

CABINET	DATE 22 October 2019	ITEM NO 11
TITLE Decisions on adult social care charges following a consultation	WARD (S) All	
CHIEF OFFICER Senior Assistant Director – Adult Services and Health	CABINET MEMBER Health and Adult Social Care	
DECISION CLASSIFICATION Key	IS THE FINAL DECISION ON THE RECOMMENDATIONS TO BE MADE AT THIS MEETING? Yes	

1. **Decision required**

This report makes the following recommendations to Cabinet to:

- 1.1 Note the results of a public consultation on changes to Adult Social Care charging.
- 1.2 Agree to the recommended options for implementing changes to the charging policy with updated income projections and estimated implementation timelines

2. **Purpose of Report**

The report recommends changes to some areas of Adult Social Care charging following public consultation on proposals to change the Council's social care charges. The changes are required to support the sustainability of social care provision in the borough, to remove current inequalities that have built up over the years and to ensure Greenwich has similar charging levels to comparator Local Authorities.

The report sets out the detail of the consultation process and the responses. It recommends options that include mitigations of the impact of changes in response to suggestions made during the consultation.

3. **Introduction and Background**

3.1 **Rationale for change:**

It is important to note that the proposals are made in the wider context of the local authority social care offer which comprises a range of roles and responsibilities such as advice and information about services and options,

social care assessments, support with prevention and wellbeing and help with planning care for residents and carers. These are available to people who may need social care and their informal carers and none of these services are chargeable.

Advances in medical care mean that people are living longer and people with disabilities and complex care needs are able to be supported at home for longer. There are continuing and worsening financial pressures on Adult Social Care nationally as well as locally. The council hasn't reviewed its charging for Adult Social Care in recent years and therefore the impact of for example inflation and London Living Wage has not been taken into account to date in setting the charge.

The Care Act (2014) allows Councils to charge people, following a financial assessment, for the on-going social care services they receive such as homecare.

Currently, Greenwich Council charges less than the Care Act permits for some social care services, and disregards some benefits or savings when calculating the charge. In Autumn 2018, HAS officers undertook a benchmarking exercise with other London boroughs and found that in some cases, Royal Greenwich charges less than most for its services.

If accepted and implemented, the recommendations in this report would lead to a significant increase in chargeable income received by the borough to help ensure that future needs for social care can be met.

3.2 Purpose of the formal public consultation: Following Cabinet agreement, a consultation was launched on 29th April 2019 on adult social care charges with the following purpose:

- To close inequalities in our current charging approach for users of different service types
- To position Greenwich alongside other comparable London local Authorities in respect of the levels and types of charges that are levied.

3.3 Conduct of the consultation: A consultation pack with explanations of each proposal and a questionnaire (see background papers) was sent to 5,332 people receiving any type of Care & Support arranged or funded by the Council at home or in the community, including those in receipt of Telecare, and living in Sheltered or Supported Living Accommodation, We also included those receiving long term residential care age under 65 (the consultation does

not affect residential care but younger adults' situations are more likely to change).

Four public meetings were held across the borough, with attendance from the Lead Member for Health & Adult Services and officers. Although turnout was not high, those who attended gave useful feedback and comments. The Lead Member and officers also attended the Pensioners Forum, a meeting arranged specifically for people with learning disabilities and their family members and met with other groups on request. People were able to respond to the consultation survey by post, or online. The consultation closed on 26th July.

4. Response to the Consultation

- 4.1 The Council would like to thank all of those who responded for their input to the consultation and in particular to acknowledge those who were able to attend events and meetings with the lead member and officers. A lot of energy and ideas were shared and we have taken these into account in considering how some of the proposals will be implemented.

Numbers responding: A total of 1,076 survey responses were received, comprising 404 online and 672 paper questionnaires. The paper survey response rate is 12.5% of the total mailed out to service users.

The rate of online responses averaged 14 submissions a week for 12 out of the 13 weeks the consultation was open. However, this changed during the week of 1st to 7th July, when a total of 267 consultation responses were submitted online; of which 189 were submitted in one day. The online submissions during this week substantially altered the proportion of responses that strongly disagreed with the proposals. This pattern of response is anomalous, and members are asked to be aware that views in the 267 online responses submitted during this week are included in the information about responses in the rest of this report.

Proposals recommended not to be progressed following consultation.

- 4.2 There are two proposals that officers are recommending not taking forward in light of the comments at the engagement events. One of these is proposal 5 to charge the full cost of the meals in the community meals service, which is currently subsidised. While most people did not agree with the proposal to increase the charge, many told us that they did not consider the service to be

good value compared to alternatives that are available. Officers have explored the alternatives and agreed with respondents that greater choice and value for money can be obtained easily from the market. Therefore the proposal has been changed to end the current community meals contract and support the 38 remaining users to find another provider to deliver their meals.

- 4.3 The other proposal that officers recommend not to be taken forward at this time, is to charge all sheltered housing tenants for the weekly scheme manager charge (part of proposal 6). During the consultation we found that the charge had not been reviewed for some years despite changes being made to the scheme manager role. Further work will be undertaken to provide more transparency about the scheme manager role and this may change the nature of a future recommendation to members.

Proposals to be progressed with mitigation following consultation

- 4.4 There are three further proposals that are recommended to be implemented with mitigation, to help manage the impact on those affected. These are Proposal 4: To include 50% of DLA, PIP and higher rate attendance allowance; Proposal 7: to apply the same tariff on savings for all people using social care and Proposal 9: to reduce the Disability Related Expenditure flat rate. The mitigation options in each case are presented with the relevant proposal in Section 5 of the report.

The mitigations and withdrawn items are summarised in the table below

4.5 Table I – charging proposals withdrawn and mitigated

Proposal	Change or mitigation
To remove the subsidy for community meals	Officers have explored the alternatives and agreed with respondents that greater choice and value for money can be obtained easily from the market. The proposal has been changed to end the current community meals contract and support the 38 remaining users to find another provider to deliver their meals.
To charge for the social care provided by the scheme manager in sheltered housing	Officers learned that the charge was not transparent and had not been reviewed despite changes made to the Scheme Manager role. This proposal has been withdrawn

To include 50% of the higher amount of DLA, PIP or AA as income when financially assessing	Mitigation of this proposal for adults under 65 years of age, who have a lower minimum income guarantee (MIG). The mitigation by RBG would increase the MIG of these adults by £7.24 per week, meaning that only 25% of the higher benefits is considered as income.
To apply the same weekly tariff on savings for all	In mitigation the Council will delay or taper the increase in charges for 6 months following implementation, using the time to assist individuals to plan and to claim any benefits to which they may be entitled.
To reduce the weekly flat rate exemption for DRE from £15.30 to £10.00	In mitigation, the Council will base any charges on declared Disability Related Expenditure (DRE) for three months, providing people with more time to gather information such as receipts and bills.
Relevant to all proposals	A joint project between Health and Adults Services and the Council's welfare rights team to ensure that all people have support to apply for their full welfare benefits entitlement

