

Health and Adult Social Care Scrutiny Panel

DATE	11 th November 2020
REPORT OF	Bev Compton
SUBJECT	Adult Social Care Charging Policy
STATUS	Open

CONTRIBUTION TO OUR AIMS

Legality: it is a legal requirement that local authorities set out their approach to charging for adult social care. Where the Council proposes to make changes to its approach, it must consult those affected. A revised policy is intended to meet these obligations.

Sustainability: local authorities are required to consider the resources available to them to meet the adult social care needs of those for whom they are responsible. By reviewing its approach to charging, the Council ensures consideration of whether its approach to maximising its cost recovery is fair, appropriate and sustainable.

EXECUTIVE SUMMARY

Public consultation on a range of options to amend the adult social care charging policy has concluded. An independent report on the outcome of the consultation, and an impact assessment relating to the options consulted upon, are now available. These documents will inform decision making on the content of a new adult social care charging policy ('the Policy') from April 2021.

Scrutiny is asked to make recommendations to Cabinet regarding:

- a) which of the options consulted upon should, or should not, form part of a revised policy.
- b) whether implementation of any change should be immediate (from 1st April 2021), or phased in over a period.

MATTER(S) FOR CONSIDERATION

1. BACKGROUND AND ISSUES

1.1 Background

In Autumn 2019, Health and Social Care Scrutiny members contributed to a task and finish group to consider a range of options for amendment to the Policy and make recommendations for which options should be subject to public consultation. Cabinet approved Scrutiny's recommendations and the consultation took place between 2nd January and 1st April 2020.











Cabinet was due to decide which of the consulted upon options would be included in a revised charging policy in June 2020, with a view to implementing a new policy from July 2020. Due to Covid-19, this has not been possible. A revised decision-making timetable recommences with further consideration by Scrutiny, in November 2020.

1.2 The consultation

The consultation included direct questionnaire mailouts to potentially affected service users (with a response rate of 25%), an online version of the questionnaire, and a range of events. The link to the online questionnaire was widely shared via ACCORD

and others, and actively promoted by Healthwatch and others. Public events targeted relevant interest groups as well as daytime and evening events for members of the public. Events were supported by significant social media activity via Facebook, Twitter and other platforms

The consultation report provides some positive reading, in that a number of the options for change to the policy met with majority approval from written consultees. The options consulted upon and the corresponding responses are summarised below (please see the attached report for full details):

Topic	Proposal	Response	Result
Limiting allowances for disability related expenditure (DRE)	Social activities limited to £50 pw	Net agreement of 55% ; net disagreement of 28%	
	Gardening limited to £15 pw	Net agreement of 63% ; net disagreement of 21%	
	Window cleaning limited to once pm	Net agreement of 72% ; net disagreement of 15%	
Adopting national allowances for minimum income guarantee (MIG)	Less generous allowances for individuals of all ages	Net agreement of 20% ; net disagreement of 70%	
	Less generous allowances for couples of all ages	Net agreement of 21% ; net disagreement of 62%	
Administration fee for arranging care for those who can afford it	Increase admin fee from £50 pa to £170 pa	Net agreement of 34% ; net disagreement of 50%	
Increase fixed charges to catch up and keep up with costs	Respite: banded rates to increase by at least 17.6% (based on 2019/20 costs)	Net agreement of 38% ; net disagreement of 44% - increase over 3 years 73% - increase over 2 years 27%	
	Day care: rates increased by at least 7.2%, based on CPI calculated in 2019	Net agreement of 51% ; net disagreement of 31%	
	Transport: rates increased by at least 7.2%, as above	Net agreement of 54% ; net disagreement of 28%	
	Laundry: rates increased by at least 7.2%, as above	net agreement of 54% ; net disagreement of 26%	

Note: this summary relates to responses via paper/ online surveys; those from service users were generally less favourable than those from family members/ the general public. Responses at face to face events were overall less positive (these events focused on qualitative rather than quantitative responses).

1.3 The impact assessment

Focused as it is on the implications of local people paying more for adult social care, the impact assessment is more circumspect. It highlights that:

- North East Lincolnshire (NEL) has increasing numbers of older people (who are more likely to need support from adult social care)
- Around 20% of NEL residents report that day-to-day activities are limited by long-term illness or disability
- Physical frailty and dementia are the main causes of entering long-term social, home or residential, care in NEL
- The highest number of those reporting that their health is bad or very bad are located in NEL's most deprived wards
- NEL has high levels of deprivation and unemployment, and lower levels of earnings
- The greatest number of individuals to whom the adult social care charging policy applies are located in NEL's most deprived wards.

In summary, needs are high in NEL, and people have less money to contribute to the costs of their adult social care. If adopted, all of the proposals will largely affect older people and disabled people of all ages. The cumulative impact across the proposals is difficult to assess, until a) a decision is made regarding whether to adopt all or only some of the proposals, b) each individual is financially assessed against a new policy.

