay extra for my care as they are not getting enough paid from Adult Social Care as I need more support as my condition is deteriorating."

Theme 5: I think the proposal is unfair/unsatisfactory/concerning

Responders in this category state their dissatisfaction with the proposal if it were to be implemented. This was the primary theme in 15.9% of responses.

"Shocking proposal. The point of AA & DLA etc to pay for essentials in respect of disability or mental health so it is not there for food/utilities so should not be counted as 'income' as this is already needed for care etc it should be disregarded in full."

"The proposal is evil. Do you seriously think the benefit we are forced to claim gives us a life of splendour? The council is a disgrace."

Theme 6: Personal circumstances should be taken into consideration.

A small number of responders (1.4%) cited the need for personal circumstances to be taken into consideration with clear and transparent guidance to be provided to staff. Example comment below.

"All cases need to be assessed on an individual basis - even with financial constraints to be taken into consideration. With the cost of living increasing, people over 75 are disproportionately affected. People with mental health problems need support and assessments regularly - to prevent onset of acute conditions which can result in higher costs to the LA."

Theme 7: I think the proposal will not significantly impact me/I think the proposal is fair.

Responders in this category felt the proposal, if implemented, would not significantly impact upon them, 7% of responders are in this category. Example comment below.

"I think that the change will be fairer as it currently appears that people on higher rate PIP/DLA are paying the same rate in contributions as those on lower and middle rates."

Theme 8: Payments have already increased this year

Some responders noted how the amount of money they must contribute has already increased recently. 2.1% of responders stated this. Example comments below.

"I think it is ridiculous how much it has gone up, already we paid £15.17 a month then £30 a month, now £70.04 which we struggle with now."

"...I used to pay £55 to £57. In April council increase and I have to pay £61.81. After 2019 June Council increase my contributions now I have to pay £77.17 per week..."

Theme 9: Need more information.

Some responders felt they needed more information on how the proposal would impact them. Approximately 5% of people mentioned this. Example comments below.

"It depends how much the charges increased whether it would affect me."

"This depends on how much it would be expected to contribute if I was expected to contribute towards the care and support. As elderly - we need to ensure the essentials are affordable as this can have a huge impact on our health and well-being."

Theme 10: Impact on family/unofficial carer

Some responders highlighted the potential impact on unofficial carers.

"New changes would be a disadvantage to carers. When a service user goes to a day centre for a few hours this allows a carer a break, which benefits in their mental health wellbeing. If the service user cannot afford the additional charges and stays home the service user and carer will not benefit from this."

Theme 11: The proposals could cause significant anxiety and/or worry

Almost 5% of responders mentioned the impact the proposals would have on their mental health. Example below.

“All this Stress will effect on my mental health. I won't be able to pay anymore contribution. things have gone expensive day to day thing. I am worried.”

“Concerns of how I will pay for my care without going into my savings which I have for an emergency. This would increase my anxiety which I am currently taking medication for.

Theme 12: Other.

Comments in this category cover a variety of angles that do not easily fit into any other category

“There are many demands on these benefits that are not always considered. Those on low incomes or relying on other benefits who are caught in the middle of having too much income to get free services and having enough disposable income are going to be very impacted by this if it goes ahead”

“The consultation should make sure that the staff (face to face) salaries are increased (this is underlined) to reflect the actual contribution to Adult Social Care. With the growing population of elderly, vulnerable ad ill people we need a quality workforce with good pay and working conditions to do this work and be appreciated.

Public Meetings

A question and answer session with members of the public formed the public consultation meetings. The following themes emerged from the meeting discussions:

The Consultation Process

- When the consultation will be shared with the public
- Whether a 1-1 appointments could be made to discuss consultations in future

The Equalities Impact Assessment

- Whether an Equalities Impact Assessment will be completed

The Proposal

- Whether only people on a higher rate or enhanced rate will be impacted
- Night time care definition
- Whether the council must apply these changes
- Clarification on whether only the financial contribution is being affected
- Whether the council has explored other options for cost savings

- Statements on proposed increases being difficult to manage
- Would people have to be reassessed.

The Financial Assessment

- Whether disability benefits or income support will be taken into consideration
- Whether discretion can be applied
- Whether personal circumstances will be considered

Off Topic/ Non-Related

- Personal enquiries on how the proposals would impact them.

Stakeholder Profile & Communication Plan

| Programme Details | | | |
|---------------------------|---|--------------------------|-----------------------|
| Project Name | Social Care Charging Policy Consultation | Project Director | Ruth Lake |
| Project Manager | Prashant Patel | Project Assurance | Swarsha Bhalla |
| Strategic Priority | | | |

| Guidance |
|---|
| <p>To identify key project stakeholders, how the project affects them, their degree of influence etc, and to plan how and when to communicate with them. Use the stakeholder profile table to identify all project stakeholders. When this table is complete, transfer the list of identified stakeholders in the stakeholder category field onto the communications plan and fill in the table for each one.</p> |

| Document Amendment Record | | | |
|---------------------------|----------|--------|-------------------|
| Version | Date | Author | Amendment Details |
| 1.1 | 01.04.19 | PP | Document creation |
| 1.2 | 15.05.19 | PP | Updated lists |
| 1.3 | 13.09.19 | PP | Updated progress |
| | | | |
| | | | |
| | | | |

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| Ref No. | Target dates (when) | Stakeholder category (to whom) | Information needs (what) | Purpose (why) | Channels / Chair (how) | Lead (by whom) | Progress |
|---|---------------------|---|--------------------------|-------------------------------------|------------------------|----------------|----------|
| Phase 1 – Consultation Live Period 03.07.18-28.09.18 | | | | | | | |
| Internal | | | | | | | |
| 1. Political | | | | | | | |
| 1.1 | 01.09.19 | All Elected Members | DRE consultation details | To respond to constituent enquiries | E-mail | Rowan Bramble | Complete |
| 1.2 | 01.09.19 | Chair of Scrutiny | DRE consultation details | For Scrutiny | E-mail | Rowan Bramble | Complete |
| 1.3 | 01.09.19 | City MPs' | DRE consultation details | To respond to constituent enquiries | E-mail | Rowan Bramble | Complete |
| 2. Staff | | | | | | | |
| 2.1 | 01.09.19 | Andy Keeling | Consultation details | For info | E-mail | Pras | Complete |
| 2.2 | 01.09.19 | ASC Heads of Service | Consultation details | To cascade to staff | E-mail | Pras | Complete |
| 2.3 | 01.09.19 | Care Management Lyn Knights, Jo Dyke | Consultation details | To answer queries | E-mail | Pras | Complete |
| 2.4 | 01.09.19 | Finance staff | consultation details | To answer queries | E-mail | Matthew Cooper | Complete |
| 2.5 | 01.09.19 | Post Room, Sarah Tovey | Consultation details | For info | E-mail | Pras | Complete |

| Ref No. | Target dates (when) | Stakeholder category (to whom) | Information needs (what) | Purpose (why) | Channels / Chair (how) | Lead (by whom) | Progress |
|--|---------------------|---|--------------------------|---|------------------------|----------------|-----------------------------------|
| 2.6 | 01.09.19 | Customer Services Caroline Jackson, Alison Musgrove | Consultation details | To answer queries | Letter | Pras | Complete |
| External | | | | | | | |
| 3. Voluntary and Community Group Meetings | | | | | | | |
| 3.1 | 01.09.19 | Learning Disability Partnership Board | Consultation details | To raise awareness and inform the group and its members of the consultation | E-mail | Pras | Via Rowan Bramble & Tom Elkington |
| 3.2 | 01.09.19 | Mental Health Partnership Board | Consultation details | To raise awareness and inform the group and its members of the consultation | E-mail | Pras | Via Ben Smith |
| 3.3 | 01.09.19 | Leicester Ageing Together Board | Consultation details | To raise awareness and inform the group and its members of the consultation | E-mail | Pras | Via Cathy Carter |
| 3.4 | 01.09.19 | Dementia Programme Board | Consultation details | Raise awareness, info to enable them to comment and alert customers | E-mail | Pras | Via Nicola Cawrey |

| Ref No. | Target dates (when) | Stakeholder category (to whom) | Information needs (what) | Purpose (why) | Channels / Chair (how) | Lead (by whom) | Progress |
|---|---------------------|--------------------------------|--------------------------|---|------------------------|----------------|-------------------|
| 3.5 | 01.09.19 | Carers Reference Group | Consultation details | Raise awareness, info to enable them to comment and alert customers | E-mail | Pras | Via Nicola Cawrey |
| 4. Non-Residential Care Providers/Voluntary Organisations (Including but not limited to) | | | | | | | |
| 4.1 | 01.09.19 | Action Deafness | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.2 | 01.09.19 | Action on Hearing Loss | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.3 | 01.09.19 | Adhar | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.4 | 01.09.19 | Advance | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |

| Ref No. | Target dates (when) | Stakeholder category (to whom) | Information needs (what) | Purpose (why) | Channels / Chair (how) | Lead (by whom) | Progress |
|---------|---------------------|--------------------------------|--------------------------|---|------------------------|----------------|----------|
| 4.5 | 01.09.19 | Age UK | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.6 | 01.09.19 | Alzheimer's Society | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.7 | 01.09.19 | Ansaar | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.8 | 01.09.19 | ASRA Housing Association | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.9 | 01.09.19 | Asian Towers Club | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |

| Ref No. | Target dates (when) | Stakeholder category (to whom) | Information needs (what) | Purpose (why) | Channels / Chair (how) | Lead (by whom) | Progress |
|---------|---------------------|--|--------------------------|---|------------------------|----------------|----------|
| 4.10 | 01.09.19 | Belgrave Lunch Club | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.11 | 01.09.19 | Carers Direct Homecare Ltd | | | E-mail | Pras | Complete |
| 4.12 | 01.09.19 | Citizens Advice Bureau | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.13 | 01.09.19 | City & County Care Services (Care Watch) | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.14 | 01.09.19 | City & County Care Services (Aspire) | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.15 | 01.09.19 | Clasp | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |

| Ref No. | Target dates (when) | Stakeholder category (to whom) | Information needs (what) | Purpose (why) | Channels / Chair (how) | Lead (by whom) | Progress |
|---------|---------------------|---|--------------------------|---|------------------------|----------------|----------|
| 4.16 | 01.09.19 | Community Integrated Care | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.17 | 01.09.19 | Community Links Derby CIC | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.18 | 01.09.19 | East West Community Project | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.19 | 01.09.19 | Forward Thinking Movement and Dance CIC | | | E-mail | Pras | Complete |
| 4.20 | 01.09.19 | Gura Tegh Bahadur Day Centre | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.21 | 01.09.19 | Guru Nanak Community Centre | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |

| Ref No. | Target dates (when) | Stakeholder category (to whom) | Information needs (what) | Purpose (why) | Channels / Chair (how) | Lead (by whom) | Progress |
|---------|---------------------|---|--------------------------|---|------------------------|----------------|----------|
| 4.22 | 01.09.19 | Healthwatch Leicester Ltd | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.23 | 01.09.19 | Hindu Community Centre Lunch Club | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | Letter | Pras | Complete |
| 4.24 | 01.09.19 | iBC Quality Solutions | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.25 | 01.09.19 | iCare | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.26 | 01.09.19 | Leicester Action for Mental Health (LAMP) | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |

| Ref No. | Target dates (when) | Stakeholder category (to whom) | Information needs (what) | Purpose (why) | Channels / Chair (how) | Lead (by whom) | Progress |
|---------|---------------------|--|--------------------------|---|------------------------|----------------|----------|
| 4.27 | 01.09.19 | LCPT | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.28 | 01.09.19 | Leicester Aging Together | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.29 | 01.09.19 | Leicester Jamaica Community Service Group | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.30 | 01.09.19 | Leicester Leicestershire & Rutland Headway | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.31 | 01.09.19 | Leicester Quaker Housing | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |

| Ref No. | Target dates (when) | Stakeholder category (to whom) | Information needs (what) | Purpose (why) | Channels / Chair (how) | Lead (by whom) | Progress |
|---------|---------------------|---|--------------------------|---|------------------------|----------------|----------|
| 4.32 | 01.09.19 | Mosaic: Shaping Disability Services | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.33 | 01.09.19 | Network for Change | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.34 | 01.09.19 | Nottingham Community Housing Association (Leicester Quaker Housing) | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.35 | 01.09.19 | Norton House | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.36 | 01.09.19 | Pathfinders | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |

| Ref No. | Target dates (when) | Stakeholder category (to whom) | Information needs (what) | Purpose (why) | Channels / Chair (how) | Lead (by whom) | Progress |
|---------|---------------------|--------------------------------|--------------------------|---|------------------------|----------------|----------|
| 4.37 | 01.09.19 | POhWER | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.38 | 01.09.19 | Rawal Community Association | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.39 | 01.09.19 | Royal Mencap Society | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.40 | 01.09.19 | Santan Manavta Society | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.41 | 01.09.19 | Santosh | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |

| Ref No. | Target dates (when) | Stakeholder category (to whom) | Information needs (what) | Purpose (why) | Channels / Chair (how) | Lead (by whom) | Progress |
|---------|---------------------|--------------------------------|--------------------------|---|------------------------|----------------|----------|
| 4.42 | 01.09.19 | Signing Networks CIC | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.43 | 01.09.19 | Sikh Community Centre | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.44 | 01.09.19 | St Peters Lunch Club | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.45 | 01.09.19 | The Centre Project | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.46 | 01.09.19 | The Monday Club | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |
| 4.47 | 01.09.19 | Values | | | E-mail | Pras | Complete |
| 4.48 | 01.09.19 | Voluntary Action Leicester | | | E-mail | Pras | Complete |

| Ref No. | Target dates (when) | Stakeholder category (to whom) | Information needs (what) | Purpose (why) | Channels / Chair (how) | Lead (by whom) | Progress |
|---------|---------------------|-------------------------------------|--------------------------|---|------------------------|----------------|----------|
| 4.49 | 01.09.19 | The National Autistic Society | | | E-mail | Pras | Complete |
| 4.50 | 01.09.19 | Vista (Royal Society for the Blind) | Consultation details | Raise awareness, info to enable them to comment and respond to customer enquiries | E-mail | Pras | Complete |