Additional Mitigations

- 4.6 People asked the Council to consider the cumulative impact of welfare changes on people with disabilities before deciding to implement the proposals. Officers from Health and Adults Services have worked with the Welfare Rights team to include information on the cumulative impact in the Equalities Impact Assessment (EQIA) (Appendix A). This has led to the development of a joint project to share information between Welfare Rights and HAS that will identify people in receipt of social care who may require support to apply for their full welfare benefits entitlement.
- 4.7 The implementation of the charging will be monitored and reported to scrutiny and will inform the development of a hardship policy to safeguard residents if required. The hardship policy will allow for the discretion to provide a level of financial assistance where it is apparent that a resident is experiencing exceptional financial hardship.
- 4.8 **Comments and queries:** The responses to the survey questions show how people responded to each proposal. This quantitative information was supplemented by a large number of comments which were made on the survey and at public meetings where they were responded to, there were

also a small number of detailed letters. As many comments shared similar themes, these have been summarised and will form a Frequently Asked Questions (FAQ) that will be available during implementation.

4.9 Overall - combined responses to all proposals:

When responses to all questions were combined, there were 10,107 responses. The overall split was as follows:

Response type	Number	Percentage share
Agree/ Neutral	3,683	36.44%
Disagree	5,242	51.87%
Unsure	1,182	11.69%

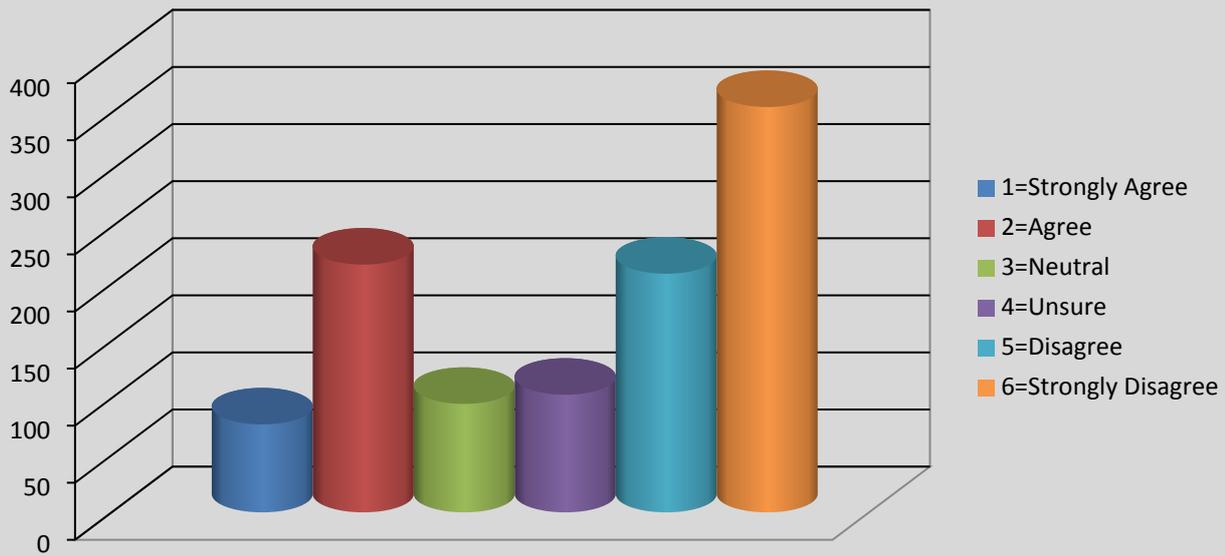
“Strongly disagree” responses (31.5%) significantly outweighed “strongly agree” responses (7%). However, this overall picture disguises variation between the different questions.

5. The proposals and options for implementation

5.1 Homecare

Proposal 1	To increase the hourly rate charged for homecare services to reflect the actual lowest cost to the Council of agency care. For commissioned homecare this is now £17.50 per hour.		
Background	LAs can charge based on the actual costs of care- applied according to assessed ability to pay. We currently impose a subsidised chargeable rate for homecare of £13.35 per hour which is much lower than the hourly rate charged by providers. The consultation was based on the lowest cost being £15 (which it was at the time), however the commissioned agency rate is now £17.50. Some care packages were picked up by smaller providers who don't pay London Living Wage and cost less money. While these packages exist the chargeable rate would only be £14.10 per hour. Future commissioning intention is to always use agencies that pay London Living Wage.		
Response	Most respondents opposed this proposal		
	37% positive/ neutral	10% unsure	53% opposed

Q1 - Do you agree with the proposal to increase the hourly rate we charge for homecare services to reflect the actual cost to the Council of the cheapest agency care?



Proposal 1: Implementation Options

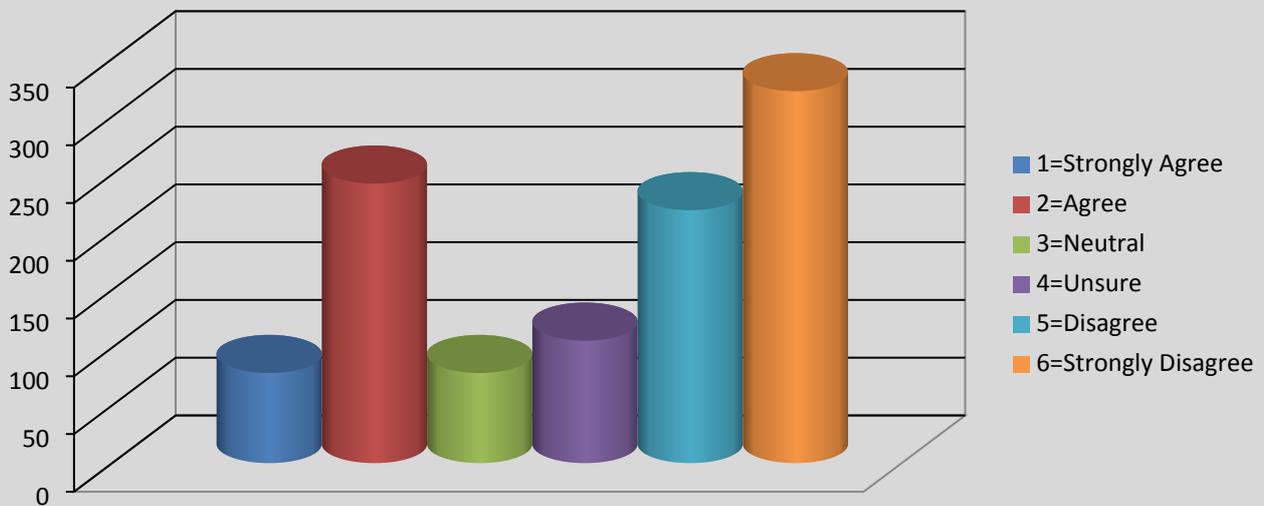
Option	Projected income (first full year)	Comment
Implement	£395k	Although there was a lot of opposition to this proposal, many of the comments suggested people thought our intention was to use the cheapest agency. In fact our intention is to use the highest quality agencies paying staff the London Living Wage. Continuing to charge the old rate of £13.35 per hour means a sizeable subsidy on home care.
Do not implement	£0	