2. RISKS AND OPPORTUNITIES

2.1 Risks

A number of pertinent themes emerged from the consultation, including:

- Increased resentment in respect of an underfunded social care system – some contributors felt that increased contributions were required because those with needs were being asked to 'prop up' a fundamentally unsustainable system
- An increased perception of unfairness – some contributors felt that the potential for increased charges was indicative of a pattern of older and disabled people being 'made to pay'; others felt that savers were being penalised by being asked to contribute more from their carefully managed resources
- Exacerbation of existing dissatisfaction – satisfaction with services has decreased in recent years; some contributors indicated they were less willing to pay more for what they deem to be of reduced quality. Increasing charges may carry some expectation of an accompanying improved quality of service
- Impact on carers – a number of contributors raised concerns that the proposals may affect carers; if services become less affordable, carers will be under increased pressure to 'make up' perceived deficits in care.

In addition to general themes, there are some specific areas of risk:

- Adoption of national, less generous MIG allowances – other areas have sought to reduce the generosity of the MIG allowances, and this has resulted in challenge via the Local Government Ombudsman and a pending judicial review. In respect of couples, data to support an understanding of impact is very limited. Practice from other areas appears to differ widely, making confident adoption of a clear local approach – perhaps building on successful implementation from other areas – difficult. In respect of individuals, the pending judicial review

relates to the allegedly discriminatory nature of a local authority's changed approach to the MIG. It is being brought by a group of disabled people and carers campaigning against the impact of MIG changes on working age disabled people. The outcome is unknownⁱ. Complaints to the Ombudsman (one local authority has responded to at least three investigations on this topic) do not appear to have resulted in criticisms of a less generous MIG per se, but have resulted in cautionary statements around approaches to considering household (or the couples' finances), and the importance of giving notice of any change to the MIG or consideration of a phased approach to implementationⁱⁱ. It is worth noting that changes to the MIG met with the lowest levels of approval from written consultees, and very much lower levels of approval from face to face consultees

- Respite (short stay in a residential setting) charging – the banded rates utilised, either at current levels or at a level intended to 'catch up and keep up' with the rate of cost increases as indicated via the consultation, and not fully aligned with the local 'cost of care exercise' undertaken with care homes in recent times. Further consideration of the basis of the banded rates, which were implemented historically and rolled forward for some years, may offer a more robust foundation for such charges. Scrutiny may wish to recommend instigation of a piece of work to calculate the costs of respite, building on the cost of care exercise. This is likely to require consultation with providers, users of respite and carers (who are often the primary 'beneficiaries' of respite). Again, it is worth noting that changes to respite charging met with the second lowest levels of approval from written consultees and even lower levels from face to face consultees
- The housing benefit non-dependent rate (the amount taken in to account as part of a financial assessment for 'room rental' in shared accommodation) – this aspect of the charging policy was adopted in 2015, and reviewed by members in 2019 before being rejected for revision/ further consultation. This aspect of the policy, and the decision not to revise it, is currently the subject of a complaint to the Ombudsman. The complainant's view is that this rate is an unreasonable reflection of actual costs; further, that the policy penalises those who share accommodation with relatives, obliges parents to provide their adult disabled children with more financial support than they can afford and fails to support families seeking to care for relatives in challenging circumstances. The outcome of the Ombudsman's deliberations may direct what further action (if any) results from this complaint.

2.2 Opportunities

2.2.1 Increased costs recovery

The Council is facing unprecedented challenges to its budgets generally, compounding the on-going challenges to an overstretched adult social care budget. The Council has previously committed itself to a policy position of full cost recovery wherever appropriate. Arguably, such a position is more important than ever.

2.2.2 Increased sustainability

Implementation of all proposals across a full year, is unlikely to raise more than approximately £80,000 per annum in increased costs recovery. Whilst this may be considered a relatively modest sum in the context of the overall adult social care budget, implementation of the proposals creates a new principle of 'catch up and keep

up' with increasing costs in current and future years.

2.2.3 Public support

Although in some cases by a small margin, six out of the 10 proposals consulted upon received majority approval (on the basis of paper/ online questionnaires). It might be argued that any support for increased charges should not be squandered.

3. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

3.1 Reputation

Charging for adult social care is a contentious topic. A long term funding solution for adult social care has been awaited for some years; the debate regarding the inequity between health care – which is free at the point of access – and social care – which is not – has been heightened in the context of the Covid-10 pandemic. In this context, the Council's need to balance the reputational risks associated with action and inaction is particularly sensitive. For example, there was some criticism during the consultation that the need to raise charges by such significant amounts now results from the Council's failure to take earlier action to keep up with increasing costs. Whilst a longer-term funding solution is awaited and given the pandemic's impact on other areas of Council income, attending to the sustainability of local adult social care budgets remains imperative.