Social care charging policy: Summary report

This report was created on Monday 06 January 2020 at 14:12.

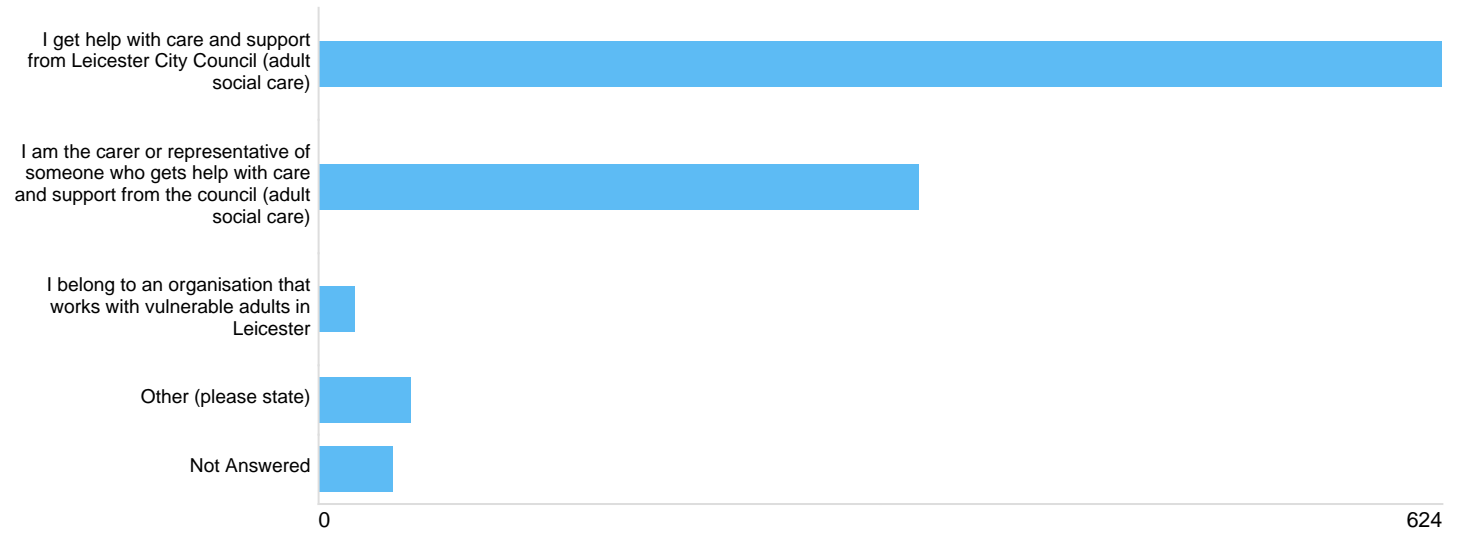
The consultation ran from 02/09/2019 to 15/11/2019.

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Question 1: Please tick the box that applies. If you are filling this in on behalf of someone else, please tick the box that applies to the individual.

About You



| Option | Total | Percent |
|--|-------|---------|
| I get help with care and support from Leicester City Council (adult social care) | 624 | 61.72% |
| I am the carer or representative of someone who gets help with care and support from the council (adult social care) | 332 | 32.84% |
| I belong to an organisation that works with vulnerable adults in Leicester | 19 | 1.88% |
| Other (please state) | 50 | 4.95% |
| Not Answered | 40 | 3.96% |

If other, please specify

There were **61** responses to this part of the question.

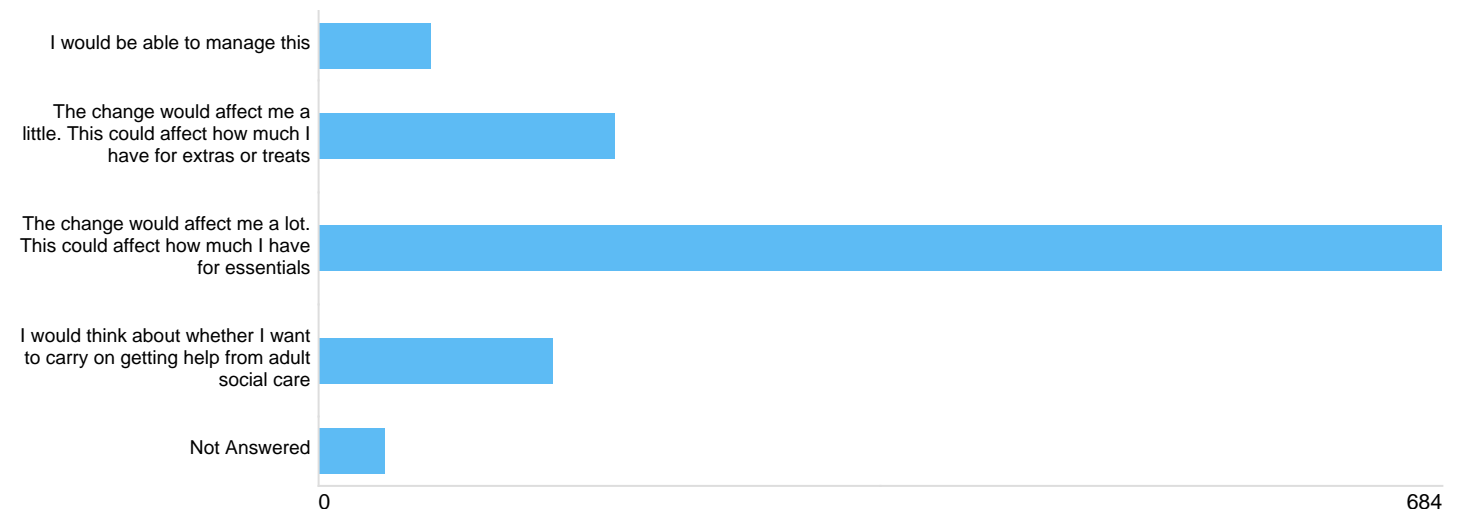
Question 2: What is your postcode?

Postcode

There were **922** responses to this part of the question.

Question 3: If you were assessed to pay more per week towards your care, due to the change in the treatment of disability benefits, how would this affect you? If you are not a service user, please answer how you think others may be affected by the change. Please tick all that apply.

Question 2



| Option | Total | Percent |
|---|-------|---------|
| I would be able to manage this | 68 | 6.73% |
| The change would affect me a little. This could affect how much I have for extras or treats | 180 | 17.80% |
| The change would affect me a lot. This could affect how much I have for essentials | 684 | 67.66% |
| I would think about whether I want to carry on getting help from adult social care | 142 | 14.05% |
| Not Answered | 39 | 3.86% |

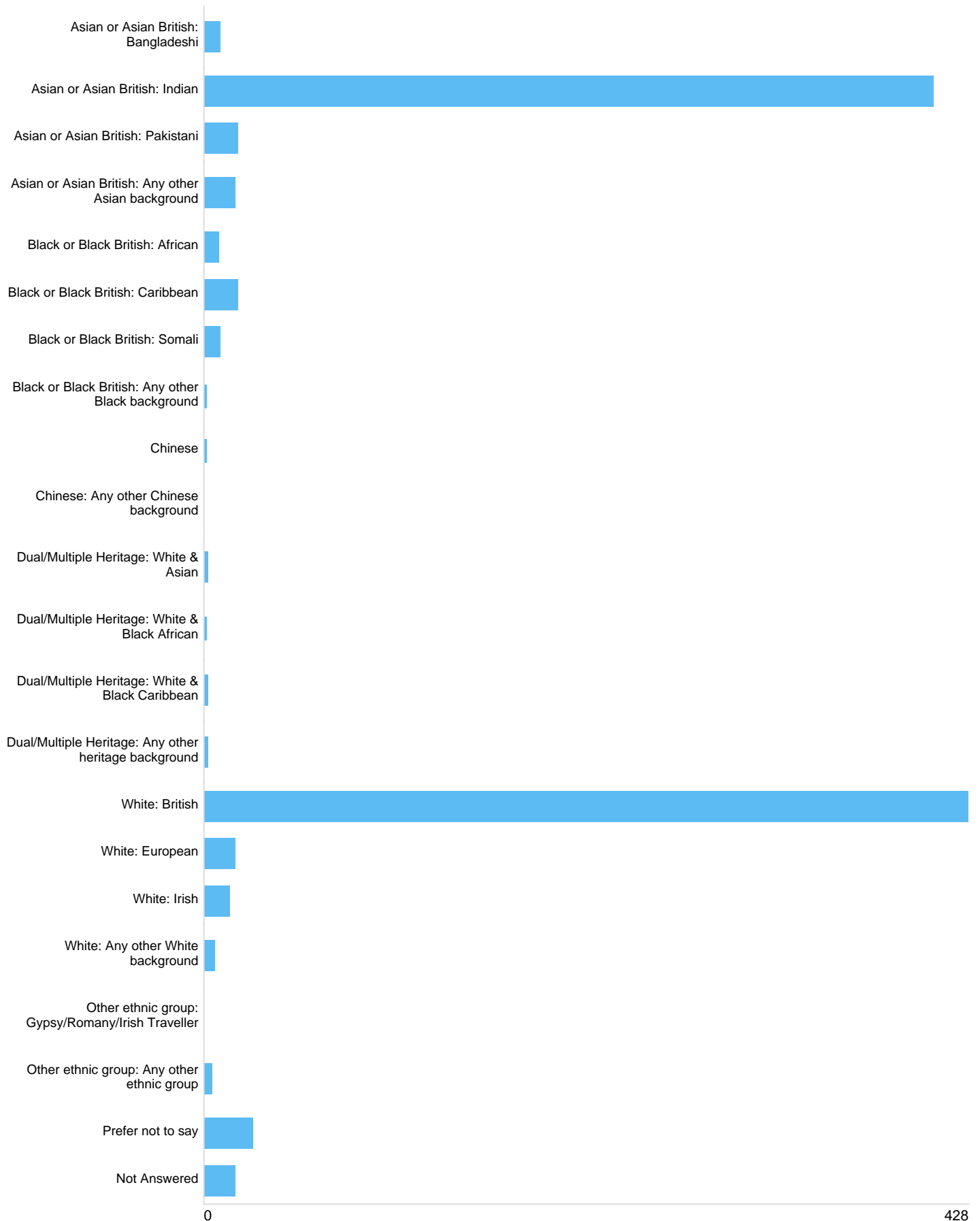
Question 4: Do you have any other comments about the proposed change?

Any other comments?

There were **429** responses to this part of the question.