5.2 Self-funder arrangement and administration fee.

Proposal 2	To impose an annual fee for those who can pay the full cost of their care services, covering the administrative cost of arranging care
Background	Full cost payers are self-funders who ask RBG to arrange non-residential care and support services on their behalf. Under the Care Act, Local Authorities can charge a fee recovering their actual costs for commissioning, monitoring and administering an average care package. Based on current staffing costs we estimate that self-funding clients asking the Council to arrange their care, would pay an

	annual administration cost of £243 or weekly £4.66 on top of the full cost of the care.		
Response	Most respondents opposed this proposal		
	38% positive/ neutral	10% unsure	52% opposed

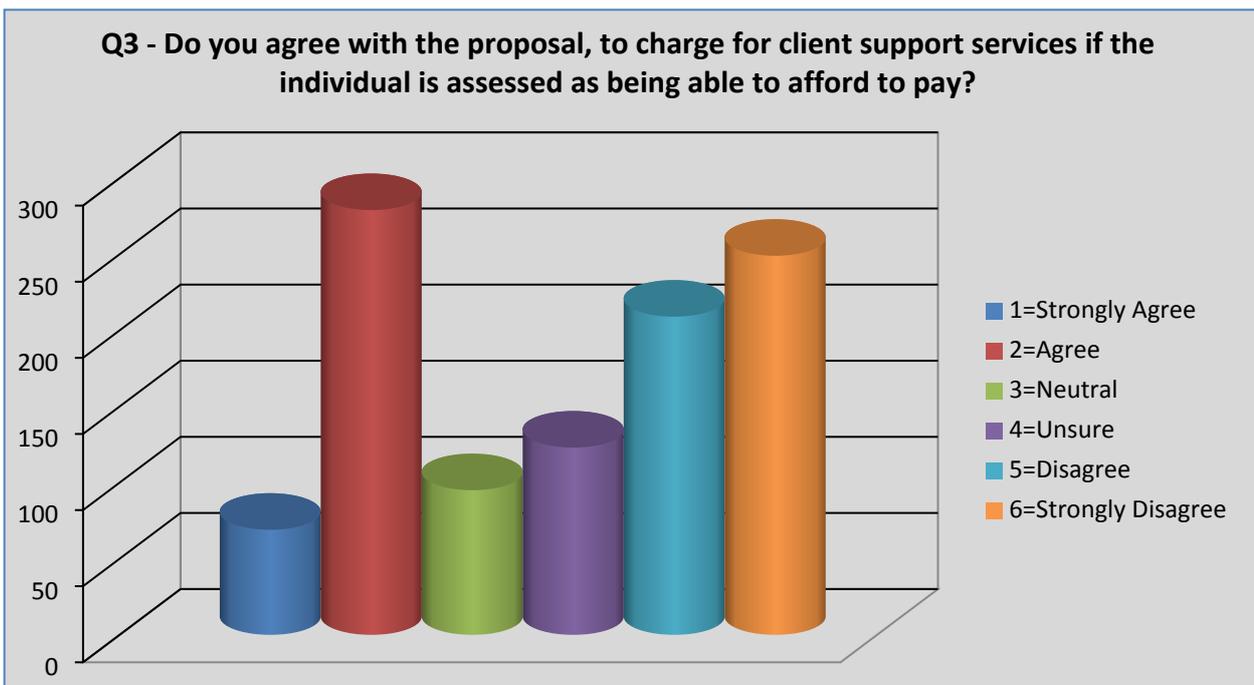
Q2 - Do you agree with the proposal to impose an administrative fee covering the cost of arranging care for those who can afford to pay the full cost of their care services?



Proposal 2 Implementation Options		
Option	Projected income (first full year)	Comment
Implement	£71k	The proposed charge covers the cost of arranging care, however implementing this proposal would bring adult social care in line with other Council services where administration costs are recovered through charges. Most London Boroughs have a charge to arrange and administer services for self-funders. This fee would cover commissioning, administration, quality monitoring and billing.
Do not implement	£0	

5.3 Charging for Client Support

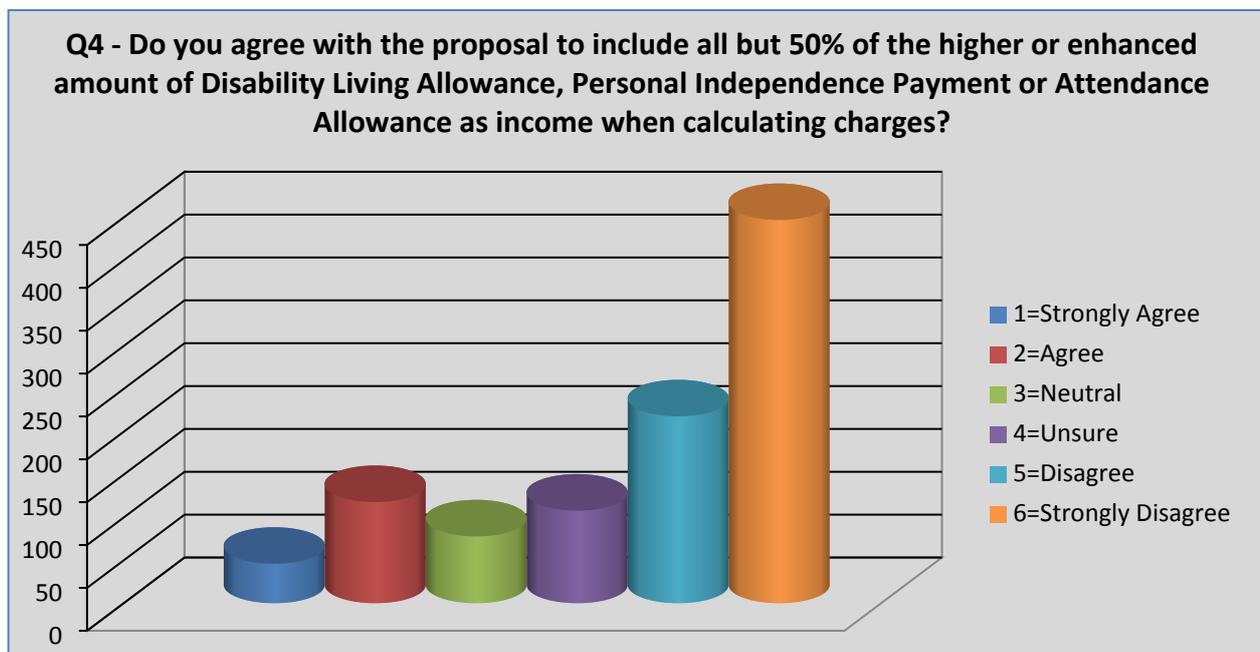
Proposal 3	To charge for client support services if the individual is assessed as being able to afford to pay		
Background	The Council does not currently charge for some client support provided in respect of eligible needs in the community –usually additional support to attend daytime activities. However if the person receives Direct Payments, this support is chargeable.		
Response	Slightly more respondents opposed this proposal		
	43% positive/ neutral	12% unsure	45% opposed