Conversely, there may be some risk of perceived haste in deciding to make changes now which are likely to impact those groups (older and disabled people) who may have suffered the most in the pandemic. For example, it may be argued in the context of reducing DRE for social activities, that social inclusion is more important than ever (indeed changes to DRE in this area met with significant opposition at pre-covid face to face events). In addition, the impact on the future of day care services (and transport to/ from them) is difficult to quantify as these services have been closed for several months and alternative provision not always available. Specific consideration of carers is also relevant, given that informal care delivery has often increased during the pandemic, as care from other sources has reduced. Although the full impact of the pandemic is not yet known, it seems certain that health inequalities have been exacerbated, with the most vulnerable individuals and deprived communities remaining at greatest risk financially, physiologically and psychologically.

3.2 Communication

A robust consultation has been conducted. The outcome report and impact assessment will be published on the CCG's website (in the 'have your say' area). In addition to publication of the resulting decision via usual Council mechanisms, each individual to whom any increase in charges might apply will receive a postal notification. It is intended that individuals be provided with a generic notification of any potential increases at least 6 weeks prior to 1st April 2021 (following which the new policy will apply). Precisely how each individual is affected will not be known until the time of their individual financial assessment (following which any increases will apply to them personally); individual explanations will be provided at that time.

4. FINANCIAL CONSIDERATIONS

Implementing one or more of the options consulted upon could increase revenue for the Council. In times of budgetary constraint and increased demand, consideration of such options has additional importance. Consideration of income generation must also be

balanced with considerations of fairness and the economic wellbeing of the local community. If all options are implemented, the income that may be raised is a maximum of £80,000 per annum. Regardless of the sum raised, members may consider that review of the policy also offers opportunities to adopt sustainable principles to build on, such as 'catching and keeping up' with the rate of inflation.

Members should be mindful that:

- Whilst any changes in policy will come into effect from 1st April 2021, no changes take effect for an individual until the time of their annual assessment. As assessments take place on a rolling programme across each year, it will take until April 2022 for all individuals to be assessed on the basis of any revised policy
- As each person's charges are subject to individual financial assessment, the way in which their own resources 'interact' with any changes in national benefits (such as Universal Credit) and local benefits (such as changes in council tax allowances) and with any charging changes from April 2021, establishing how much individuals might pay under a new policy can only be a 'best guess'. All estimates created have been devised on the basis of the cohort of individuals in receipt of adult social care at the time of the consultation; this is a cohort that changes regularly
- Which cohorts are most likely to be affected by increased income generation. For example, even if a proposal appears likely to generate cost effective income, members may decide that there are policy reasons for not pursuing it, e.g. the most disadvantaged would be the most adversely affected
- Some options regarding who will be affected rely on "best estimates" and will not allow for exact calculation re possible numbers affected. For example, as noted, the current charging policy does not require collation of data in respect of couples (where one or both is in receipt of social care); thus, assessing the impact and efficacy of changing the couples MIG necessitates a guess as to how many individuals would be affected i.e. those that are part of a couple and to what degree (based on the financial position of unknown individuals)
- Some individuals elect not to pay their assessed social care charges, and instead accumulate debts to the Council. Where individuals are required to pay more, the Council's debt position (rather than its income generation) may be increased.

5. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

There are no known implications relating to climate change and the environment.

6. FINANCIAL IMPLICATIONS

6.1 As detailed within the financial considerations above, if all options are implemented, the income that may be raised is a maximum of £80,000 per annum. At a time of significant financial challenge for the authority, all options must be given serious consideration. Implementation of the proposed policy changes will also enable the council to uplift charges for fixed priced items on an annual basis to keep pace with inflation and wage rises.

7. LEGAL IMPLICATIONS

- 7.1 Constitutionally the scrutiny function of the Council is not a decision-making body but is able to make recommendations to Cabinet.
- 7.2 Such recommendations are not binding on Cabinet and it is a matter for Cabinet as to what (if any) weight is afforded to such recommendations.

7.3 Pre-decision scrutiny is an intrinsic part of the decision-making process falling to the remit of each scrutiny panel.

8. HUMAN RESOURCES IMPLICATIONS

8.1 There are no direct HR implications.

9. WARD IMPLICATIONS

All wards with users of social care are affected. A majority of such users are within the Borough's more deprived wards.

10. BACKGROUND PAPERS

- a) Report on outcome of consultation
- b) Impact assessment
- c) DRAFT charging policy (showing what the policy could look like if all proposals were adopted)
- d) Covid-19 health impact assessment

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ⁱ <https://www.localgovernmentlawyer.co.uk/adult-social-care/391-adult-care-news/44288-claimant-with-down-syndrome-secures-permission-for-judicial-review-of-charging-policy-of-county-council>

ⁱⁱ <https://www.lgo.org.uk/decisions/adult-care-services/assessment-and-care-plan/18-016-318> ,
<https://www.lgo.org.uk/decisions/adult-care-services/charging/18-019-993> ,
<https://www.lgo.org.uk/decisions/adult-care-services/assessment-and-care-plan/19-008-225> ,
<https://www.lgo.org.uk/decisions/adult-care-services/direct-payments/19-012-900>

North East Lincolnshire

Charging Review Consultation 2020

Report (V03)
April 2020



North East Lincolnshire
Clinical Commissioning Group



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1.0 Introduction

Background

About 2700 people in North East Lincolnshire use some adult care and support (social care) each year. North East Lincolnshire Council ('the Council') is proposing to make some changes to its charging policy for adult care and support. The Council last reviewed all of its charging policy in 2015. The Council needs to review its policy again to make sure that it is helping to meet the needs of local people within the available budget.