Question 5: Ethnic background:

Ethnicity



0

428

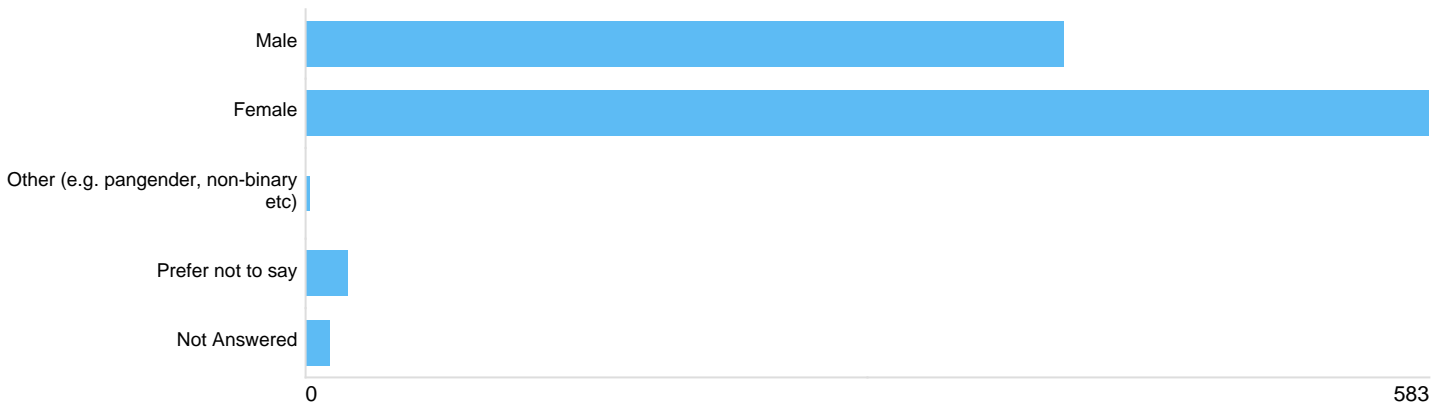
| Option | Total | Percent |
|---|-------|---------|
| Asian or Asian British: Bangladeshi | 9 | 0.89% |
| Asian or Asian British: Indian | 408 | 40.36% |
| Asian or Asian British: Pakistani | 19 | 1.88% |
| Asian or Asian British: Any other Asian background | 17 | 1.68% |
| Black or Black British: African | 8 | 0.79% |
| Black or Black British: Caribbean | 19 | 1.88% |
| Black or Black British: Somali | 9 | 0.89% |
| Black or Black British: Any other Black background | 1 | 0.10% |
| Chinese | 1 | 0.10% |
| Chinese: Any other Chinese background | 0 | 0% |
| Dual/Multiple Heritage: White & Asian | 2 | 0.20% |
| Dual/Multiple Heritage: White & Black African | 1 | 0.10% |
| Dual/Multiple Heritage: White & Black Caribbean | 2 | 0.20% |
| Dual/Multiple Heritage: Any other heritage background | 2 | 0.20% |
| White: British | 428 | 42.33% |
| White: European | 17 | 1.68% |
| White: Irish | 14 | 1.38% |
| White: Any other White background | 6 | 0.59% |
| Other ethnic group: Gypsy/Romany/Irish Traveller | 0 | 0% |
| Other ethnic group: Any other ethnic group | 4 | 0.40% |
| Prefer not to say | 27 | 2.67% |
| Not Answered | 17 | 1.68% |

If you said your ethnic group was one of the 'Other' categories, please tell us what this is:

There were 15 responses to this part of the question.

Question 6: What is your gender identity?

Gender



| Option | Total | Percent |
|--|-------|---------|
| Male | 393 | 38.87% |
| Female | 583 | 57.67% |
| Other (e.g. pangender, non-binary etc) | 2 | 0.20% |
| Prefer not to say | 21 | 2.08% |
| Not Answered | 12 | 1.19% |

Other gender

There were 3 responses to this part of the question.

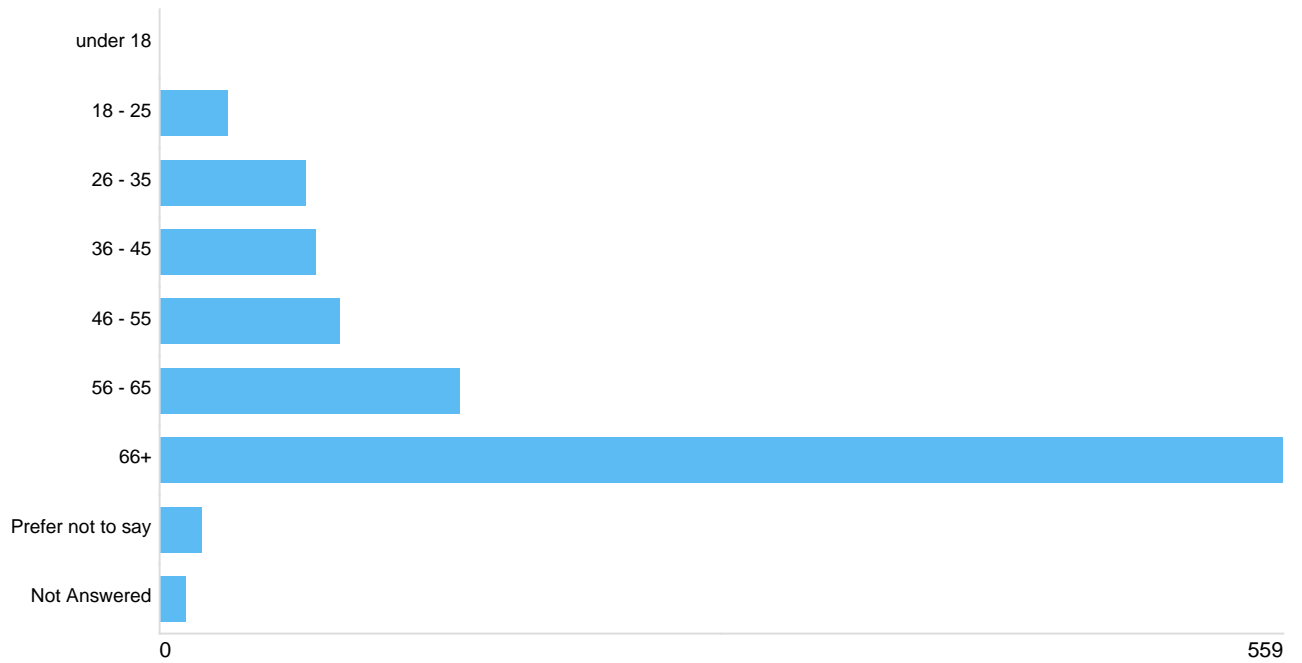
gender ID same as birth



| Option | Total | Percent |
|--------------|-------|---------|
| Yes | 845 | 83.58% |
| No | 8 | 0.79% |
| Not Answered | 158 | 15.63% |

Question 7: Age:

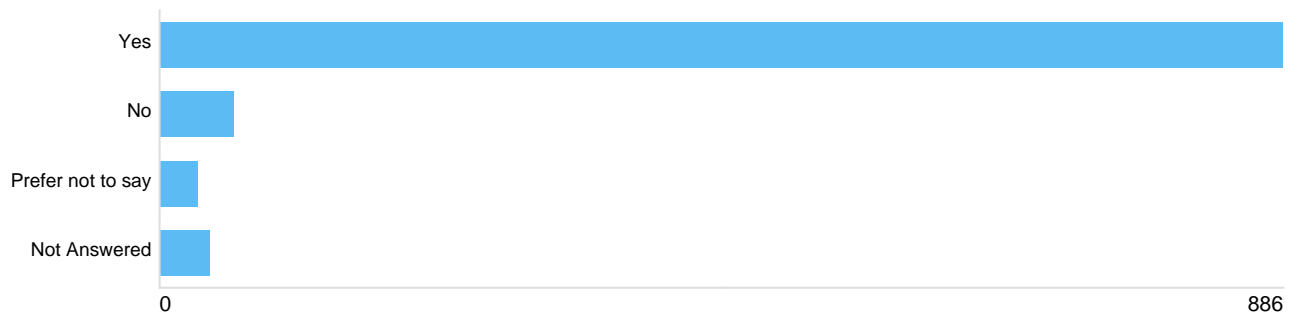
Age



| Option | Total | Percent |
|-------------------|-------|---------|
| under 18 | 0 | 0% |
| 18 - 25 | 33 | 3.26% |
| 26 - 35 | 72 | 7.12% |
| 36 - 45 | 77 | 7.62% |
| 46 - 55 | 89 | 8.80% |
| 56 - 65 | 149 | 14.74% |
| 66+ | 559 | 55.29% |
| Prefer not to say | 20 | 1.98% |
| Not Answered | 12 | 1.19% |

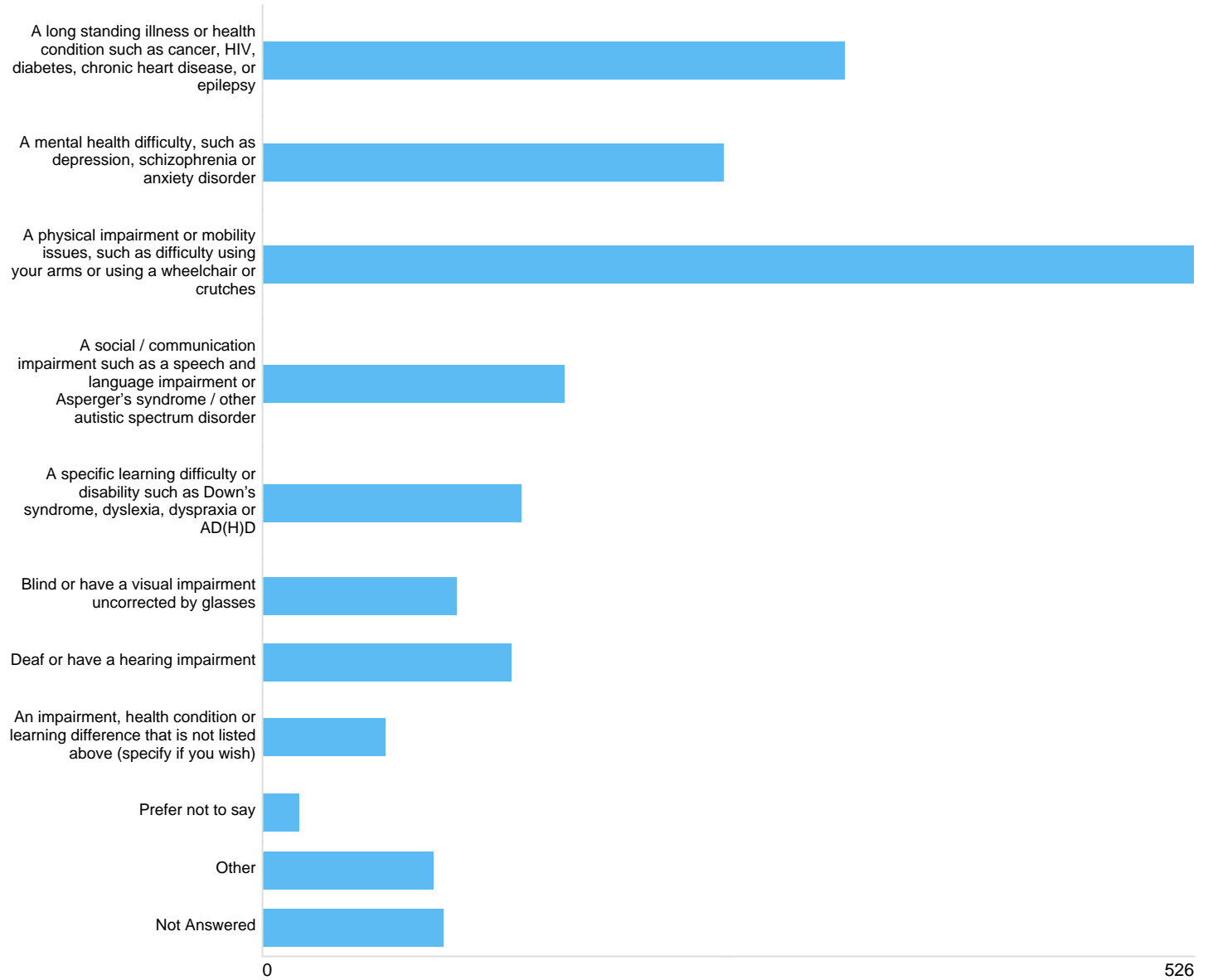
Question 8: Disability

Q7



| Option | Total | Percent |
|-------------------|-------|---------|
| Yes | 886 | 87.64% |
| No | 58 | 5.74% |
| Prefer not to say | 29 | 2.87% |
| Not Answered | 38 | 3.76% |

Disability detail



| Option | Total | Percent |
|--|-------|---------|
| A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy | 328 | 32.44% |
| A mental health difficulty, such as depression, schizophrenia or anxiety disorder | 260 | 25.72% |
| A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches | 526 | 52.03% |
| A social / communication impairment such as a speech and language impairment or Asperger's syndrome / other autistic spectrum disorder | 170 | 16.82% |
| A specific learning difficulty or disability such as Down's syndrome, dyslexia, dyspraxia or AD(H)D | 146 | 14.44% |
| Blind or have a visual impairment uncorrected by glasses | 109 | 10.78% |
| Deaf or have a hearing impairment | 140 | 13.85% |
| An impairment, health condition or learning difference that is not listed above (specify if you wish) | 69 | 6.82% |
| Prefer not to say | 20 | 1.98% |
| Other | 96 | 9.50% |
| Not Answered | 102 | 10.09% |

Other disability

There were **188** responses to this part of the question.