Proposal 3: Implementation Options		
Option	Projected income (first full year)	Comment
Implement	£55k	People getting a Direct Payment or Homecare service pay charges based on the cost of service and their ability to afford the charge and this proposal is about improving equity between different service types, The previous projected yield was £90k, however the number of people receiving this specific type of care has recently reduced.
Do not implement	£0k	

5.4 **DLA/PIP /AA Higher rate**

Proposal 4	To include all but 50% of the higher or enhanced amount of Disability Living Allowance, Personal Independence Payment or Attendance Allowance as income when calculating charges		
Background	Currently the higher element of these benefits (£28.95) is disregarded when people are financially assessed for ability to pay charges. Reducing this disregard, which the Council is able to do under the Care Act would affect over 300 people and is likely to increase maximum charges for many, Please note under charging regulations the mobility component of DLA and PIP must continue to be disregarded		
Response	A large majority of responses were against this proposal		
	24% positive/ neutral	11% unsure	65% opposed

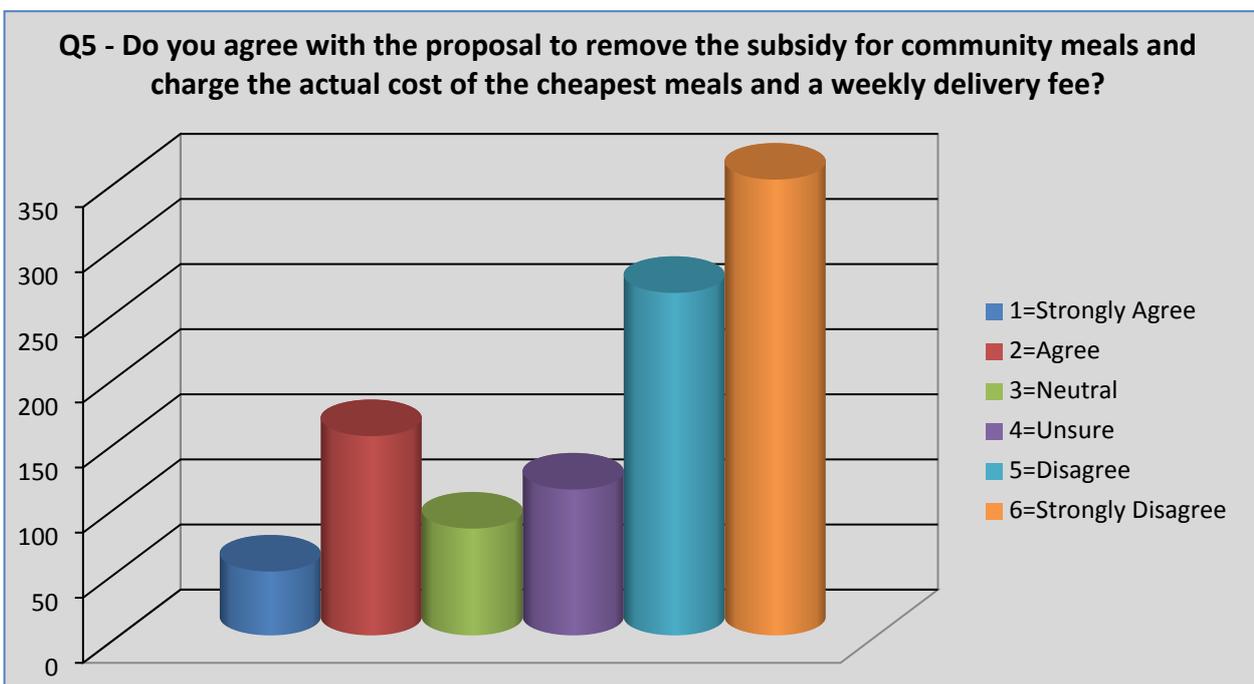


Proposal 4: Implementation Options		
Option	Projected income (first full year)	Comment
Implement	£230k	In light of the level of opposition to this proposal, an option has been included to mitigate the impact on adults of working age, the group most effected.
Implement with mitigation	£180k	The proposal means a maximum of £14.48 extra per week to be paid by individuals receiving the higher rate benefit.
Do not	£0k	The government regulations give a Minimum

implement		<p>Income Guarantee (MIG) on which no charge can be made. A single person over 65 getting the higher/enhanced rate has a MIG of £189 per week, whereas a single person under 65 has a MIG of £151.40 per week.</p> <p>The mitigation proposal would increase the MIG of those younger adults by £7.24 per week, meaning only 25% of the higher rate benefit is taken as income for those most affected. This mitigation is projected to reduce the Council's additional income by £49k per year.</p>
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5.5 Community Meals