Unlike health services, adult care and support services are not free to access. The Care Act 2014 sets out the legal basis for means testing access to care and support services. The law allows councils to recover some of what they spend in meeting people's needs.

The Council wants to make the best use of the money it has available to help local people, but it does not plan to take every opportunity the law allows to make a charge. For example, it does not currently want to use its right to charge for carers' services, because it recognises the contribution that carers make to supporting some of the most vulnerable members of the community. Due to its difficult financial position, the Council does want to consider other proposals to recover its costs where it thinks it is reasonable.

SMSR Ltd, an independent research company, has therefore been commissioned to undertake a consultation to gather opinions on the proposed changes and identify any areas which may be of concern. In addition, staff from North East Lincolnshire Clinical Commissioning Group (CCG) and focus independent adult social work (focus) undertook facilitated sessions with key stakeholders and local residents.

The main aim of the consultation was to give service users, residents and stakeholders the opportunity to review and feedback on the proposed changes to the Charging Policy in order to inform the decision-making process.

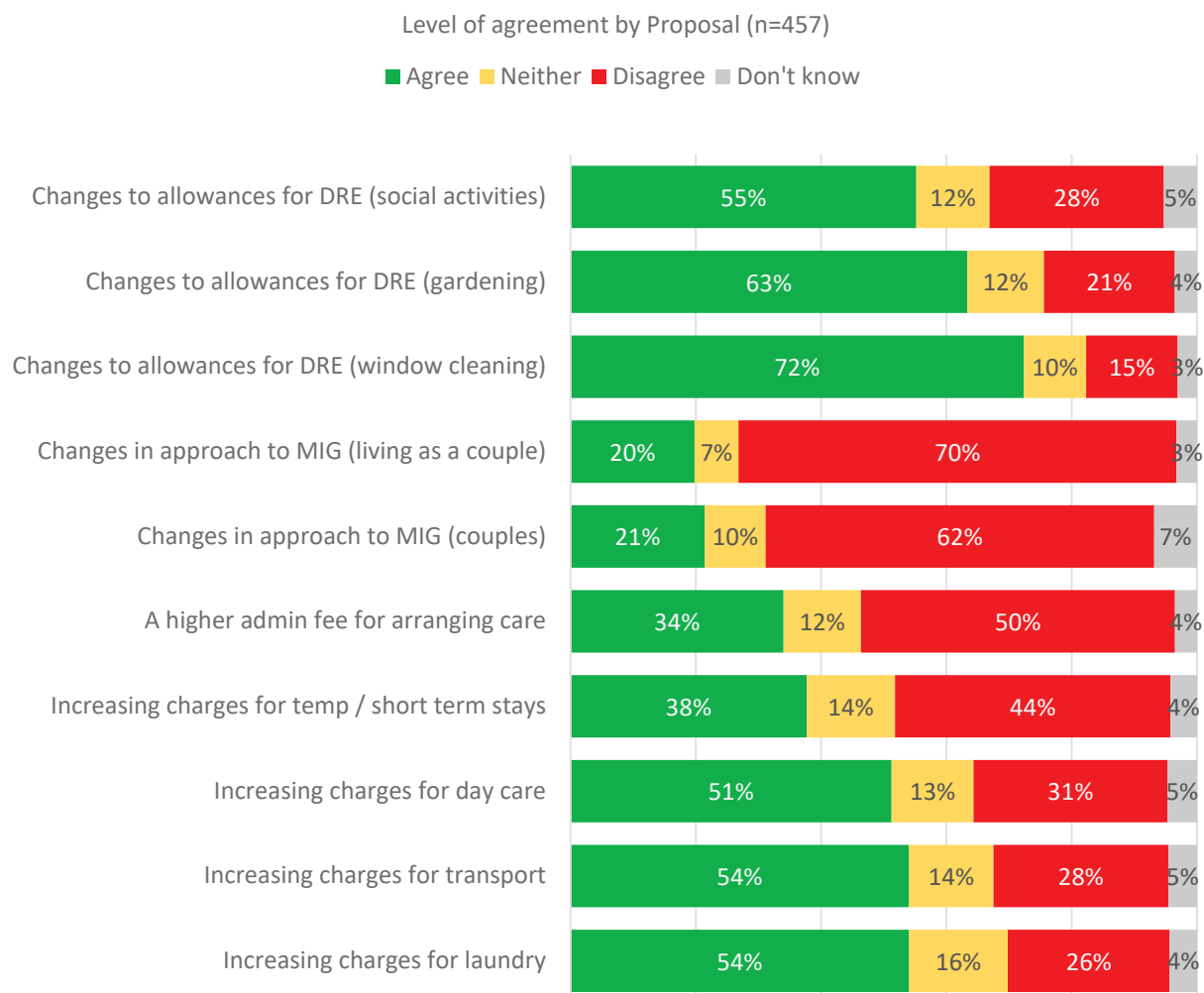
Report Structure

This report details findings from the public consultation which was undertaken between 2nd January 2020 and 1st April 2020.