Question 9: Sexual orientation. Do you consider yourself to be...

sexuality



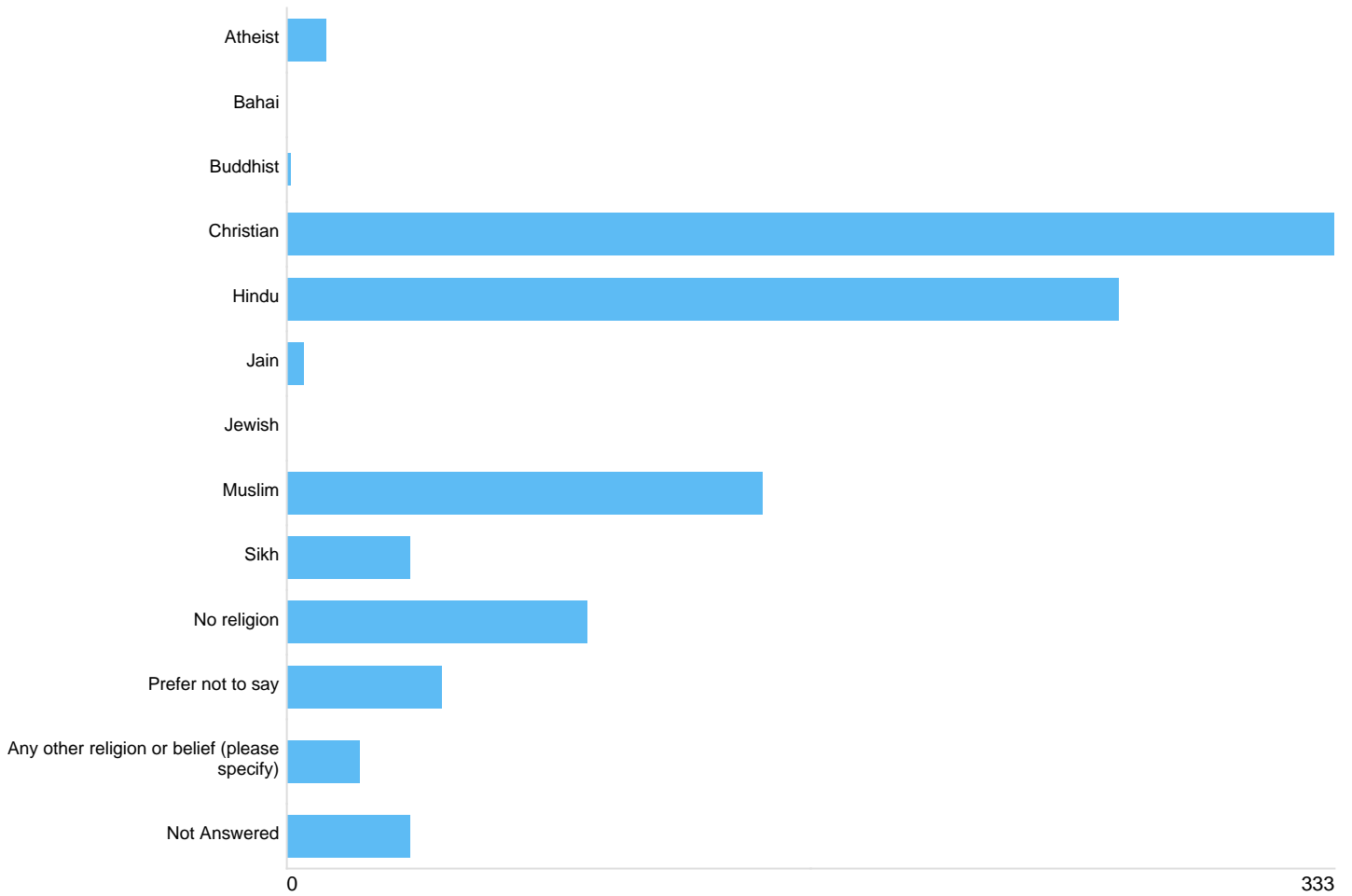
| Option | Total | Percent |
|-------------------------|-------|---------|
| Bisexual | 23 | 2.27% |
| Gay / lesbian | 3 | 0.30% |
| Heterosexual / straight | 744 | 73.59% |
| Prefer not to say | 132 | 13.06% |
| Other (please specify) | 9 | 0.89% |
| Not Answered | 100 | 9.89% |

Other sex

There were **16** responses to this part of the question.

Question 10: How would you define your religion or belief?

religion



| Option | Total | Percent |
|---|-------|---------|
| Atheist | 12 | 1.19% |
| Bahai | 0 | 0% |
| Buddhist | 1 | 0.10% |
| Christian | 333 | 32.94% |
| Hindu | 264 | 26.11% |
| Jain | 5 | 0.49% |
| Jewish | 0 | 0% |
| Muslim | 151 | 14.94% |
| Sikh | 39 | 3.86% |
| No religion | 95 | 9.40% |
| Prefer not to say | 49 | 4.85% |
| Any other religion or belief (please specify) | 23 | 2.27% |
| Not Answered | 39 | 3.86% |

other religion

There were **917** responses to this part of the question.

Social Care Charging Policy Consultation Public Meeting Notes

Friday 25 October 2019
Town Hall, Tea Rooms
10.30-12.00

Officers in attendance

| | |
|----------------|---|
| Ruth Lake | Director, Adult social care and safeguarding |
| Matthew Cooper | Business manager, Adult social care |
| Prashant Patel | Business change commissioning manager, Projects |
| Rory Seymour | Business change commissioning manager, Projects |

The meeting was attended by 4 members of the public and/or other organisations.

Alternative language interpreters from the council's community language services were also present.

Discussion

The director gave an overview of the consultation process, an explanation of the various disability benefits and their rates, alongside details of the proposal that has been put forward.

The consultation is a statutory 12-week process, which will be live between 2 September and 15 November 2019.

We are consulting with people who receive help from adult social care, or their families and carers, to get their views about the council's proposals to change the way it treats disability benefits, within the financial assessment.

The council carries out a financial assessment to check the money people have, whether they can afford to pay towards their services and if so, how much.

The financial assessment takes into account any benefits that people may receive from the Department of Work & Pensions (DWP) because of their disability. These are called disability benefits and are paid in the form of:

- Attendance allowance (AA) – for over 65s
- Disability living allowance (DLA) – for under 65s
- Personal independence payments (PIP) – Slowly replacing DLA

The Department of Health changed its guidance on financial assessments alongside the Care Act 2014. We are proposing to change the way in which these benefits are treated, within the financial assessment, to bring it in line with the latest legislation.

Questions and comments raised

| | |
|----|---|
| Q1 | Do most people currently contribute £28.95 per week, towards their care package? |
| A1 | There are varying levels of contribution, depending on someone's personal circumstances. If this proposal was to go ahead, the greatest increase in a person's weekly contribution would be £28.95. |
| Q2 | A weekly increase of £28.95 is significant. |
| A2 | It is difficult to comment on individual impact until individual reassessments have been completed. Many people will not see an increase to their weekly charges, but we understand that a potential increase is concerning. |
| Q3 | My daughter has seen a steady increase to her contribution over the last few years which are difficult to justify. She needs a lot of support and is required to pay for assistants even when she doesn't use them due to sickness and we provide the care instead. We no longer receive state pension and she is due an operation, which will require 9 weeks aftercare. |
| A3 | Individual circumstances can be reviewed, and discretion will be applied, where appropriate. We are not consulting on the fairness of the proposals, as this has already been legally approved via government and calculations are in line with national levels (such as Minimum Income Guarantee). Prior to making a decision, the Council will look at ways to mitigate any impact. Councils are allowed to levy charges in line with the law and personal circumstances. We need to better understand incurred care costs and contrast these to the support plans. The financial assessment will be |

| | |
|----|---|
| | more balanced and will take into consideration qualifying costs of care to determine what individuals can afford to contribute. |
| Q4 | This is a lot of information to absorb and we regularly receive letters in the post. My daughter needs a lot of support and carers' mileage costs are not included within the support plan. She struggles to pay for this, and we contribute to assist her. In effect, we cannot afford the required care and we do not receive a carers allowance. It is frustrating as mental health issues are not as obvious to recognise as physical disabilities. |
| A4 | For this proposal, those who are not in receipt of higher rates of disability benefits will not be affected by the proposals. Benefits such as AA and DLA refer to night time care as criteria for receipt of the higher rates. PIP works on a point-based system. Consideration and discretion will be applied on a case by case basis and would not be applied as a blanket policy. |
| Q5 | It would be helpful to speak to someone personally, rather than a helpline. |
| A5 | Whilst it is difficult to provide this due to the vast number of customers, we have noted the preference and will explore options for future consultations. |
| Q6 | I support with night time care and we recently had a stair lift fitted and I was not aware that I could've received support with this. I don't claim carers allowance and payments do add up. |
| A6 | Charges will be based on the amount of care required and there is a ceiling in terms of the maximum charge that can be applied, but no individual will be asked to pay more than what they can afford with reference to the Minimum Income Guarantee (MIG). |
| Q7 | My Father had a terminal illness and my Mothers income went down, however, she pays more towards the cost of his care. Carers allowance has not been increased to support this. |
| A7 | The Council does not set benefits and rates. The benefits are simply treated as income within the financial assessment, in line with current legislation. |
| Q8 | We are usually not informed on the outcome of financial assessments and reassessments. |
| A8 | If someone feels that they are not receiving the right level of support, the consultation team will make contact with the social worker. The assessment process is outside of this policy. |

| | |
|-----|--|
| Q9 | My daughter has been allocated money for respite care via direct payments. We recently noticed a large debit from this account, with no prior explanation. |
| A9 | The consultation team is happy to take details and check with the finance team. The Council commissions care on behalf of some customers and arranges for payments to be made. If money starts to accrue due to unused care services, there is an agreement for the Council to recoups these funds. |
| Q10 | We pay through a provider - my daughter recently went into supported living but didn't like the experience. We were told that consistency is important but were often presented with new members of staff and personal assistants. Currently, she resides in a private flat and receives 5 hours of care via a Personal Assistant, but we do not think this is sufficient. She has a lifelong condition, but we are required to show how much support is required. |
| A10 | We acknowledge that the introduction and assessment of Personal Independence Payments (PIP) has been challenging. Direct payments were introduced as there were some people who were not receiving sufficient care from providers. This allows them to arrange for consistent and tailored support – giving people choice. |
| Q11 | When consultation letters are circulated, would it be possible to call in and book an appointment to discuss with an officer? |
| A11 | We will take comments and requests on board and implement these, where possible, if a decision is taken in favour of the proposals. The public meetings are arranged to provide people with the opportunity to talk face-to-face with an officer and discuss the proposals in more detail. |
| Q12 | Would it be beneficial to put people into a care home? |
| A12 | Decisions about care needs are individually assessed and people are only put into care homes if it is deemed necessary, to provide them with the required support. |
| Q13 | Certain needs cannot be claimed, such as podiatry care. |
| A13 | These issues can be discussed with social workers, we will refer this to the relevant teams. |
| Q14 | We receive weekly invoices and if payment is late, we get letters indicating that the debt may result in court proceedings if payment isn't made promptly. When no care is provided, why are we still required to pay? |

| | |
|-----|---|
| A14 | <p>Once an invoice is raised on the Council's system, letters are automatically generated where debts remain unpaid.</p> <p>Where the Council commissions services on behalf of a service user, the service provider is contracted to provide the services under a framework. Where sufficient notice is given to cancel an instance of care, the provider is alerted, and the call is cancelled. The service user will only see a reduction to the weekly charge if they are paying the full cost of their services.</p> |
|-----|---|

Social Care Charging Policy Consultation Public Meeting Notes

Wednesday 30 October 2019
PeePul Centre, Gordon Palmer Suite
18:00-19:30

Officers in attendance

| | |
|----------------|---|
| Ruth Lake | Director, Adult social care and safeguarding |
| Matthew Cooper | Business manager, Adult social care |
| Prashant Patel | Business change commissioning manager, Projects |

The meeting was attended by 19 members of the public and/or other organisations.