Proposal 5	To remove the subsidy for community meals and charge the actual cost of the cheapest meals and a weekly delivery fee. This would increase the charge from £3.60 to £4.30 per meal					
Background	Community Meals service provides a weekly delivery of frozen meals for individuals who cannot cook for themselves. There are a number of well-established and good value alternative options available locally. A number of people who attended consultation events commented that the Community Meals service does not provide good value for money.					
Response	<p>Most people opposed this proposal and a number of people commented that the service is not good value for money</p> <table border="1" data-bbox="395 1227 1439 1274"> <tr> <td data-bbox="395 1227 746 1274">28% positive/ neutral</td> <td data-bbox="746 1227 1038 1274">11% unsure</td> <td data-bbox="1038 1227 1439 1274">61% opposed</td> </tr> </table>			28% positive/ neutral	11% unsure	61% opposed
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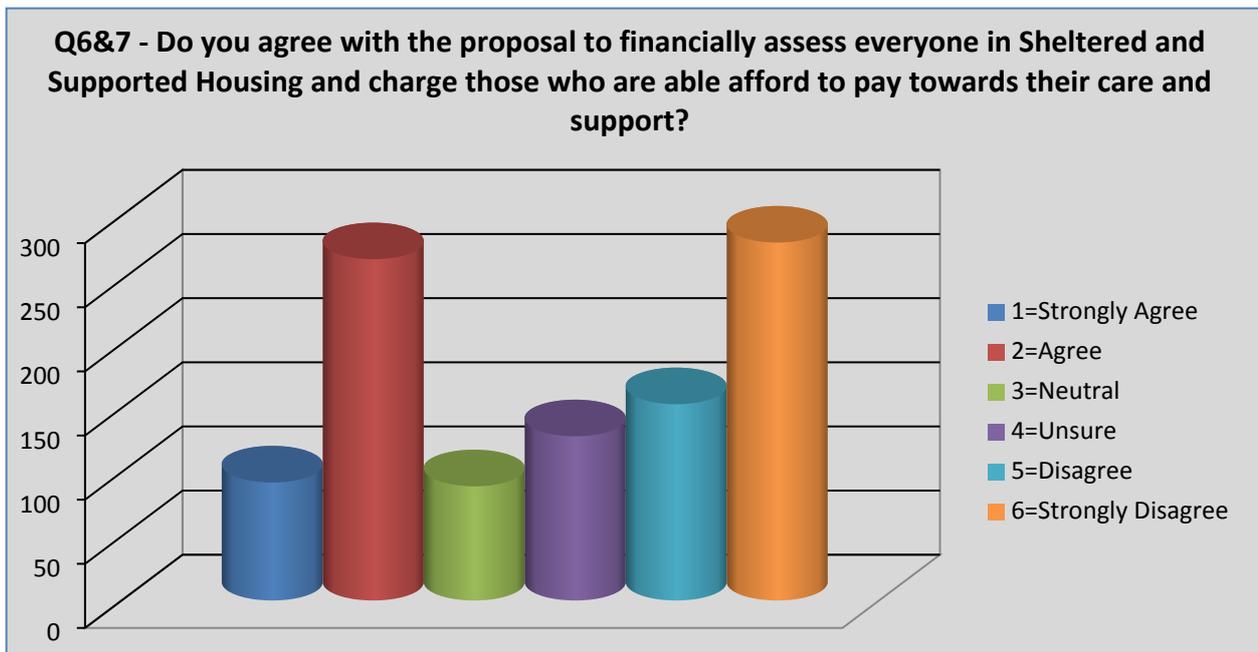


Proposal 5: Implementation Options		
Option	Projected income (first full year)	Comment
Implement	£22k	This income will decrease as fewer people are taking up the service
End community meals service	£0	The number using the GSP Community Meals service is currently 38, and continues to reduce. We would support remaining users to access the many alternatives available. This proposal would bring the contract with GSP to an end on 31 December. The annual saving would be £75,000 There would be no additional redundancy or storage costs to HAS working to this timetable.
Do not implement	£0	The gap between the cost and the amount charged will continue to widen.

5.6 Care & Support in Sheltered and Supported Living Accommodation

The consultation included a single proposal for both sheltered and supported accommodation, however implementation options for both are considered separately in the sections below.

Proposal 6	To financially assess everyone in Sheltered & Supported Living Accommodation and charge those who can afford to pay		
Background	<p>Sheltered Housing tenants pay a weekly Scheme Manager charge. Part of this charge is for care and support; however people are exempt from this if they receive Housing Benefit. The proposed change is to address an inequity between those claiming Housing Benefit and those not able to. Under the Care Act all charges are based on assessment of the person's financial circumstances as a whole, not on receipt of specific benefits.</p> <p>Currently Supported Living tenants only pay charges on care provided separately from their housing. Under the Care Act all care and support services are chargeable subject to assessment of ability to pay. This proposal would mean Supported Living tenants being charged for their share of support hours provided at home on top of any care and support received outside their home-subject to their financial assessment.</p>		
Response	More respondents were in favour or neutral about this proposal		
	44% positive/ neutral	13% unsure	43% opposed



5.6.1 Sheltered Housing proposed way forward:

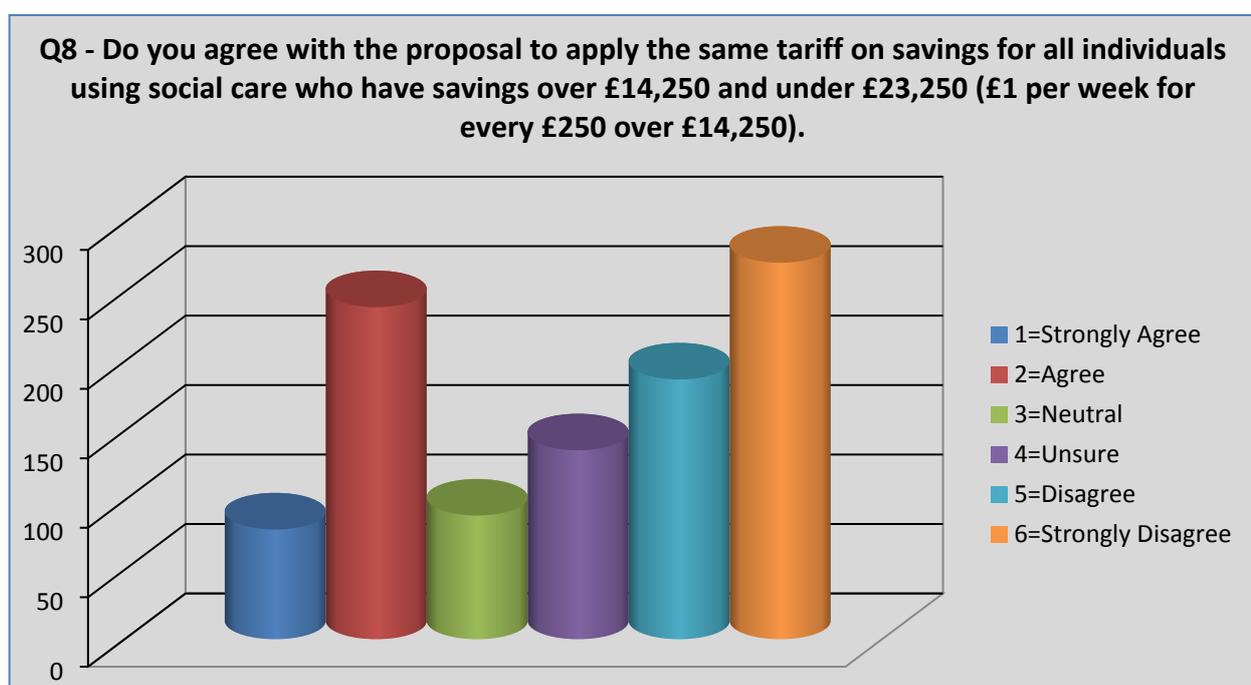
A wider review is underway between Health and Adults Services and Housing directorates on the funding and support for sheltered accommodation, including the chargeable element. A decision with regard to this proposal will not be put to members before this review is complete.