This report includes headline findings for each question combined with insight based on how individuals identified themselves when participating in the research. Qualitative themes also support the findings and are organised into themes where possible. It should be noted that when the results are discussed within the report, often percentages will be rounded up or down to the nearest one per cent. Therefore, occasionally figures may add up to 101% or 99%.

2.0 Headline Findings

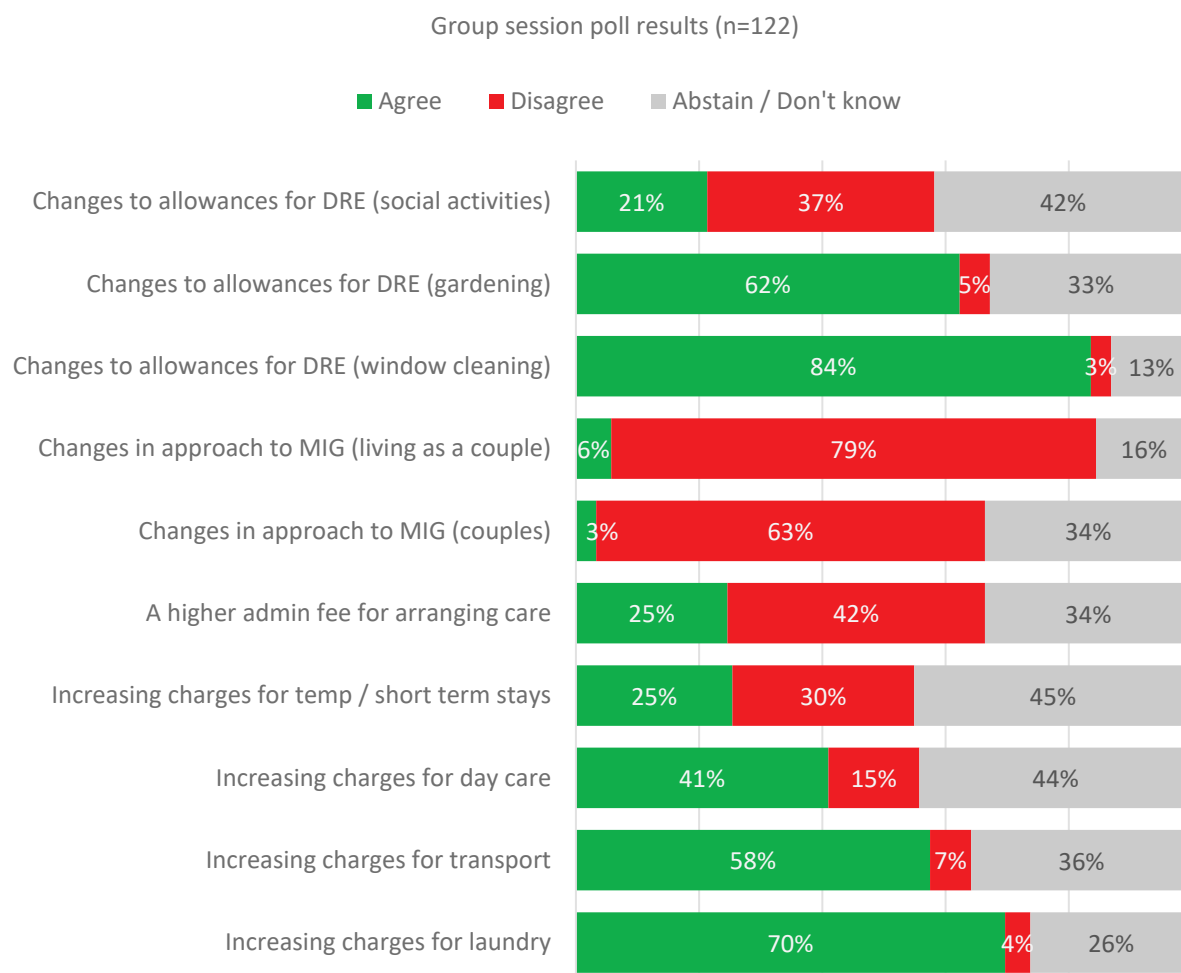
Respondents of the postal and online consultation (the quantitative phase of the research) were asked to say to what extent they agree or disagree with each of the proposals laid out by the Council. The overview below displays the overall net levels of agreement and disagreement captured for each proposal throughout the quantitative phase of the research:



When considering these top-line responses to each proposal, support was highest towards those involving changes to allowances for Disability Related Expenditure (DRE) with nearly three quarters (72%) in agreement that the Council should stop letting individuals claim DRE allowances for window cleaning more than once a month.

