

Title of report or proposal:

Home Care Charging proposal

Describe in full the aims, objectives and purpose of the proposal, including desired outcomes:

The Council is facing demographic challenges with a resultant increase in the need for social care. This reflects the national picture. The Council is also facing a financial challenge as the formula grant settlement to 2010/11 has been increased at a lower rate than the national average and almost certainly at a lower rate than inflation.

Local authorities are required by statute to provide services for those with an assessed social care need. Councils may charge for such services. This is a discretionary decision. However, central government's assumption when setting the formula grant is that councils will charge for non residential as well as residential services, as 97% of councils do. Charging for non residential services is governed by the "Fairer Charging Policies for Home Care and other non-residential Services (Department of Health, 2003).

The London Borough of Hammersmith and Fulham does not currently charge for home care services. The Council charged for home care services from 2000 to 2006.

In January 2008, this Council decided to consult on a home care charging scheme in which the proposed rate is £12.40 per hour and the scheme accommodates mandatory and certain optional disregards. The proposed scheme is in line with Fairer Charging Guidance. The charging scheme as proposed in the consultation would realise an estimated £1,287,568 per annum assuming a full collection of charges. Administration of the scheme would cost approximately £80,000 per annum for staffing costs and £10,000 in year one for setup costs.

The Council conducted a twelve week consultation, the outcome of which is detailed in the Key Decision report. Consultation topics included:

- The reasonableness of the proposed £12.40 per hour, including whether people were or were not opposed to charging in principle and any suggestions from people regarding alternative hourly rates
- Whether to set a maximum charge
- Options for assessing for disability related expenditure
- Groups of people who might be particularly affected
- How the Council could minimise any adverse impact were home care charging introduced
- Any related general concerns

Further details of the consultation process are outlined below (question six).

The Key Decision report includes the following recommendations:

1. It is recommended that the Council charges service users for home care in line with the Fairer Charging Guidance (Department of Health, 2003) with an implementation date of January 1st 2009.
2. It is recommended that the charge for home care be either

a) £12.40 per hour as consulted on. The charge would be subject to inflation in line with Council policy.

or

b) £12.40 per hour as consulted on but to reconsider year on year whether there is a need to increase in line with inflation. This would reduce the income in real terms in those years without an inflationary increase. The amount would depend on the rates of inflation in those particular years.

or

c) £10 per hour. This option would achieve approximately £250,000 per year less income. The charge would be subject to inflation in line with Council policy.

or

d) £12.40 per hour but with the mandate to phase in the charge beginning at the rate of £10 per hour in 2008/09 and then increasing it in the light of levels of assessed need for services, if need or costs increase, up to £12.40 per hour. The charge would be subject to inflation in line with Council policy.

Of the above options the recommended option is option (d). This will enable the Council to afford the increasing costs of care as currently forecast and will allow the flexibility to increase income if the costs of care increase above the current forecast levels.

3. It is recommended that the Council adopts certain optional disregards taken from the Fairer Charging Guidance into a home care charging policy. The scheme would then ensure that the service user is left with these assets and also with sufficient income to meet the following expenditure. These are (I) personal savings and (II) expenditure on home insurance and water rates. It is also recommended that (III) all disability related expenditure be disregarded.
4. There are also mandatory disregards in the scheme, to ensure that service users retain sufficient of their income to meet costs such as housing. Where a person incurs expenditure directly as a result of their disability and they meet that expenditure from a specified disability related benefit then that expenditure must be disregarded. The Council must decide how to calculate that expenditure for this purpose, including whether or not to disregard the entire benefit by disregarding it entirely as income. It is recommended that disability related benefits are treated as income and that disability related expenditure should be disregarded, if that expenditure derives from disability related benefits, by means of a percentage disregard of 50%, unless a full assessment is requested by the service user, in which case a full assessment will be completed.
5. It is recommended that there should be no weekly limit to the charge other than the limits set by the Fairer Charging Guidance. Although more consultation respondents favoured a limit than opposed it, the majority was not overwhelming.

If the Council introduced home care charging the principal planned outcome would be the continued ability of the Council to meet the population's adult social care needs at the current threshold for services. In the light of concerns regarding quality of home care provision raised during the consultation, a review will be undertaken of the quality assurance mechanisms for home care services including a review of the information given to home care service users regarding standards of care. This review will proceed regardless of the Cabinet decision on home care charging.

The equalities impact assessment was carried out by the charging reference group in conjunction with council officers (equality impact assessment group).

Department:

Community Services Department

Form and report MUST be checked and countersigned by the Council's lead officer with responsibility for ensuring statutory compliance in relation to equality and diversity

Officer Responsible:

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H&F Lead Officer

Signed off by Pinakin Patel at 11:20 on 09/07/08.