Alternative language interpreters from the council's community language services were also present.

Discussion

The director gave an overview of the consultation process, an explanation of the various disability benefits and their rates, alongside details of the proposal that has been put forward.

The consultation is a statutory 12-week process, which will be live between 2 September and 15 November 2019.

We are consulting with people who receive help from adult social care, or their families and carers, to get their views about the council's proposals to change the way it treats disability benefits, within the financial assessment.

The council carries out a financial assessment to check the money people have, whether they can afford to pay towards their services and if so, how much.

The financial assessment takes into account any benefits that people may receive from the Department of Work & Pensions (DWP) because of their disability. These are called disability benefits and are paid in the form of:

- Attendance allowance (AA) – for over 65s
- Disability living allowance (DLA) – for under 65s
- Personal independence payments (PIP) – Slowly replacing DLA

The Department of Health changed its guidance on financial assessments alongside the Care Act 2014. We are proposing to change the way in which these benefits are treated, within the financial assessment, to bring it in line with the latest legislation.

Questions and comments raised

| | |
|----|---|
| Q1 | Will this only affect those clients that receive the higher rate? |
| A1 | Only those receiving the higher or enhanced rate of the disability benefits in question will potentially be affected by these proposals. |
| Q2 | What if someone receives only night time care? |
| A2 | We take all income into account during the financial assessment. If the Council are providing the service, we will take the full amount into consideration, under the new proposals. If the Council is not providing the service, we will review all qualifying incurred costs during the assessment and disregard those costs that are deemed to be appropriate. |
| Q3 | How is night time care defined? |
| A3 | Generally, we consider any care between the hours of 10pm and 7am as night time care, but we do allow discretion for individual circumstances. |
| Q4 | If a carer or family member looks after an individual during the night, they won't be provided with night time care. Carers also require respite. |
| A4 | This would be reviewed during the financial assessment and if a decision was taken in favour, we would also review the care element to accurately determine how charges would be levied. |
| Q5 | I understand this proposal is due to the Care Act 2014. Is it a statutory requirement or does it allow for discretion to be applied? Does the local authority have to apply the charges? |
| A5 | The Care Act 2014 introduced the potential for charging against all income, which determines where a Council can levy a charge. Whilst the City Council has delayed any decision to apply changes to the |

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| | treatment of disability benefits, the Council is empowered to make this change, though there is no statutory requirement to do so. |
| Q6 | Will the Council complete an impact assessment? I would have to consider putting my service user into care, if their charges were increased. |
| A6 | Through the consultation process, a full equalities impact assessment (EIA) would be completed from the responses and demography. This will ensure the City Mayor can make an informed decision. At an individual level, if the proposals were implemented, we would identify how discretion should be exercised during the financial assessment. |
| Q7 | There should also be an emphasis on carers, to allow them to continue supporting and for their general wellbeing. |
| A7 | The importance of carers and their contribution to care is well recognised and appreciated by the Council. These comments will be taken on board. |
| Q8 | Does this proposal affect my budget from the Council? |
| A8 | This proposal will note the amount of care someone receives. The proposals only refer to the financial contribution that is made, which would be assessed on an individual basis. |
| Q9 | I understand this is a proposal that is being made following legislation that was introduced in 2014 and appreciate it is due to economic challenges that the Council is facing. My service user pays £81 per week towards their care and would find it difficult to continue with the care package if the charges were increased. Before a decision is taken on this consultation, is there anything else that can be explored to cover the shortfall? |
| A9 | <p>Our charging policy and the inclusion of the Minimum Income Guarantee (MIG) ensures that everyone is left with a minimum level of income. We appreciate that the idea of contributing more towards a care package is concerning. Currently, we not record how many people are on the higher or enhanced rate of disability benefits, so it is difficult to determine how many people will be affected by the proposal.</p> <p>If people have any suggestions or information that could help the Council to better understand the effect of these proposals, those comments are welcomed as part of this consultation process and will be recorded to inform the final decision.</p> |

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| Q10 | Within the policy, how many people receive care packages within the City Centre? Would you then review those with the largest package of care and greatest needs, who also receive help from their family or carers? |
| A10 | As a headline figure, approximately 6000 people receive some form of care, and approximately 3200 of these people receive community based care (non-residential). The charging policy already considers high and severe levels of needs and disabilities. This affords people with greater needs an appropriate disregard and we will not be making any changes to this element of the policy. |
| Q11 | What about the treatment of any other disability benefits or income support, will they also be taking into consideration? |
| A11 | As part of the financial assessment, we review people's notional income and ensure they are left with a minimum amount of money, as per the MIG. No other benefits are being considered as part of this proposal. |
| Q12 | Do you consider other factors, such as those who live alone, those who need personal assistance or those that need additional items or equipment? |
| A12 | The Council's charging policy takes all these factors into account and some of these elements are also considered as Disability Related Expenditure (DRE), for which people can receive a reduction (disregard) towards their contribution. |
| Q13 | Once the report has been taken to the City Mayor, will this be shared with the public? |
| A13 | Once a decision has been taken, all consultation reports and material will be shared via the consultation webpage (currently scheduled for mid-December 2019). |

Social Care Charging Policy Consultation Public Meeting Notes

Thursday 31 October 2019
BRITE Centre, Conference Room 2
14.30-16.00

Officers in attendance

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| Ruth Lake | Director, Adult social care and safeguarding |
| Matthew Cooper | Business manager, Adult social care |
| Prashant Patel | Business change commissioning manager, Projects |
| Leanne Blair | Business Analyst, Projects |

The meeting was attended by 3 members of the public and/or other organisations.

Alternative language interpreters from the council's community language services were also present.

Discussion

The director gave an overview of the consultation process, an explanation of the various disability benefits and their rates, alongside details of the proposal that has been put forward.

The consultation is a statutory 12-week process, which will be live between 2 September and 15 November 2019.

We are consulting with people who receive help from adult social care, or their families and carers, to get their views about the council's proposals to change the way it treats disability benefits, within the financial assessment.

The council carries out a financial assessment to check the money people have, whether they can afford to pay towards their services and if so, how much.

The financial assessment takes into account any benefits that people may receive from the Department of Work & Pensions (DWP) because of their disability. These are called disability benefits and are paid in the form of:

- Attendance allowance (AA) – for over 65s
- Disability living allowance (DLA) – for under 65s
- Personal independence payments (PIP) – Slowly replacing DLA

The Department of Health changed its guidance on financial assessments alongside the Care Act 2014. We are proposing to change the way in which these benefits are treated, within the financial assessment, to bring it in line with the latest legislation.

Questions and comments raised

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| Q1 | Is the maximum increase of £28.95 per week only for those receiving higher rates? |
| A1 | Currently, any benefit above the lower or standard rate is disregarded in the financial assessment. If the proposal was to go ahead, those on higher or enhanced rates could see an increase of up to £28.95, depending on their personal circumstances. |
| Q2 | We have to put extra things into place to support service users within the family. An increase of £28.95 would be difficult to manage. |
| A2 | Within our charging policy, there is a mechanism in place to account for expenses due to disabilities. This is recognised as Disability Related Expenditure (DRE). The policy also refers to the Minimum Income Guarantee (MIG), to ensure people are left with enough money for daily living costs. |
| Q3 | Would people have to be reassessed? |
| A3 | If the proposals were to go ahead, everyone would be reassessed following implementation. If there are changes to someone's financial circumstances, they can request for a financial reassessment at any time to ensure that correct charges are being applied. |
| Q4 | I have concerns around transport, which costs almost £15 per trip due to my disability and wheelchair needs. This doesn't seem to be taken into account and I do receive the enhanced rate. |
| A4 | The mobility component of disability benefits is provided to support an individual's mobility. The mobility component is exempt from the proposals being made and does not form part of this consultation, we are only proposing changes to the care element of disability benefits. |

Equality Impact Assessment (EIA) Template: Service Reviews/Service Changes

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| Title of spending review/service change/proposal | Social Care Charging Policy Consultation |
| Name of division/service | Social Care and Education |
| Name of lead officer completing this assessment | Prashant Patel / Matt Cooper |
| Date EIA assessment completed | 08.01.20 |
| Decision maker | City Mayor |
| Date decision taken | tbc |

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| EIA sign off on completion: | Signature | Date |
|------------------------------------|------------------------------|-------------|
| Lead officer | Prashant Patel / Matt Cooper | 08.01.20 |
| Equalities officer | Hannah Watkins | 13.01.20 |
| Divisional director | Ruth Lake | 13.01.20 |

Please ensure the following:

- (a) That the document is understandable to a reader who has not read any other documents and explains (on its own) how the Public Sector Equality Duty is met. This does not need to be lengthy but must be complete.

- (b) That available support information and data is identified and where it can be found. Also be clear about highlighting gaps in existing data or evidence that you hold, and how you have sought to address these knowledge gaps.
- (c) That the equality impacts are capable of aggregation with those of other EIAs to identify the cumulative impact of all service changes made by the council on different groups of people.

1. Setting the context

Describe the proposal, the reasons it is being made, and the intended change or outcome. Will current service users' needs continue to be met?

A statutory consultation was carried out between 2 September 2019 and 15 November 2019 on proposed changes to the treatment of Disability Benefits.

People who are eligible for adult social care may have a financial assessment to work out if they have to pay towards the cost of their care, and if so, how much. The financial assessment takes into account any benefits that people may receive from the Department of Work & Pensions (DWP) because of their disability.

Some people receive benefits from the DWP because they require frequent help or constant supervision. These benefits are paid at different rates depending on a person's level of need, and the council takes this into consideration during the financial assessment. These disability benefits and are paid in the form of:

- Attendance allowance (AA) – for over 65s
- Disability living allowance (DLA) – for under 65s
- Personal independence payments (PIP) – Slowly replacing DLA

Currently, for non-residential care, the council does not include the higher or enhanced disability benefit rate in a person's financial assessment. We count up to £58.70 a person receives per week from these benefits as income. If the person receives the higher or enhanced rate of up to £87.65, the difference between the rates is disregarded and not considered as income. This is in line with previous Department of Health guidance.

There is a single proposal under consideration:

We want to change the financial assessment and treat all disability benefits as income in full. The council would take the full income into account where we are providing a care package that involves meeting night time care needs. However, the council will continue to apply discretion and disregard part of the income, where an individual is incurring costs for night time care that is not arranged by the local authority.

Why does the council want to change this amount?

The Care Act 2014 guidance sets out that all income (care component only, not mobility component) can be taken into account, if the local authority wishes to do.

If implemented, this would mean that everyone is treated the same, no matter which level of benefit they receive. It would help the council spend its money more wisely so that as many people as possible can get the help they require. It brings us in line with national guidance and we think the proposal is fairer.