Support was lowest towards proposals to take a less generous approach to the Minimum Income Guarantee (MIG) for individuals and couples. Around a fifth (20%) agreed that the Council should adopt less generous nationally set rates for individuals and a similar percentage (21%) agreed with a less generous approach to assessing MIG for those living as a couple.

In addition to feedback on the proposals from the postal and online consultation, polls were conducted during quantitative group sessions in which residents and stakeholders provided their opinions on the proposals. Although these results should be taken as strongly indicative rather than statistically robust, they do reinforce patterns found in the quantitative consultation results. Attendees were asked to declare if they agree or disagree with each proposal.



Support for changes to allowances for DRE relating to window cleaning was also highest amongst attendees at group sessions (84%) with support toward this approach to DRE relating to gardening also consistent (62%). Opposition was greatest towards changes in the approach to the Minimum Income Guarantee (MIG) which underlines this finding in the postal/ online consultation.

Similar levels of support were found for each proposal across both quantitative and qualitative consultations; the main difference being the level of support for changes in allowances for DRE in relation to social activities with online/postal respondents taking a more positive opinion of this action.

3.0 Methodology

The consultation was designed to be inclusive of service users, their relatives, stakeholders and the general public. A range of methodologies were employed to ensure those directly affected by the proposals and all other groups were given maximum opportunity to provide their opinion. The approach was as follows:

Service Users

Service users who may be directly affected by the proposals were invited to participate in the research primarily by a postal survey. A questionnaire was designed by the CCG, focus and SMSR Ltd during a thorough development phase with input and feedback provided by staff at both organisations in order to validate the script. Elected members (councillors) of the Council were also heavily involved. Careful steps were taken to ensure the script was written in plain English and, once signed off, an easy read version was designed by a specialist company. A copy of the final versions of both surveys can be found in the appendices.

In total, 1,419 questionnaires were sent to service users or their financial representatives. Broken down, this sample included 1306 standard surveys, 39 easy read surveys, 55 standard surveys to new users within the consultation period and 19 surveys to users of respite care.

Additionally, service users were provided with the opportunity to complete the survey online (both in standard and easy read format) via a dedicated page set up on the CCG website. Recipients were offered a telephone number for a Project Manager at SMSR Ltd for any queries or help needed to participate in the consultation. Help to complete the survey was also on offer from focus' Community Care Finance Team and a range of local organisations including AgeUK, Healthwatch and the Citizen's Advice Bureau.

The fieldwork period for postal participation ran from 2nd January 2020 to 1st April 2020.

Stakeholders / General Public (Online Surveys)

In order to reach out to and understand the opinions of stakeholders and the general public, links to the online surveys (standard/ easy read) were promoted via CCG media streams (including Facebook and Twitter) and placed on a dedicated page on the organisation's website. Other organisations such as focus, Care Plus Group and Navigo also support this media activity.

The fieldwork period for online participation ran from 2nd January 2020 to 1st April 2020.

Consultation Events

At the core of the qualitative strand of the consultation were a number of face to face consultation events designed to extract rich verbatim from specific groups and the general public to maximise inclusivity. The events were specially organised and advertised through various media streams, bulletins and posters. Attendees at each group were given the chance to provide feedback on each proposal, ask questions and discuss implications. Polls were conducted at each group to capture support for the proposals alongside qualitative data.

A total of 14 events were scheduled with 8 taking place. The remaining events were abortive due to no one attending or were cancelled due the social distancing requirements associated with the outbreak of COVID-19. The full list of events can be found below:

Event	Date	No of attendees (approximate)
Learning and Physical Disability Event 1 (Cromwell Road Resource Centre, Grimsby)	23/01/20 1:45-3pm	19
Learning and Physical Disability Event 2 (Cromwell Road Resource Centre, Grimsby)	28/01/20 1:45-3pm	7
Friendship at Home Event (Beacontorpe Hall, Cleethorpes)	06/02/20 10-11:30am	36
Stakeholders Event (Town Hall, Grimsby)	14/02/20 9:30am-12:30pm	30
Age UK (Age UK, Grimsby)	21/02/20 11am	No shows
Cloverleaf Advocacy Event (Freeman Street Market, Grimsby)	27/02/20 10:30am-12pm	No shows
Public Open Event (Town Hall, Grimsby) TWO EVENTS	02/03/2020 5:30- 8:30pm	6 (3,3)
Public Open Event (Town Hall, Grimsby) TWO EVENTS	11/03/2020 9:30am-12:30pm	24 (13,11)
LGBT Event (Grimsby Town Football Club, Cleethorpes)	11/03/20 4:30-5:30pm	Cancelled (Covid-19)
Carers' Support Service Event, Grimsby	16/03/20 10-11:30am	No shows
Holy Trinity Parish (Corpus Christi, Cleethorpes)	23/03/20 7-8:30pm	Cancelled (Covid-19)
Jewish Focus Group	N/A	Insufficient interest

A total of approximately 122 people shared their views at face to face events.

The fieldwork period for group participation ran from 23rd January 2020 to 11st March 2020.