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PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Who are the main people that this decision will affect?

A decision to introduce home care charging would affect current and prospective home care service users over 18 years regardless of age, gender, disability or impairment, ethnic origin, sexuality or belief system.

In particular, current service users who would be eligible for home care charging would be affected. At the time of the consultation there were approximately 1,800 home care service users although this figure inevitably fluctuates slightly over time, of whom an estimated 600 would be eligible for charging.

Such a decision would affect informal carers similarly, where they currently care for someone who is in receipt of home care services, where they might in the future do so, or where they receive home care services in their own right.

Young disabled people between 16 and 18 would not be directly affected by charging, but if a decision to charge for home care services was made this group of people would be informed of this as charging could affect their services upon transition.

A decision to introduce home care charging could potentially affect adult social care staff who would require training and development regarding fair and accurate financial assessment and the charging scheme. The need for two additional finance officer posts and half a welfare benefits advisor post might also affect staff.

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information given to home care service users regarding standards of care. This review will proceed regardless of the Cabinet decision on home care charging.

2. Identify the risks that could prevent the planned outcomes

There is a risk that Cabinet could decide not to introduce a home care charging policy.

There is a risk that a home care charging policy might not deliver the forecast income and therefore that there might still be shortfall in the adult social care budget.

There is a risk that staff training might not be sufficient to ensure that the home care charging scheme is applied consistently, fairly and accurately.

There is a risk that people refuse to pay a home care charge.

There is a risk that people are dissatisfied with the financial assessment process or the outcome of their financial assessment.

There is a risk that the Council cannot process the backlog of financial assessments or cannot process financial assessments where people's circumstances change.

There is a risk that people are dissatisfied with the quality of their home care and therefore do not think it is fair to pay the charge.

There is a risk that the costs of managing and administering the home care charging scheme exceed those forecast.

3. Could the proposal have a positive impact on a) race b) disability c) gender d) sexual orientation e) age f) belief system groups? (Please provide evidence e.g. user feedback, complaints, monitoring?)

A decision to introduce home care charging could have a positive impact on current and prospective service users across race, disability, gender, sexual orientation, age and belief system groups.

The key positive impact for disadvantaged groups would be the continued ability of the Council to meet the population's growing adult social care needs up to and including 2010/2011 at the current threshold for services. Therefore, the introduction of home care charging could promote the continued ability of the Council to ensure that the widest possible access to and benefit from services is maintained.

In addition,

- The introduction of a home care charging policy might also promote people's propensity to complain where their home care service is not of an acceptable quality and therefore could lead to an improvement in the quality of service provided.
- Home care service users would benefit from the planned review of home care quality assurance systems. Issues raised by participants in the home care charging consultation will help inform this review. It is also recommended that there is a review of the information given to home care service users on standards they can expect from the home care service
- The equalities impact assessment group identified a need for home care providers to enter into a dialogue with service users with regard to preferred home carer including sexual orientation and for home care service providers to advertise widely and in different ways so as to encourage a wide range of applicants to work as paid home carers.

4. Could the proposal have a negative impact on a) race b) disability c) gender d) sexual orientation e) age f) belief system groups? (Please provide evidence e.g. user feedback, complaints, monitoring,?)

A decision to introduce a home care charging policy would have a negative impact on those current and prospective service users who would be asked to pay and on informal carers who support service users who would be asked to pay. In particular, a home care charging policy would have a negative impact on those service users whose income only just exceeds the charging threshold as set down in the Fairer Charging Guidance.

The Council has a legal obligation to provide services to meet assessed need regardless of service users' ability to pay. Despite this, some people might be reluctant to request or accept home care services even where services are to meet an assessed need above the Fair Access to Care Services eligibility threshold because they feel they are unable to afford home care charges even where they have been assessed as able to afford them.

These potentially adverse impacts would not be related to age, gender, disability or impairment, ethnic origin, sexuality or belief system. These impacts would mirror the known profile of home care service users. Therefore there would be no group for whom a home care charging policy as proposed would have a disproportionately adverse impact.