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| <p>2. Equality implications/obligations</p> <p>Which aims of the Public Sector Equality Duty (PSED) are likely be relevant to the proposal? In this question, consider both the current service and the proposed changes.</p> | |
| | <p>Is this a relevant consideration? What issues could arise?</p> |
| <p>Eliminate unlawful discrimination, harassment and victimisation</p> <p>How does the proposal/service ensure that there is no barrier or disproportionate impact for anyone with a particular protected characteristic</p> | <p>Disability benefits are paid via the Department for Work & Pension (DWP), to help with extra costs that someone may face if they have a disability severe enough that they require frequent help or constant supervision. These benefits reduce a person's likelihood to be disadvantaged because of their disability (this only covers the care component, not the mobility component). This enables the Council to ensure that we are meeting this aim of the PSED.</p> <p>The aim of these benefits is to meet required expenditure to address specific individual needs that arise from being disabled; it has never been intended to supplement weekly household income. Therefore, the potential reduction of weekly household income, due to changes in the way disability benefits are treated within the financial assessment, will have a negative impact for some households. However, this does not discriminate against people in relation to their disability.</p> |

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| <p>Advance equality of opportunity between different groups How does the proposal/service ensure that its intended outcomes promote equality of opportunity for users? Identify inequalities faced by those with specific protected characteristic(s).</p> | <p>The benefits provided via DWP enables people with a disability to achieve a relative degree of equality of opportunity to daily living opportunities compared to people who do not have a disability. Eligibility is based on an individual assessment of a person's needs against a set of criteria. The proposal does not negatively impact on the Council's ability to meet this aim as discretion will be applied during the financial assessment, to ensure care needs are still being met. The Minimum Income Guarantee (MIG)¹ will also apply, and no one will be asked to pay more than what the MIG suggests they can afford to do so, in accordance with the Council's charging policy.</p> |
| <p>Foster good relations between different groups Does the service contribute to good relations or to broader community cohesion objectives? How does it achieve this aim?</p> | <p>Removing the day-to-day barriers that arise from having a disability can increase the opportunities of the engagement of disabled service users with others. The allocation of these benefits contributes towards this inclusive approach.</p> |

3. Who is affected?

Outline who could be affected, and how they could be affected by the proposal/service change. Include current service users and those who could benefit from but do not currently access the service.

¹ <https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2019-to-2020>

The proposal outlined could affect approximately 3100 service users in receipt of non-residential based care.

Should the proposal be agreed, some people are unlikely to see any change at all. They will either pay nothing as they do now or will continue to pay the same amount each week. This is because their income is either too low, or they are already paying the full cost of their services.

Other people will see an increase to the cost of their care. Some people could start paying for the first time. The highest increase anyone would have to pay is £28.95 per week.

4. Information used to inform the equality impact assessment

What **data, research, or trend analysis** have you used? Describe how you have got your information and what it tells you. Are there any gaps or limitations in the information you currently hold, and how you have sought to address this, e.g. proxy data, national trends, etc.

The Council does not record the rate of these benefits for service users (as currently all higher level payments are disregarded to the lower rate), so only rough estimates can be made of the numbers that would be affected by using DWP statistics of cases in payment within Leicester, across the 3 benefit categories.

It is estimated that approximately 940 service users potentially receive the higher or enhanced level of AA or DLA/PIP Care/Daily Living Component (based on cases in payment data in Leicester obtained from DWP statistics). This indicatively would equate to around 36% of those service users who currently have at least the lower level benefit in their current financial assessment.

The local authority must disregard expenditure to meet any disability related needs they are not meeting, with discretion applied accordingly. The Council will not apply a blanket policy to charge where circumstances would deem it unreasonable to do so and this would need to be assessed on a case by case basis.

It is recognised that some service users' personal circumstances may have changed since their last means test assessment was undertaken. However, all service users will have the opportunity to provide any updated details to subsequent changes of personal circumstances, such that those existing service users who are potentially affected by the proposals can be re-

assessed, taking into account any additional qualifying expenditure or changes to income levels etc.

5. Consultation

What **consultation** have you undertaken about the proposal with current service users, potential users and other stakeholders?
What did they say about:

- What is important to them regarding the current service?
- How does (or could) the service meet their needs?
- How will they be affected by the proposal? What potential impacts did they identify because of their protected characteristic(s)?
- Did they identify any potential barriers they may face in accessing services/other opportunities that meet their needs?

The Council communicated the consultation with approximately 3100 service users (or their carers) in receipt of non-residential care support. A letter containing information on the proposal with a questionnaire was sent to these people with a free-post envelope.

Easy read information and case studies (hypothetically detailing how service users would be affected by the proposal) were made available online, along with the questionnaire via the Consultation Hub.

A helpline was also made available to help with any in depth queries and translation requests. Three public consultation meetings were held around Leicester so that people could communicate their opinions about the proposal, directly to the consulting team.

A total of 1011 questionnaire responses were received – a response rate of 32.8% overall.

The highest responding age group were aged over 65, contributing 55% towards all questionnaire responses received. This would suggest that the majority of comments received on the proposal reflect the views of older people.

88% of respondents identified as having a disability. There was a wide-range of disabilities reported, the most common being a physical impairment (28% of respondents).

All respondents were also asked to state how a change in personal contribution would affect their (or someone they represent) day-to-day affordability. 64% of respondents stated that having to pay up to £28.95 per week more towards the cost of their care would affect them 'a lot', 17% stated it would affect them 'a little' and 13% stated they would reconsider their care arrangement with the Council. Approximately 6% of respondents stated that they would be able to manage the increased charges. It is worth noting that the survey was sent to all recipients of a non-residential package of care (or their carers). This would have included service users who are not necessarily in receipt of any disability benefits, particularly not at a higher or enhanced rate.

Comments received on this would suggest that current financial hardship could worsen, should the proposal be agreed.

6. Potential equality Impact

Based on your understanding of the service area, any specific evidence you may have on service users and potential service users, and the findings of any consultation you have undertaken, use the table below to explain which individuals or community groups are likely to be affected by the proposal because of their protected characteristic(s). Describe what the impact is likely to be, how significant that impact is for individual or group well-being, and what mitigating actions can be taken to reduce or remove negative impacts.

Looking at potential impacts from a different perspective, this section also asks you to consider whether any other particular groups, especially vulnerable groups, are likely to be affected by the proposal. List the relevant that may be affected, along with their likely impact, potential risks and mitigating actions that would reduce or remove any negative impacts. These groups do not have to be defined by their protected characteristic(s).

| | Impact of proposal: Describe the likely impact of the proposal on people because of their protected characteristic and how they may be affected. | Risk of negative impact: How likely is it that people with this protected characteristic will be negatively affected? How great will that impact be on | Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact? These should be included in the |
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| Protected characteristics | Why is this protected characteristic relevant to the proposal? How does the protected characteristic determine/shape the potential impact of the proposal? | their well-being? What will determine who will be negatively affected? | action plan at the end of this EIA. |
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| Age² | <p>The proposal would affect income and result in allowances crossing over the threshold into paying for care, for those on higher or enhanced rates. This could mean that people start paying for the first time or pay up to an extra £28.95 per week towards their care.</p> <p>Attendance Allowance (AA) benefits would affect those over 65, whilst Disability Living Allowance (DLA) would affect working age adults. Personal Independence Payment (PIP) is slowly replacing DLA, via the Department for Work & Pensions (DWP)</p> | <p>55% of respondents were aged over 65 years, the highest responding age group. If eligible, these individuals would be in receipt of AA.</p> <p>People of all ages would be affected by the proposal, if they are in receipt of higher or enhanced rates of disability benefits.</p> <p>A recurring theme for those who commented on the proposals was around financial hardship and how the proposal could exaggerate this.</p> | <p>The Council will apply discretion to disregard costs that are incurred and evidenced for night time care, on a case by case basis.</p> <p>Whilst personal circumstances, income and benefits would be reviewed on an annual reassessment, service users will be given the opportunity to provide the Council with updated circumstances (where applicable), as part of the implementation process, in order to ensure that there will not be an interim impact of shorter term financial hardship for those whose circumstances have changed. This will be achieved via clear communications directly with service users, outlining what the changes are, to</p> |

² Age: Indicate which age group is most affected, either specify general age group - children, young people working age people or older people or specific age bands

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| | | | <p>advise them whether, based on existing assessment, they will be affected and providing them with a questionnaire to complete to give them the opportunity advise if their personal circumstances have changed.</p> <p>If the decision is agreed, service users that would see an increase to their weekly charge may face financial hardship, having been reliant and accustomed to having a certain level of disregard. When the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance.</p> |
| Disability³ | The proposal is more likely to have an impact on those that identify as having a disability and access social care support – this is because of the nature of the eligibility criteria for disability benefits. | By definition, nearly all people in receipt of social care support have a disability. This was accurately reflected in the responses received in the questionnaire where 88% of respondents identified as having | Discretion will be applied where individuals can evidence incurred costs for night time care. This is in keeping with the fact that each person has individual needs. These are investigated by social workers and finance staff at the |

³ Disability: if specific impairments are affected by the proposal, specify which these are. Our standard categories are on our equality monitoring form – physical impairment, sensory impairment, mental health condition, learning disability, long standing illness or health condition.

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| | <p>Of the approximate 3,380 service users with a financial assessment for non-residential services, some 2,710 service users are currently in receipt of some form of disability benefit. It is estimated that approximately 940 people receive the higher or enhanced rate. This equates to around 36% of those service users who currently have at least the lower level benefit in their current financial assessment.</p> | <p>a disability.</p> <p>From the responses, 28% had a physical impairment, 18% had a long standing illness or health condition and 14% had a mental health condition.</p> <p>Working age people who are unemployed and have a disability may see changes and benefits reduced as they migrate over to Universal Tax Credits.</p> <p>Currently, only the lower or standard rate of disability benefits are treated as income. If someone receives the higher or enhanced rate, it is disregarded down the lower or standard rate, during the financial assessment. This may be viewed as a disproportionate disadvantage for those on the lower rate, as a greater percentage of their benefits are treated as income (100%), in comparison to those on a higher rate (67%). It could be argued that the proposal would ensure all rates are treated equally, within the financial</p> | <p>stage of assessment.</p> <p>Whilst personal circumstances, income and benefits would be reviewed on an annual reassessment, service users will be given the opportunity to provide the Council with updated circumstances (where applicable), as part of the implementation process, in order to ensure that there will not be an interim impact of shorter term financial hardship for those whose circumstances have changed. This will be achieved via clear communications directly with service users, outlining what the changes are, to advise them whether, based on existing assessment, they will be affected and providing them with a questionnaire to complete to give them the opportunity advise if their personal circumstances have changed.</p> <p>If the decision is agreed, service users that would see an increase to their weekly charge may face financial hardship, having been reliant and accustomed to having a</p> |
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| | | assessment. | certain level of disregard. When the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance |
| Gender Reassignment⁴ | No disproportionate impact anticipated. | | |
| Marriage and Civil Partnership | No disproportionate impact anticipated. | | |
| Pregnancy and Maternity | No disproportionate impact anticipated. | | |
| Race⁵ | If the proposal was implemented, White service users may be marginally more affected, in terms of numbers, as there are greater numbers within this group. Of the 1011 responses received, the majority of the respondents | There appears to be relatively little difference between different ethnic groups and the proposal would not disproportionately affect a particular group. | If the decision is agreed, service users that would see an increase to their weekly charge may face financial hardship, having been reliant and accustomed to having a certain level of disregard. When the decision notice is communicated, people will be signposted to the Welfare Rights |

⁴ Gender reassignment: indicate whether the proposal has potential impact on trans men or trans women, and if so, which group is affected.

⁵ Race: given the city's racial diversity it is useful that we collect information on which racial groups are affected by the proposal. Our equalities monitoring form follows ONS general census categories and uses broad categories in the first instance with the opportunity to identify more specific racial groups such as Gypsies/Travellers. Use the most relevant classification for the proposal.

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| | <p>were either White (47%) or Asian or Asian British (45%).</p> <p>This breakdown is largely comparable to the whole sample of recipients. However, when compared to average figures, there was a slightly higher proportion of White service users that stated they could manage the increase in charges, in comparison to other groups.</p> <p>Of the 3 highest groups of respondents who answered the question– 8% of those identifying as White stated they could manage the changes, 19% stated they would be affected a little, 59% stated they would be affected a lot and 14% stated they would reconsider services with the Council. 6% of those identifying as Asian stated they could manage the changes, 16% stated they would be affected a little, 68% stated they would be affected a lot and 11% stated they would reconsider services with the Council. 3% of those identifying as White stated they</p> | | <p>Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance</p> |
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| | could manage the changes, 15% stated they would be affected a little, 63% stated they would be affected a lot and 20% stated they would reconsider services with the Council. | | |
| Religion or Belief⁶ | No disproportionate impact anticipated. | | |
| Sex⁷ | Although there are more women in receipt of non-residential care than men (nearly 60% being female), there is no significant difference in how the proposal would affect them. | There are significantly more women with a financial assessment than men, however, a similar proportion of each gender group is expected to be affected and therefore no disproportionate impact in relation to sex is anticipated. | If the decision is agreed, service users that would see an increase to their weekly charge may face financial hardship, having been reliant and accustomed to having a certain level of disregard. When the decision notice is communicated, people will be signposted to the Welfare Rights Service, Citizens Advice Bureau and Community Advice and Law Service for advice and guidance |
| Sexual Orientation⁸ | No disproportionate impact anticipated. | | |

⁶ Religion or Belief: If specific religious or faith groups are affected by the proposal, our equalities monitoring form sets out categories reflective of the city's population. Given the diversity of the city there is always scope to include any group that is not listed.