4.0 Sample

A total of 457 residents of North East Lincolnshire completed a questionnaire during the consultation. The majority of responses were provided via postal surveys. Of the 1419 postal surveys delivered to service users or their financial representative, 356 were returned – a response rate of 25%.

The table below displays the breakdown of returns by methodology:

Methodology	Number	%
Postal surveys	356	78%
Online survey – Standard	72	16%
Online survey – Easy Read	29	6%
Total	457	100%

To help better understand the feedback provided, respondents were asked to choose an option from the table below to best describe the capacity in which they were responding to the consultation:

Description	Number	%
I use services commissioned and / or provided by North East Lincolnshire Council/ North East Lincolnshire Clinical Commissioning Group / focus	85	20%
I am a relative, carer or friend of someone who uses services commissioned and / or provided by North East Lincolnshire Council/ North East Lincolnshire Clinical Commissioning Group / focus	254	60%
I am a resident of North East Lincolnshire and currently have no involvement with services commissioned and / or provided by North East Lincolnshire Council/ North East Lincolnshire Clinical Commissioning Group / focus	46	11%
I work for an organisation which deals with users of services commissioned and / or provided by North East Lincolnshire Council/ North East Lincolnshire Clinical Commissioning Group / focus	20	5%
Other	18	4%
Total	457	100%

Responses regarding individuals identifying themselves by reference to protected characteristics were very limited. The data that was gleaned features in a separate impact assessment.

5.0 Findings

5.1 Proposal One: Changes to allowances for DRE (social activities)

Respondents were firstly asked to consider changes to allowances to Disability Related Expenditure (DRE) for social activities and to what extent they agreed or disagreed with the proposal.

As part of a financial assessment, the Council takes into account people's Disability Related Expenditure (DRE) if they are in receipt of a qualifying benefit. The Council can make an allowance for this expenditure when doing a financial assessment. If the Council does make an allowance, this means that the person keeps more of their own money and pays less towards the costs of their care and support than they might otherwise have done.

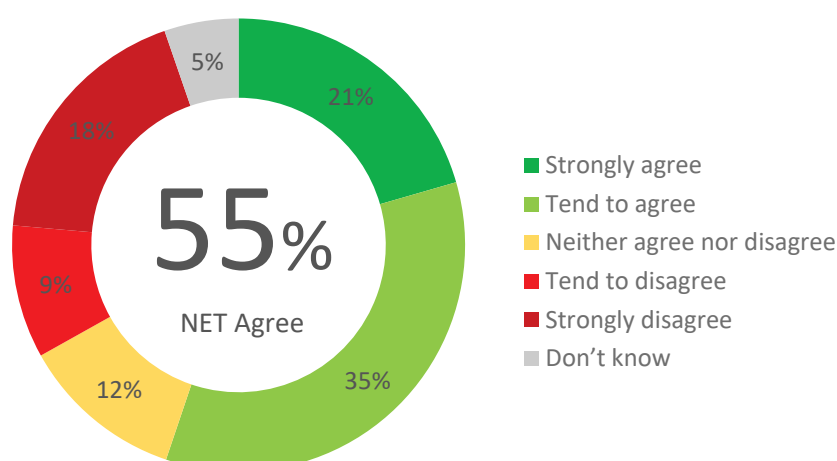
The Council has reviewed what it is currently allowing people to claim as DRE for social activities. Social activities might include going to the cinema, attending a private day care centre (for example to go to a disco), or going to bingo.

At the moment the Council is making DRE allowances for social activities costing between £1 and £90 per week. The biggest number of people who ask the Council to take into account their DRE for social activities are asking for an allowance of less than £50 per week. This means that most people's social activities costs can be met for no more than £50 per week.

The Council proposes to set a limit on DRE allowances for social activities at £50 per week. The Council still has discretion to allow more than this amount where it is necessary to meet the needs set out in an individual's care and support plan. Setting a limit is likely to mean that less people will receive a DRE allowance for social activities of more than £50 per week.