The largest single service user groups that questionnaire respondents thought would be most affected were people who were frail and over 65 (51% responses) and people with a physical disability (50% responses) (these total over 100% as people may have ticked more than one response). A considerable number of questionnaire respondents thought home care charging would affect everyone equally (44% responses). This was consistent with consultation event outcomes. There was no correlation between race, disability, gender, age or belief system groups and the consultation questionnaire outcomes. Home care charging would not have a differential impact on sexual orientation.

a) Race

- The Council monitors the take up of home care by ethnic group.
- As of Council data produced May 2nd 2008, some ethnic backgrounds are highly represented within home care service users. In particular, of the 1749 home care service users on May 2nd, 97 or 6% were Asian or Asian British and 286 or 16% were Black or Black British.
- This is compared to the local population where 5,454 or 4% of people are Asian or Asian British and 12,731 or 9% are Black or Black British.
- Mitigating actions would need to take this into account.

b) Disability

- As of Council data produced May 2nd 2008, of the 1,749 home care users, 1,366 or 78% were older people; 210 or 12% were people with a physical disability; 104 or 6% were people with mental health needs; 46 or 3% were people with learning disabilities and 23 or 1% were people with substance misuse related needs. Furthermore, 333 or 19% of home care users had a visual impairment and 193 or 11% had a hearing impairment. These figures total more than 100% as people would have ticked more than one group.
- Consequently, older people are the largest group of home care service users who would be affected by an introduction of home care charging.
- Of the 1,749 home care users, as of Council data produced May 2nd 2008, 561 home care service users were on the Council's Disability Register.
- Of these 561, 64% (358) had a physical disability, 15% (86) had a mental health need, 22% (80) had a visual impairment, 5% (27) had a learning disability and 2% (10) had a hearing impairment. (Some

people may be registered under more than one category.)

- Consequently, people with a physical disability are the largest group on the Disability Register who would be affected by an introduction of home care charging.
- People with a physical disability are the second largest group of home care service users. As such, this group would be affected were home care charging introduced, but not disproportionately.
- It is likely that few younger mental health service users would be affected were home care charging introduced. However, the nature of that impact was of great concern to younger service users with mental health needs as well as commissioners and providers. Concerns were expressed during consultation events that difficulties in engaging home care services with younger people with mental health needs would be exacerbated if there were a charge and that younger people with mental health needs would be especially vulnerable to exploitation were they to go direct to the market for home care.
- Similarly, relatively few people with learning disabilities would be affected were home care charging introduced, but the nature of the impact was of concern to service users, commissioners and providers. Concerns were expressed during consultation events that the administrative burden of home care charging would be keenly felt by people with learning disabilities and, again, that this user group would be vulnerable to exploitation.
- The equalities impact assessment group identified a need for adult social care to record impairment under the categories agreed in the Council's Disability Equality Scheme (physical impairment, mobility impairment, hearing impairment, visual impairment, learning disability, mental health need and other e.g. hidden impairment). Impairment is currently recorded under five of these categories (physical impairment, hearing impairment, visual impairment, learning disability and mental health need).

c) Gender

- As of Council data produced May 2nd 2008, 1,113 or 64% of home care users are female and 636 or 36% are male.
- This is compared to the local population where 71,259 or 51% of people are female and 69,699 or 49% of people are male.
- Therefore, it is probable that more women would be affected were home care charging introduced, but not disproportionately so.

d) Sexual orientation

- A home care charging policy should not have a differential effect dependent on sexual orientation.

e) Age

- As of Council data produced May 2nd 2008, of 1749 home care service users, 78% or 1,366 were aged 65 and over. Therefore, older people would be the largest group to be affected by a home care charging policy. This is proportionate. Older people were highlighted through consultation events as the group most likely to be adversely affected by a home care charging policy.
- Of the 1749 home care users, 303 or 17% are aged 65-74; 523 or 30% are aged 75 – 84; 540 or 31% are over 85.
- This is compared to the local over 18 population where 9,212 or 7% are aged 65-74; 6,160 or 4% are aged 75 – 84; 2,263 or 2% are aged over 85.
- The equalities impact assessment group identified a need for adult social care to record the impairments of older service users rather than recording older service users as a generic group.

f) Belief system groups

- A home care charging policy should not have a differential effect dependent on belief system.

5. Can any negative impact of the decision be justified?

The intended positive impact of a decision to charge for home care services would be the continued ability of the Council to meet the population's growing adult social care needs up to and including

2010/2011 at the current threshold for services. Therefore, a home care charging policy would ensure that the most vulnerable people continued to have access to and benefit from the services that they need.

Furthermore, a number of specific actions to mitigate against the impact of a decision to charge for home care services have been identified through the home care charging consultation process and through conducting the equalities impact assessment.

Identified actions as outlined below will be included within the home care charging implementation plan.