⁷ Sex: Indicate whether this has potential impact on either males or females

Summarise why the protected characteristics you have commented on, are relevant to the proposal?

These protected characteristics are prevalent within existing service users who incur DRE. The proposal may have some impact, in terms of reduced levels of disposable income, particularly where a service user has become accustomed to additional income, regardless of whether it is currently spent on disability related expenditure which is what this financial support is intended for.

Summarise why the protected characteristics you have not commented on, are not relevant to the proposal?

These protected characteristics are not likely to be impacted by the proposals, these characteristics in themselves are unlikely to disproportionately affect someone's eligibility to receive DRE. Not all protected characteristics are monitored by the service as equality monitoring must be proportionate and the service must be able to demonstrate how that information can be used for service improvement, however no equalities issues related to these characteristics were raised as part of the consultation and, therefore, no disproportionate impacts are anticipated. Having said this, the service will continue to monitor through existing feedback and complaints mechanisms and address any unexpected equalities impacts should they arise.

| | Impact of proposal: Describe the likely impact of the proposal on children in poverty or any other people who we consider to be vulnerable. List any vulnerable groups likely to be affected. Will their needs continue to be met? What issues will affect their take up of services/other | Risk of negative impact: How likely is it that this group of people will be negatively affected? How great will that impact be on their well-being? What will determine who will be negatively affected? | Mitigating actions: For negative impacts, what mitigating actions can be taken to reduce or remove this impact for this vulnerable group of people? These should be included in the action plan at the end of this EIA. |
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| Other groups | | | |

⁸ Sexual Orientation: It is important to remember when considering the potential impact of the proposal on LGBT communities, that they are each separate communities with differing needs. Lesbian, gay, bisexual and transgender people should be considered separately and not as one group. The gender reassignment category above considers the needs of trans men and trans women.

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| | opportunities that meet their needs/address inequalities they face? | | |
| Children in poverty | <p>Children of disabled parents may have further hardship.</p> <p>If the parent can no longer afford caring support, their caring responsibilities for parent or younger siblings may increase having a negative impact on their health and well-being as some studies have shown.</p> <p>Furthermore, it could also have a negative impact on their schoolwork and sociability.</p> | <p>High Risk</p> <p>Currently, there is no data to inform number of child dependents that belong to service users with a disability. However, no potential impacts related to parental or caring responsibilities was raised as part of the consultation in relation to how it would affect service users.</p> | <p>All service users will be sent a questionnaire to highlight any changes to their circumstances. Where service users have a financial assessment, it will pick up whether there are any additional benefits that service users may be entitled to. Financial assessments take place annually, however, an individual can request for an assessment at any time.</p> <p>Signpost the availability of local welfare rights services that assist in ensuring they are receiving all the benefits they are eligible for. Communicate the changes to the Welfare Rights Team in advance, in order to ensure that they are aware of the potential risks, particularly in regard to children in poverty.</p> |
| Other vulnerable groups | <p>People who currently don't need social care may need support in the future, if they develop a condition and meet the eligibility criteria.</p> | <p>Very low risk as these people would not be used to the historical disregard of higher or enhanced rates of disability benefits.</p> | |

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| Other (describe) | | | |
| <p>7. Other sources of potential negative impacts Are there any other potential negative impacts external to the service that could further disadvantage service users over the next three years that should be considered? For example, these could include: other proposed changes to council services that would affect the same group of service users; Government policies or proposed changes to current provision by public agencies (such as new benefit arrangements) that would negatively affect residents; external economic impacts such as an economic downturn.</p> | | | |
| <p>More disabled people than non-disabled are living in poverty or are materially deprived and social security reforms have had a particularly disproportionate, cumulative impact on rights to independent living and an adequate standard of living for disabled people ('Being Disabled in Britain; A journey less equal', The Equality and Human Rights Commission). This makes signposting to appropriate financial advice and information vital where someone may experience financial hardship arising from the proposed changes to the treatment of disability benefits.</p> | | | |
| <p>8. Human Rights Implications Are there any human rights implications which need to be considered (please see the list at the end of the template), if so please complete the Human Rights Template and list the main implications below:</p> | | | |
| <p>Public authorities have an obligation to treat people in accordance with their convention rights. There are no anticipated human rights implications arising from the proposal. There are mitigations in place to ensure that people continue to receive the disregard which corresponds with their qualifying disability related expenditure and clear signposting to ensure that people are aware of what to do in the event that they are experiencing financial hardship, particularly families with children living in poverty.</p> | | | |
| <p>9. Monitoring Impact You will need to ensure that monitoring systems are established to check for impact on the protected characteristics and human rights after the decision has been implemented. Describe the systems which are set up to:</p> | | | |

- monitor impact (positive and negative, intended and unintended) for different groups
- monitor barriers for different groups
- enable open feedback and suggestions from different communities
- ensure that the EIA action plan (below) is delivered.

Where service users are affected by the change and seek to appeal any changes to their charge, monitoring information will be recorded as part of the appeal process and any unexpected equalities issues that arise will be responded to.

10. EIA action plan

Please list all the equality objectives, actions and targets that result from this Assessment (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

| Equality Outcome | Action | Officer Responsible | Completion date |
|--|--|---|-------------------------------|
| Ensure that service users are aware of the changes and that they are in receipt of all eligible disability benefits. | Letter to be sent out to service uses to: <ol style="list-style-type: none"> 1) Advise them of the decision to change the way in which disability benefits are treated within the financial assessment 2) Advise them on the potential impact 3) Give them opportunity to complete a questionnaire (to be sent with the letter) to advise if their personal circumstances have recently changed and how | Prashant Patel / Operational Finance Team | Post decision making process. |

| | | | |
|--|--|----------------|---|
| | <p>4) Include signposting information referenced in this impact assessment</p> <p>This opportunity will be presented to all service users, as it is not currently possible to identify which individuals will or will not be affected by the proposal.</p> | | |
| To identify the number of service users who will be affected by the proposed changes to the treatment of disability benefits, within the financial assessment. | Improved data set and records via collation of returned financial customer survey, to monitor any issues as they arise and to record demographic information. | Rachel Parsons | Post decision making process. |
| Ensure all service users and disabled parents are receiving all the benefits they are entitled to. | Ensure Welfare Rights Team work with individuals to claim the benefits they are entitled to, whilst providing interpretation service, where necessary. | Darren Moore | Target – Where deemed necessary Finance Team to continue to refer service users to the Welfare Rights Team within 4 weeks of completing their financial review. |
| Welfare Rights officers to be aware of all benefits and criteria | Up to date training for all Welfare Staff | Darren Moore | Training is already in place for officers who carry out benefit checks. |

Human Rights Articles:

Part 1: The Convention Rights and Freedoms

- Article 2:** Right to Life
- Article 3:** Right not to be tortured or treated in an inhuman or degrading way
- Article 4:** Right not to be subjected to slavery/forced labour
- Article 5:** Right to liberty and security
- Article 6:** Right to a fair trial
- Article 7:** No punishment without law
- Article 8:** Right to respect for private and family life
- Article 9:** Right to freedom of thought, conscience and religion
- Article 10:** Right to freedom of expression
- Article 11:** Right to freedom of assembly and association
- Article 12:** Right to marry
- Article 14:** Right not to be discriminated against

Part 2: First Protocol

- Article 1:** Protection of property/peaceful enjoyment
- Article 2:** Right to education
- Article 3:** Right to free elections

Adult Social Care Scrutiny Commission Report

Leicestershire County Care Limited

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Martin Samuels

Date: 30 June 2020

Wards Affected: Thurnby Lodge, Eyres Monsell, Abbey, North Evington
Report Author: Tracie Rees
Contact details: Tracie.rees@leicester.gov.uk tel: 454 2301

1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with an update on the proposal made by Leicestershire County Care Limited (LCCL) to change the Terms and Conditions of staff that transferred from the Council's employment in 2015.

1.2 The Council sold 2 residential care homes to LCCL in February 2015 (Abbey & Cooper House) and a further 2 in October 2015 (Arbor House & Thurn Court).

2. Summary

2.1 In 2015 the City Council closed 4 of its elderly persons residential care homes and sold the vacant buildings on the open market. A further 4 homes were sold to LCCL as going concerns. The closure and sale of the homes was required to deliver budget savings.

2.2 LCCL had previously purchased 9 residential homes from Leicestershire County Council.

2.3 At the point of sale, the Transfer of Undertakings (Protection of Employment) Regulations 2006 (as amended) ("TUPE") applied and Leicester City Council employees, who were engaged in the delivery of the service, to LCCL.

2.4 Under TUPE Regulations an employer cannot amend T&C's of employment, including harmonisation, post transfer, save for (1) a reason unconnected to the transfer or (2) an economic, technical, or organisational reason entailing changes to the workforce.

2.5 On the 24.4.2020 LCCL started a formal consultation with 97 former Council staff (53 Leicester City and 44 Leicestershire) and their union representatives seeking to remove enhancements (see paragraph 4.8). LCCL state these changes are needed due to economic reasons as a result of Covid19, including reduced occupancy levels, high agency costs, and additional Personal Protective Equipment (PPE).

2.6 As the TUPE Regulations provide legal protection to the transferring employee's terms and conditions, the sale agreement did not stipulate that staff transferring to LCCL would always remain on their Council T&C's.

2.7 Whilst the City Council cannot legally force LCCL to cease their proposal, representation has been made by the authority, requesting they defer any proposals for a 12 month period to allow for a review of their position at that point. To date a response has not been received. However, LCCL have extended the consultation period until 19.6.2020 and made concessions to the original proposals. They have stated that if staff refuse to accept the revised proposals,

then they will dismiss individual employees and then may reinstate them on LCCL's usual T&C's.

3. Recommendation

3.1 The Adult Social Care Scrutiny Commission is recommended to:

- a) note the content of the report and to provide comment/feedback.

4. Report

4.1 Following two open tendering processes, LCCL were selected as the preferred organisation to purchase and operate the Councils elderly persons homes on both occasions. The required due-diligence checks were completed and the sale of the first 2 homes took place in February 2015. The first homes to be sold were Abbey House (£225k) and Cooper House (£250k) and have been paid for.

4.2 The City Council then transferred Arbor House (£557.5k) and Thurn Court (£442.5k) in October 2015. It was agreed that the homes could be paid for within a 3-year period from the date of the sale, with the final payment of £265k to be paid at the end of a 5-year period from the date of the sale (20 October 2020).

The schedule of payments is detailed as follows:

| | Thurn Court | Arbor | Comments | Payment Status |
|---------------|-------------|----------|--------------------------------|----------------|
| On 12/10/2015 | £80,000 | £80,000 | Paid on completion of the sale | Paid |
| By 12/10/2016 | £62,500 | £62,500 | Interest to be charged | Paid |
| By 12/10/2017 | £62,500 | £62,500 | Interest to be charged | Paid |
| By 12/10/2018 | £105,000 | £220,000 | Interest to be charged | Paid |
| By 12/10/2020 | £132,500 | £132,500 | Interest free | Not yet due |
| | | | | |
| Total | £442,500 | £557,500 | | |

The total interest charged and paid is £35,027.

4.3 All 4 homes were sold as going concern and freehold. A legal charge in favour of the City Council remains active on Thurn Court and will be discharged when the final payment of £265k is received. The agreement for Services and Transfer provided for existing employees of the homes (as at the time of sale) to be transferred to LCCL in accordance with TUPE regulations. However, there is no linkage to employees being retained pending payment of the money due to the Council.

4.4 At the time of the sale it was also agreed that existing residents could remain in homes and the Council would pay the standard banded rates for all new and existing

placements. This arrangement has continued.

4.5 LCCL have recently requested a revised payment schedule for the remaining debt to the City Council of £265k. The payment schedule is for regular payments between now and June 2021.

4.6 The Council spends in the region of £55m per annum on residential care for a range of vulnerable individuals, and for 2019/20 the City Council paid LCCL approximately £3.4m.

4.7 All 4 homes are currently rated as 'Good' by the Care Quality Commission (CQC) which is the regulatory body for residential/nursing care homes.