5.6.2 Supported Living

Proposal 6 Implementation Options		
Option	Projected income (first full year)	Comment
Implement	£143k	This projection is based on simply charging Supported Living residents for 2 hours of care and support per week from their Supported Living provider (if they are assessed as being able to afford this). Once we have more information on care and support delivered we may amend charges if people are receiving more care, again basing this on ability to afford.
Do not implement	£0	Not to implement would continue an inequity where people have to pay for some types of care and not others.

5.7 Income Tariffs on savings.

Proposal 7	To apply the same weekly tariff on savings for all (£1 per £250 between £14,250 and £23,250) and full cost over £23,250		
Background	Income between £14,250 and £23,250 are included as income in the financial assessment on a tariff. For pre-2014 assessments, the tariff is £1 per £500, with no capital ceiling. For newer clients the tariff is £1 per £250 up to £23,250 in line with Care Act, beyond which they must pay full cost. This proposal will address a current inequity. Note: only a very small number of people are affected by this proposal, however they may be substantially affected, some of them becoming liable to pay the full cost of their care.		
Response	Most respondents were in favour or neutral about this proposal		
	41% positive/ neutral	14% unsure	46% opposed

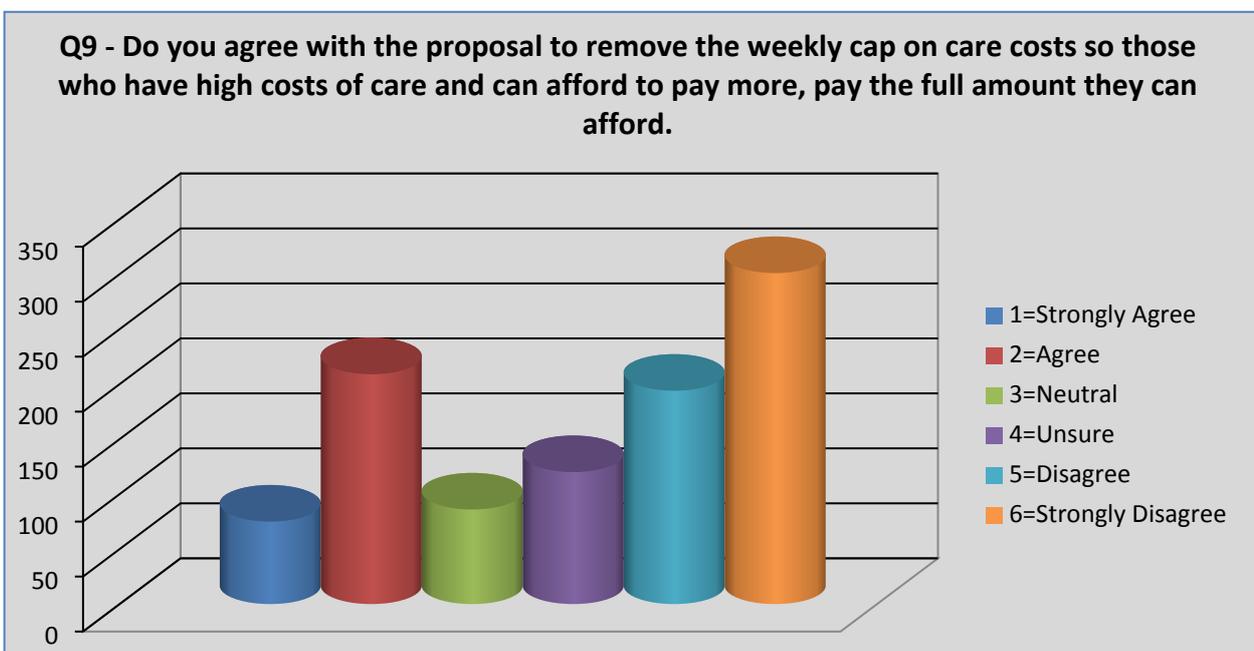


Proposal 7 Implementation Options		
Option	Projected income (first full year)	Comment
Implement with mitigation	£30k-£98k	Could have a significant impact on a small number of individuals, some of whom would pay the full cost of their care. To enable people to plan, we would assess those affected early, looking at individual circumstances and delay or taper the increase in charges by up to six months, using the time to assist individuals to claim any benefits they

		may need. The lower end of the range of projected income applies, as some individuals may choose to reduce their package of care in order to reduce their spending.
Do not implement	£0	This course of action would maintain the inequity between people first assessed before 2014 and those assessed after.

5.8 Removing the weekly cap on costs.

Proposal 8	To remove the weekly cap on care charges so those who have high costs of care pay the whole amount they are assessed as being able to afford.		
Background	We impose a maximum charge of £546.55 for non-residential care services. While few people would pay more currently if the maximum charge were raised, the cost of homecare is rising, and those who are assessed as being able to afford more, could be charged more if they use services to a greater value. This would affect very few people in the first year; however, this will change with increases in care costs and lower exemptions		
Response	A majority of respondents opposed this proposal		
	38% positive/ neutral	12% unsure	50% opposed

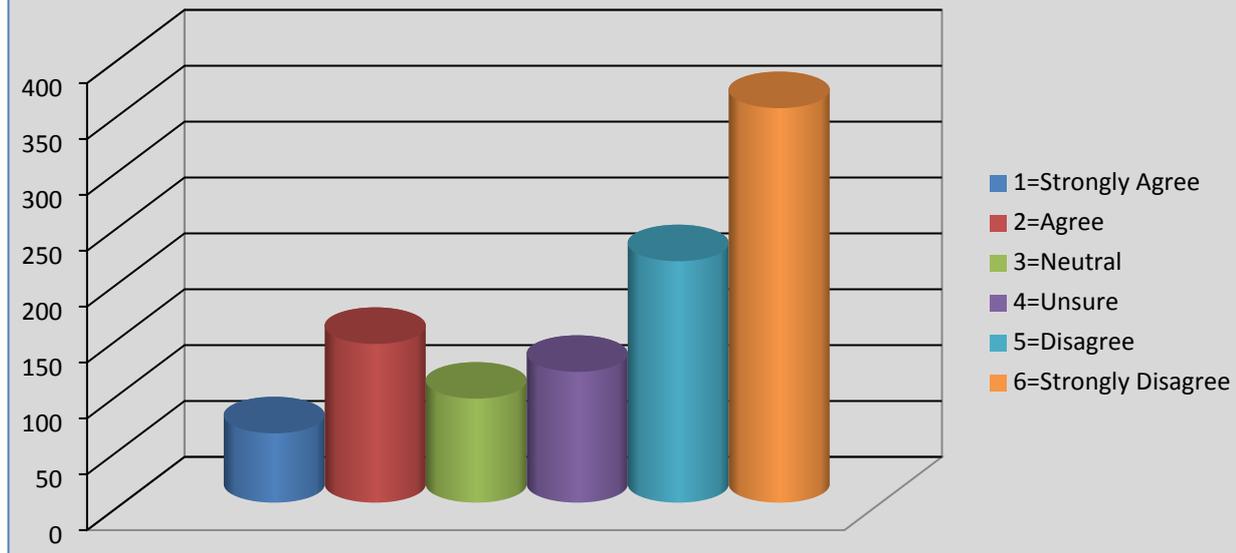


Proposal 8: Implementation Options		
Option	Projected income (first full year)	Comment
Implement	£10k	This affects very few people currently. In future we are likely to see increasing numbers of people who receive care and support costing over £546 per week and who can afford to pay the full cost.
Do not implement	£0	Keeping this figure the same would mean in future years we would see an increasing gap between what care costs and the highest amount payable for care.