- Income maximisation – The consultation and equalities impact assessment processes highlighted the importance of welfare benefits advice with a view to income maximisation at the point of assessment for home care charging. Provision would be made for a half time welfare benefits advisory post.
- Financial assessments – The consultation and equalities impact assessment processes highlighted the need for financial assessments to be simple, non burdensome, focused on self assessment and carried out by as few people as possible particularly bearing in mind that a family might have more than one person receiving home care. The home care charging reference group has agreed to engage in the development of standardised financial assessment paperwork.
- Training and development – A training plan would be devised and implemented by the home care charging implementation group, sponsored by the Assistant Director Resources. Training would be designed to promote the consistent, fair and correct application of a home care charging scheme. Details of the home care charging scheme would be captured and disseminated to staff, see below.
- Home care quality – A consultation regarding home care quality standards is planned. Home care charging consultation outcomes would feed directly into this consultation. The home care charging reference group and all those groups involved in the home care charging consultation would be invited to the home care quality standards consultation. Service users would also be involved at such time as home care contracts are relet.
- Complaints and appeals - A robust complaints and appeals process would be determined. If the council introduced home care charging systems a mechanism for monitoring the impact of home care charging over the first few months of its introduction would be important.
- Information and communication – An information and communication plan and material would be devised by the home care charging implementation group and agreed with the equalities impact assessment group. This would include information and communication with regard to the outcome of the home care charging consultation and the Cabinet decision, as well as information on the scheme itself.

The information and communication plan would also address the need for information, signposting and advice regarding the purchase of home care direct from the market. The information and communication plan would pay specific regard to appropriate communication channels for older people, disabled people and people from black and black British and Asian and Asian British ethnic backgrounds, given the projected impact on these groups as outlined above. Council officers would liaise closely with user representative organisations including HAFAD, the Disability Forum, Better Government, Safety Net People First, the Carer's Forum and MIND Service Users Network when developing information and communications. The information and communication plan would also pay particular attention to the specific needs of each user group – for example, people with learning disabilities may benefit from face to face communication regarding consultation outcomes.

Disability Equality Duty

- The Fairer Charging Guidance is limited in its application only to those in receipt of home care. Therefore only disabled people would be affected by a home care charging policy as only disabled people (in the broadest sense) are in receipt of home care.
- Within adult social care the alternative to charging which would have a similar financial impact would

be to raise the eligibility threshold and so provide services to fewer service users. The consultation specifically addressed this to enable members to balance the impact of either change on disabled people. Questionnaire responses on this issue were 45% in agreement with the approach of pursuing a home care charging policy as opposed to raising the threshold for social care service. 30% disagreed with this approach. The remainder expressed no view.

- The Fairer Charging Guidance ensures that service users are charged only an amount they can afford to pay and in many cases this will result in no charge. The assessment of a person's ability to pay is completely distinct from the assessment of need for services so disabled people should not receive fewer services as a result of this proposed policy. However, it is likely to be the case that a number of service users will choose to purchase their care from private providers especially where only domestic support is required as their costs may be less than the Council's charge.

6. If you have undertaken any internal/ external research or consultation(s) please list these below:

This equalities impact assessment has been informed by a comprehensive consultation programme which ran for three months from February to May 2008.

A total of 30 consultation events were held with service users, carers, the general public, user representative groups and Health and Social Care Scrutiny and were attended by approximately 455 people in total plus those attending Health and Social Care Scrutiny.

Consultation packs including questionnaires were sent to 2,140 community service users. Consultation packs including questionnaires were also sent to 402 carers although carer and user households will have overlapped. Easy Read Word and Picture questionnaires were sent as well as standard packs to 345 people with learning disabilities. Of the 2,542 questionnaires sent out to service users and carers (Easy Read versions were duplicates), a total of 504 hard copy questionnaires were returned, a response rate of 20%.

All consultation material was also available on lbhf.gov.uk and the questionnaire could be completed online. In the main, staff and stakeholders returned their questionnaires electronically. The online questionnaire was completed by 55 respondents, the majority of whom were Council staff or staff from voluntary organisations. These questionnaire results could not be combined with the hard copy results because of the differing methodologies. Online responses were analysed separately and supported the hard copy consultation outcomes.

The equalities impact assessment group plan to review the home care charging consultation. This review will inform the development of a resident and user involvement strategy and future adult social care consultations.

Paragraph 2.35 of the Statutory Code of Practice requires the Council to determine whether or not the consultation was relevant to disabled people. Members were advised that the home care charging consultation was extremely relevant to disabled people. Paragraph 2.36 of the Statutory Code of Practice requires the Council to determine how proportionately affected disabled people would be by such a policy. Members were advised that this policy affects only people who are disabled in the broadest sense and therefore members must give full consideration as to how a home care charging policy would affect disabled people.

7. Do you need to undertake any further consultation? If so, what and with whom?

No further consultation on home care charging required at this time. Consultation is planned with service users in relation to the quality of home care services and the re-letting of contracts to home care service providers.

PLEASE EMAIL COMPLETED FORM TO PEIA@lbhf.gov.uk

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