4.8 In April 2020, the City Council became aware that LCCL had commenced a formal consultation process with all ex local authority TUPE staff to remove their enhancements as a means of reducing costs to the organisation. This includes:

1. Sick pay to be paid on statutory sick pay rates
2. Additional hours to be paid at the standard rate
3. Disturbance allowance to be removed
4. Maternity/Paternity/Parental and Adoption leave to be paid at the standard rate
5. Night shift allowances to be paid at the basic hourly rate
6. Weekend shift enhancements to be removed and paid at the basic hourly rate
7. Bank Holiday and Public Holiday enhancements to be removed and paid at the basic hourly rate
8. Annual leave to be brought in line with the statutory holiday entitlement under the Working Time Regulation 1998

4.9 LCCL have extended the consultation period until 19.6.2020 and have made several concessions to the original proposal, which is currently being considered by the staff and their union representatives. However, LCCL have stated that if staff refuse to accept the revised proposals, then they will dismiss individual employees and then may reinstate them on LCCL's usual T&C's.

4.10 Contact was made with LCCL, who explained that due to reduced occupancy levels and additional costs, such as agency staff to cover employees who were sick or self-isolating, additional PPE costs etc, they were having to look at all expenditure, including reducing to staff enhancements.

4.11 The Government has made provision for grants to support the sector in response to Covid19 and the City Council has passed on the monies. It also announced the £600m Infection Control Fund (ICF) – funding specifically for care homes to be paid in 2 tranches (June/July). The first tranche has been paid to LCCL, but the local authority does not have any flexibility over the level or allocation of this funding, as it is automatically passported to all residential care homes.

4.12 However, the City Mayor and the Strategic Director for Social Care & Education have written to the Health & Social Care Minister, raising concerns about the payment of monies to organisations who are looking at changing T&C's for staff at time when these staff are needed to support the most vulnerable in our society.

Copies of the letters are attached at Appendix A, B and C.

4.13 To date the following monies has been paid to LCCL related to the coronavirus pandemic:

- We paid LCCL a total of £64,849 across the 7 homes (4 city and 3 county) based on the 10% fee enhancement on placements for a period of 11 weeks. The 10% fee uplifts were paid to all homes with whom the council has contracts.
- We have also made further payments totalling £12,943 in relation to estimated self-funder numbers (4 city homes) for the same 11 weeks.
- The first tranche payment of the Infection Prevention & Control funding totalled £98,949. A second tranche will be payable in July.
- The total additional funding paid to date is **£176,741**

In addition to this, LCCL would have also received some funding from the County for:

- County placements at the 4 city homes (8 county placements in total – as at May 2020).
- County would have also paid funding for their placements in County homes too and that would have been reasonably significant assuming County would have a number of placements in those homes they sold to LCCL.
- County would have also paid over their allocation of the Infection Control Grant to LCCL registered care homes in the County.

4.14 A financial check of LCCL's accounts has been completed, using an external business information service the authority subscribes to. Currently, the risk score for LCCL is graded as 'A – very low risk' of a company failing within the next 12 months.

4.15 LCCL have been asked to defer their proposals for a 12 month period, with a review of their position at this point. However, to date no response has been received, but it is assumed that they are awaiting the outcome of the consultations on the concessions.

5.1 Financial

LCCL have received the same proportion of additional funding from the council during the pandemic to cover additional costs. A number of providers with lower occupancy levels have asked for support to cover their reduced income during the pandemic. The Council has only been given funding including the infection control grant to cover additional costs and not to cover loss of income due to voids. This national issue has been raised with the DHSC. LCCL have not asked for additional funding to cover loss of income.

LCCL have asked for a revised payment schedule for the remaining debt to the council of £265k. The payment schedule is for regular payments between now and June 2021 and not a deferment of the entire debt until June 2021.

Given the companies financial position, previous history of meeting payment deadlines, nature of the revised payment schedule and the need not to damage further an already fragile provider market, from a financial viewpoint alone extending the payment terms seems reasonable.

Martin Judson, Head of Finance

5.2 Legal

As highlighted in the report, under the TUPE Regulations an employer cannot amend terms and conditions of employment save for in limited circumstances. These are (1) a reason unconnected to the transfer or (2) an economic, technical, or organisational reason entailing changes to the workforce.

In communication with the Council LCCL have indicated that they are proposing to remove access to the enhanced rights under Leicester City Council terms and conditions and replace them with statutory entitlements/ LCCL terms and conditions. It is likely that this will impact upon sick pay entitlement, holiday allowances and other more beneficial terms.

LCCL have indicated that the reason for the proposal is due to the economic pressure it finds itself in as a result of Covid19. This could potentially be a reason unconnected to the transfer, and therefore the changes might be permissible. Ultimately however this would be for an employment tribunal to determine should complaints be made to it.

There is no financial incentive under the Service and Transfer agreement for LCCL to retain Leicester City Council terms and conditions. Nor does it offer the transferred employees protection, other than the protection provided for under the TUPE legislation. There is however a requirement for pensions to be protected either by continued access to the LGPS or access to a broadly comparable pension scheme. Pensions are also protected should a subsequent transfer to another company/ organisation occur.

If the changes are permitted (as unconnected to the TUPE transfer), LCCL will still need to ensure that it complies with the applicable employment legislation to minimise risk of other claims, for example unfair dismissal.

Hayley McDade Employment Solicitor

5.3 Equalities

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act, to advance

equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

There are no direct equalities implications arising from the report recommendations as the report provides information and is for noting. However, if the proposal made by Leicestershire County Care Limited (LCCL) to change the Terms and Conditions of staff that transferred from the Council's employment in 2015 goes ahead, it would have an impact across a number of protected characteristics, with emphasis being on the protected characteristics of age and disability. LCCL also have their own responsibilities under the Equality Act in terms of both employment and service provision (as a provider of public services).

If the affected staff are dismissed this would lead to an adverse impact for residents of the homes as key skills/experience would be lost, and relationships between residents and staff be would also be disrupted, leading to anxiety for residents, who are already vulnerable and having to deal with the covid 19 outbreak. It should also be noted that the affected staff would be from across a range of protected characteristics and this would need to be considered by LCCL.

Sukhi Biring, Equalities Officer, 454 4175

5.4 Other

There are no significant climate change implications associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

6. Appendices

A – Letter from the City Mayor & Cllr Russell to LCCL

B – Letter to Rosmond Roughton – Director General for ASC

C – Letter to Helen Whately – Minister for Social Care

7. Background Papers

None

9. Is this a key decision Y/N No

Please ask for: Sir Peter Soulsby
Direct Line: 0116 454 0001
Our Ref: 2020/May/LCCL/PS/FC
Date: 29 May 2020

Dr Davie Vive Kananda,
Chief Executive Officer,
Leicestershire County Care Limited,
57-59 Avenue Road,
Westcliff-on-Sea,
Essex,
SS0 7PJ.

Dear Dr Kananda,

We have received regular updates from both our Director of Social Care and Trade Union officials on the changes you have proposed to the terms and conditions of carers in your homes. It has been made clear to us that staff are understandably unhappy in having to accept a pay cut, and that you are now seeking to impose up to 97 staff redundancies.

Under any set of circumstances, such action would be extremely worrying for those staff involved, as well as those being cared for and their families due to the potentially significant instability it will cause in your staffing and the resulting impact to the quality of care residents receive.

The turnover of staff in the care sector is the highest of any sector in the UK, and as a result, most providers have little choice but to spend extensively on staff recruitment and repeated training. By continuing with the set of terms and conditions that the staff were TUPE'd with, you have been able to maintain an experienced, stable and well-trained workforce which supports a safe and high-quality environment. We are extremely concerned that your actions will lead to a decline in quality and safety for the residents in your homes.

We are at a time when the Care Sector and those who work in it are finally getting the recognition they deserve for their invaluable work for many of our most vulnerable residents. It is frankly unthinkable that you would choose this time to both cut the conditions of these staff and to threaten redundancies.

The City Council and the government have committed significant additional resources to support the work you are doing to limit the spread of Covid-19. Your homes have already benefitted by £78,000 from the City Council alone, and further substantial resources will be made available from the recently announced government £600m Infection Control Fund.

To keep residents safe and reduce infections, a well-trained and stable workforce is vital. We strongly urge you to reconsider your proposals and secure your well trained and vital workforce.

Yours sincerely,



Sir Peter Soulsby
City Mayor



Councillor Sarah Russell
Deputy City Mayor
Social Care and Anti-Poverty

Please ask for: Sir Peter Soulsby
Direct Line: 0116 454 0001
Our Ref: 2020/May/HW/PS/FC
Date: 29 May 2020

Helen Whately MP,
Minister of State (Minister for Care)
Department of Health and Social Care,
39, Victoria Street,
Westminster,
London
SW1 0EU

Dear Helen,

Infection Prevention and Control Fund – Grant Conditions

Enclosed is a letter sent today from Martin Samuels, the City Council's Strategic Director for Social Care & Education, which we wish to bring to your attention.

We have grave concerns that the Department of Health and Social Care are investing in services that are not meeting the needs of service users, and urge you to vary the existing grant conditions to allow local authorities to impose additional conditions on further tranches of monies paid to care homes.

Yours sincerely,



Sir Peter Soulsby
City Mayor



Councillor Sarah Russell
Deputy City Mayor
Social Care and Anti-Poverty

Please ask for: Martin Samuels
Direct Line: 0116 454 5825
E-mail: martin.samuels@leicester.gov.uk
Date: 29 May 2020



Rosamond Roughton
Director-General for Adult Social Care
Department of Health and Social Care
39 Victoria Street
London SW1H 0EU

Dear Ros

Re: Infection Prevention and Control Fund - Grant Conditions

I am writing with regard to the IPC fund that is being awarded to care homes.

Whilst Leicester City Council fully supports the additional payments to the care home sector during the pandemic, I would like to raise concerns about the inflexibility of the current IPC funding conditions. This has been highlighted by a problematic situation that has occurred with a care organisation operating in Leicester and Leicestershire. In essence, the requirement that the grant be paid to care homes on a strict 'per bed' basis is resulting in a significant amount of money being paid to a care provider that is in the midst of cutting back the terms and conditions of its staff, quite contrary to the spirit of the grant.

In brief, some 5 years ago, both Leicestershire County Council and Leicester City Council sold a total of 13 care homes to a private company, Leicestershire County Care Limited (LCCL). LCCL's primary CQC registration is for older persons' residential care with dementia. At the time, TUPE legislation applied and a large number of Council staff duly transferred to LCCL on their existing employment terms and conditions. However, over the last 6 weeks, LCCL have been consulting with the remaining 98 ex-Council TUPE'd staff on proposals to remove their existing enhancements, including overtime and Bank Holiday payments. This would inevitably result in those staff receiving lower wages.

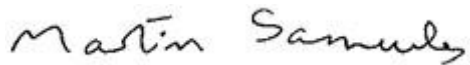
It appears that the consultation has very recently been concluded, with the reduction in pay rejected by the staff affected. This has resulted in LCCL issuing a letter to Leicester City Council advising that it will be dismissing all 98 staff members, around half of whom work in homes within the city, representing roughly one in seven of the company's entire workforce.

LCCL claim the dismissal is unlikely to have any impact on the quality of care provided, because the company will be able to use agency staff and extend working hours for existing staff in order to cover the gaps. However, this suggested method of reducing the impact of losing so many staff is a significant concern to the Council. This is especially the case at a time when care home staff are being tested for Covid-19 and this may result in large numbers having to self-isolate. Whilst Leicester City Council has contingencies in place to cover staff shortages via the use of mutual aid from some of the local domiciliary providers, such a large loss of care workers could destabilise the local market and put over 100 older vulnerable people at risk in the City alone.

Given that the IPC Fund is expressly designed to support care homes to enhance and stabilise their staffing, it is disappointing that the grant conditions require the local authority to make payments to all homes, regardless of any concerns about the quality of care being delivered. This is especially troubling in this case, given that the Council's concerns are linked what can only be described as very poor treatment of staff, who find themselves now being threatened with dismissal if they refuse to accept a reduction in their allowance rates, yet are being expected to make significant personal sacrifices in order to provide care for many vulnerable elderly residents who are at potential risk from Covid-19.

Under the circumstances, Leicester City Council ask that the Department of Health and Social Care vary the grant conditions to enable local authorities to impose additional conditions on the next tranche of monies to be paid to the care homes, in order to prevent providers receiving funding if any reductions are being made in staff terms and conditions during this period of national crisis.

Yours sincerely



Martin Samuels
Strategic Director for Social Care & Education