5.9 Reduce the **Disability Related Expenditure (DRE)** flat rate

Proposal 9	To reduce the minimum flat rate exemption for Disability Related Expenditure from £15.30 to £10.00		
Background	<p>Disability Related Expenditure (“DRE”) is an exemption from charges for additional essential expenses incurred due to disability (e.g. extra heating or laundry costs, or cleaning.)</p> <p>To avoid people having to show receipts and assessing every individual’s expenditure we have provided a flat rate exemption of £15.30 p/w to all who claim disability benefits. Reducing the flat rate will not affect individuals who have evidence of higher essential expenditure, but will affect those whose additional essential expenses are lower than £15.30 per week</p>		
Response	A majority opposed this proposal		
	30% positive/ neutral	12% unsure	58% opposed

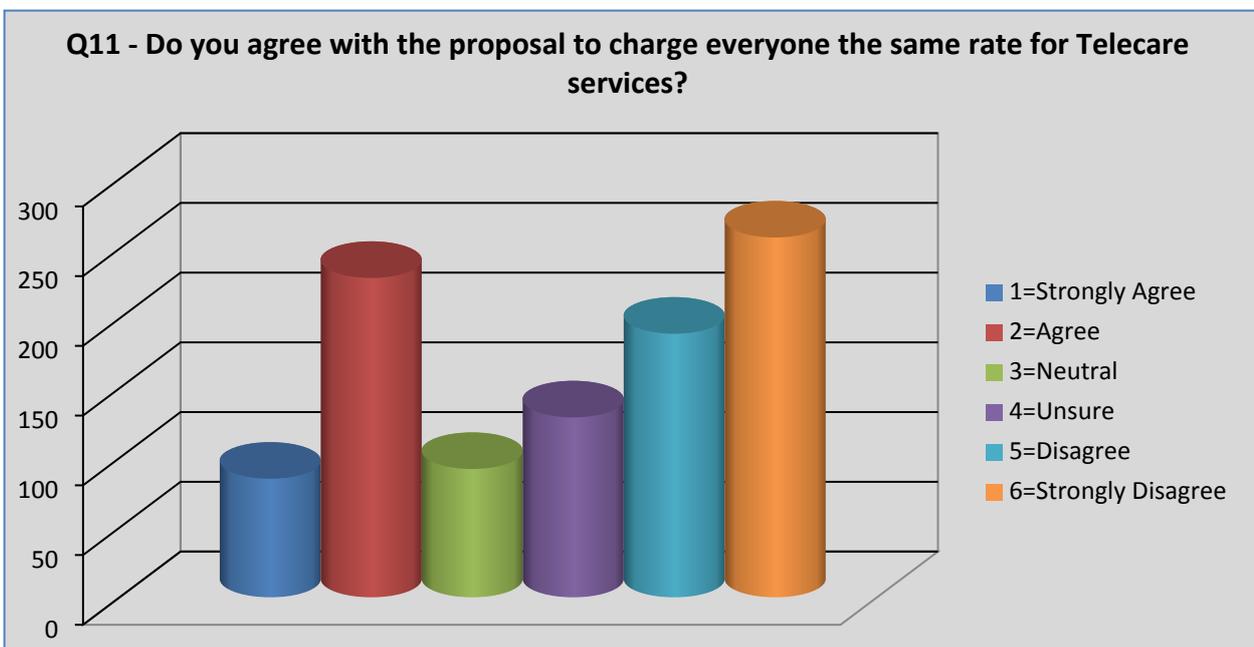
Q10 - Do you agree with the proposal to reduce the minimum flat rate for Disability Related Expenditure from £15.30 per week to £10 per week?



Proposal 9 Implementation Options		
Option	Projected income (first full year)	Comment
Implement	£173k	This projection takes into account a likely increase in requests for a full DRE assessment (from current 20% of eligible clients to 30%) and a likely increase in those with higher expenses than the flat rate (from current 5% to 15%)
Implement with mitigation	£156k	A suggestion has been made to charge based on declared disability expenditure for 3 months allowing people time to get information such as receipts or bills together. This would potentially reduce yield by a further 10% per year.
Do not implement	£0	This would leave RBG with a higher disregard than many London Councils. No impact from increased requests for a full DRE assessment.

5.10 Charge all Telecare service users at a flat rate.

Proposal 10	Charge all Telecare users the same rate of £6.00 per week. NB: The consultation booklet erroneously quoted a rate of £5.80 per week but the rate was raised in April 2019.		
Background	The weekly charge of (£6.00 per week) is not currently applied to people on Housing Benefit; This change would mean that charges for community alarms and other Telecare services are applied to everyone taking this option. The exemption for those on housing benefit was applied under Supporting People, however this guidance is no longer force and most Councils apply a flat rate. People using social care services can have this expense exempted from their charges as Disability Related Expenditure (see 5.10).		
Response	More respondents opposed this proposal.		
	41% positive/ neutral	13% unsure	46% opposed



Proposal 10 Implementation Options		
Option	Projected income (first full year)	Comment
Implement	£650-£800k	2,633 Telecare users are currently exempt from charges. If all were charged at the current rate of £6 per week, the additional income will be over £800k. However the projected income is given a range as there is an expectation that some people will refuse to pay for Telecare..

		Telecare charges will be an expense allowable under Disability Related Expenditure- reducing the impact on those using social care services. Where someone is genuinely unable to pay, we will look at all options including reducing charges if they would be at serious risk.
Do not implement	£0	Not to implement would be inequitable as people currently pay if they do not receive Housing Benefit, even if they may have a low income.

6. Implementation

6.1 Once a Cabinet decision has been made about the changes to Adult Social Care charges, the implementation programme will include the following:

- We will develop a new Adult Social Care Charging Policy and a range of information for the public and users of Adult Social Care services (both digital information on the Royal Borough of Greenwich website and paper leaflets. We expect the policy will be published in draft within 4 weeks following the Cabinet decision and will be on the Greenwich website shortly afterwards.
- If any changes are agreed by Cabinet, implementing the new Charging Policy will require changes to the financial assessment on the case management system Frameworki. These changes would be tested and completed within 4-6 weeks of the Cabinet decision.
- If Cabinet agrees to any changes, the Financial Assessment Team will write to all those affected, with an indicative calculation of their new maximum and planned charge based on information already held about their savings and assets, income and expenses, explaining the reasons for any increases.
- Individuals will be invited to request a full assessment where their financial circumstances have changed, where they have additional disability-related expenses, or they feel they will struggle to pay. The increased demand for full reassessment could have an impact on implementation timescale, which is why projections are given for the following financial year.
- Officers will work jointly with the Greenwich Welfare Rights Team to enable people to claim all the benefits to which they are entitled, focusing on those who may be under-claiming.

7. Financial Projection.

7.1 **Financial issues to consider:** In respect of achieving the additional income there are some considerations to be understood that will affect the level of additional income that might be achieved as set out below.

- It is expected that most of the changes would be implemented within 3 months, and a small increase in income could be seen in the last quarter of the financial year 2019/2020. However, the income figures could be affected in the early stages by any staggered implementation or increased demand for additional assessment.
- Imposing or increasing a charge may lead to lower demand if people choose to reduce their package of care. As well as potentially reducing the forecast income, this would lead to reduced service costs. In these cases it will be important to ensure thorough professional assessment and risk mitigation processes are in place. In cases such as Telecare, a reduced service will not necessarily lead to any reduced service costs.
- The amounts given represent a projection of the full year effect from April 2020 of all changes being made. Where there is a range of possible income given, we have used the lower one to account for the effects of reduction in demand and potential greater claims on existing exemptions.
- The implementation of some of the proposals may have some additional operational costs, including work to update the financial assessment on the case management system, and meeting increased demand for financial assessment if this is substantially higher than projected. However such costs will always be lower than financial gains.

Projected additional Income in 2020/21 following implementation.	
Proposal	Lower range estimate
1. Home Care chargeable rate	£395,000
2. Arrangement and administration fees for full cost payers	£71,000
3. Charging for client support	£55,000
4. Taking into account PIP, DLA and Attendance Allowance for charging.	£180,000
5. End Community Meals contract	Saving of contract value
6. Charging for Care & Support supported living	£143,000
7. Tariff income	£30,000
8. Remove Cap on Weekly Care costs	£10,000
9. Disability Related expenditure	£156,000

10. Telecare Charging	£600,000
Total	£1,640,000
Sensitivity Factors We have factored behaviour change into many of our projections on income, and where there is a range we have chosen the lower value. We have therefore not added any additional sensitivity factor.	

8. Cross-Cutting Issues and Implications

Issue	Implications	Sign-off
Legal including Human Rights Act	<p>Section 14 Care Act 2014 gives councils the power to charge adults for meeting their assessed eligible care and support needs. In so doing councils must have regard to the relevant regulations issued under the Act as well as the Statutory Guidance.</p> <p>The Care and Support (Charging and Assessment of Resources) Regulations 2014 issued under the Care Act set out the duty under section 17 of the Care Act to carry out a financial assessment if a council's policy is to charge for care and support. The regulations set out the rules for the treatment and calculation of income and capital within a financial assessment</p> <p>The charging rules require that after charging a person must be left with the minimum income to cover daily living costs. In addition where a person receives benefits to meet their disability needs that do not meet the eligibility criteria for local authority care and support, the charging arrangements should ensure that they keep enough money to cover the cost of meeting these disability related costs.</p> <p>Councils must not charge more than the cost that they incur in meeting assessed needs. They also cannot recover any</p>	Ingrid Brown Assistant Head of Legal 24 th September 2019

	<p>administration fee relating to arranging care and support except where a person has assets above the capital limit.</p> <p>The proposals in this report are consistent with the provisions of the regulations and Statutory Guidance. They will impact on some of the most vulnerable adults within the Greenwich area including adults with communication difficulties and other sensory impairment. The proposals were therefore subject to a period of comprehensive and meaningful consultation the results of which are set out clearly in this report with appendices. There is evidence in this report that due regard has been given to the results of consultation.</p>	
<p>Finance and other resources including procurement implications</p>	<p>This report requests the Leader to note the results of the public consultation on changes to the Adult Social Care (ASC) charging, to consider the options for implementing changes to the charging policy and agree on the proposals to be presented to cabinet.</p> <p>Increased income is one element of the Transformation Programme and is expected to help to bring down the net overspend within the HAS department.</p> <p>Consultation packs comprising an explanation of each proposed change and a questionnaire were circulated to over 5,000 people in receipt of ASC services. Section 4 outlines the outcomes of the consultation process and the responses to each individual proposal are shown in Section 5.</p> <p>The table in section 7.1 shows that additional income of £1.6m could be raised by implementing all the</p>	<p>Samina Yasir Accountancy Business Change Manager 20/09/19</p>

	<p>recommended options on a full year basis. The income figures have been adjusted to take into account the possible impact that price elasticity of demand (i.e. the change in demand as a result in a change of price only) could have and also the effect on income where a client, as a result of multiple charge interactions reaches their cost cap. Other factors that may also have a bearing on the income achieved as a result of implementing the recommended changes, are time and cost of implementation.</p> <p>It is expected that most of the proposals will be implemented within 3 months, but some will take longer. Any slippage in the timescales would result in reduced levels of income generation. Similarly, some of the proposals may lead to extra operational costs, which would off-set some of additional income raised.</p> <p>However, if all or the majority of the changes to ASC charges are agreed and implemented, this will not only lead to an increase in income levels, but will also address some of the inequalities of charges applied to different service users under the current policy.</p> <p>When considering the above report and options outlines, the outcome of the consultation and the effect that any changes may have upon the intended recipient as well as the financial issues should be taken into consideration.</p>	
Equalities	Decision-makers are reminded of the requirement under the Public Sector Equality Duty (s149 of the Equality Act 2010) to have due regard to (i) eliminate	Rachel Karn, Assistant Director, Health and

	unlawful discrimination, harassment, victimisation and other conduct prohibited by the Act, (ii) advance equality of opportunity between people from different groups, and (iii) foster good relations between people from different groups. The decisions recommended through this paper could directly impact on end users. The impact has been analysed and there is a certain amount of variation between groups of people, although the recommendations also serve to remove current inequities. The result of this analysis is available in the equality impact assessment attached at Appendix A.	Adults' Services 11.09.19
Health and wellbeing	Social care services are provided on the basis of eligibility and need, in line with the Care Act (2014). Services are intended to support people with health and care needs to have a good quality of life and be as independent as possible.	Simon Pearce Director of Health and Adult Services 11.09.19

9. **Report Appendices**

9.1 The following documents are to be published with and form part of the report:

- Appendix A: Equality Impact Assessment

12. **Background Papers**

- Consultation booklet
- Previous report to cabinet [available at]:
<http://committees.royalgreenwich.gov.uk/documents/s72931/12.0%20-%20Options%20to%20amend%20charging%20for%20adult%20social%20care%20services.pdf>
- Benchmarking exercise report

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