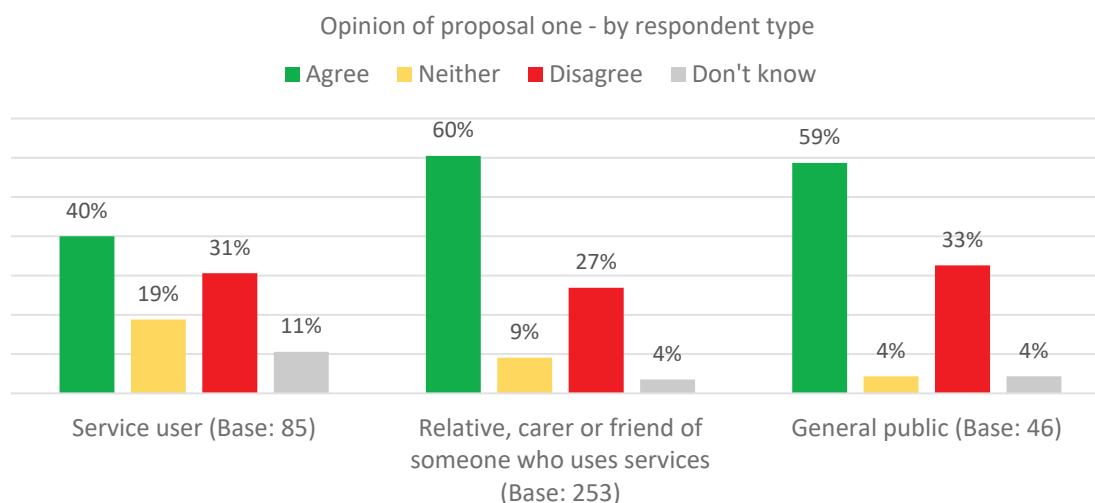
5.1.1 Support for proposal

To what extent do you agree or disagree with Proposal One?



The majority of respondents (55%) said they agreed the Council should set a limit on DRE for social activities at £50 per week; a fifth (21%) revealing they strongly agreed with this proposal. Just over a quarter (28%) opposed this action and nearly a fifth said they strongly disagreed with the proposal.

Just over a tenth expressed a neutral opinion (12%) towards the proposed changes to DRE and a small percentage said they did not know (5%).



Opinions were further broken down by respondent type to reveal the majority of all respondents who did not directly use services (excluding those who identified as 'other') agreed the Council should set a limit on allowances for DRE for social activities at £50 per week.

The majority of respondents who identified as a relative, carer or someone who uses services said they supported this proposal with three-fifths (60%) in agreement; a result mirrored by the general public (59%). More than two thirds (70%) of respondents who worked for an organisation which deals with users of services offered support for this action, although sample sizes were low for this cohort (20 respondents).

Support for the setting the limit on allowances for social activities was lowest amongst users of services provided by the Council, North East Lincolnshire CCG or focus. Agreement dropped significantly with nearly two fifths (40%) stating they agreed with the proposal with almost a third (31%) opposed to this course of action.

5.1.2 Qualitative feedback

There was less support for the Council to set a limit on allowances for DRE for social activities during polls taken across group consultations. Some believed that a £50 allowance is too much and in fact, could be lower. Other participants showed concern with the change and believed that mental health could be impacted, as a result of less financial help for social activities. Concerns were also raised around the need to avoid social isolation and the potential for reductions in quality of life.

Key comments include:

- *I've disagreed with this proposal because it's still too high; I want it to be lower [than £50]*
- *£50 is greedy*
- *There could be a knock-on effect on mental health if you make it more difficult for people to get out*
- *This may impact on individual mental health and wellbeing, depending on need*
- *Loneliness is becoming a mental health issue nationally, so we should be encouraging people to go out. What benefit can a limit offer?*
- *Social activities are a big part of our son's life. It would affect him greatly if social activities were taken away. He loves his social life; take it away and he has no life*

Key messages from the online/postal consultation in relation to proposal one indicated participants agreed with the change, as long as the discretion was there for those who needed it. Though, comments were also made supporting concern amongst group participants for the mental health of some service users as a result of the possible changes:

“As you have stated that you still have discretion to allow more money when necessary, I see no reason to disagree with this proposal.”

“So long as those with specific needs are allowed to claim an additional allowance.”

“Individually may not have enough money to participate in some activities, on a £50 per budget. These activities may greatly impact on a person’s emotional wellbeing in they cannot attend, failure to meet these needs may have an impact on the service user’s mental wellbeing.”

5.2 Proposal Two: Changes to allowances for DRE (gardening)

Respondents were next asked to consider changes to allowances to Disability Related Expenditure (DRE) for gardening and to what extent they agreed or disagreed with the proposal.

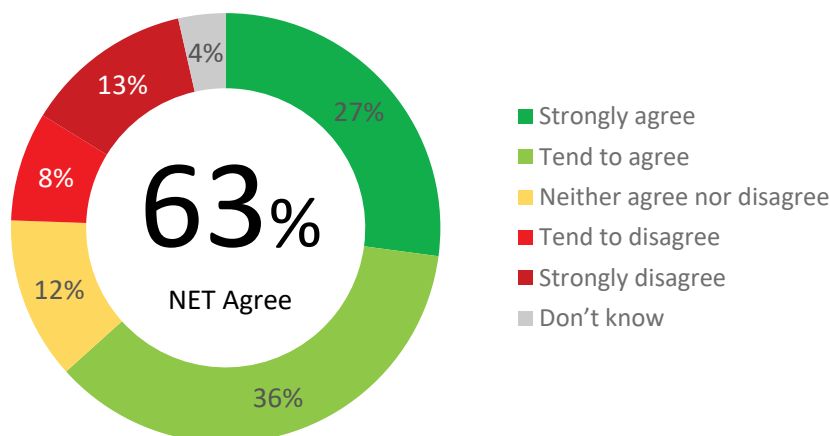
At the moment the Council is making DRE allowances for gardening for those individuals unable to do their own gardening due to a disability or impairment. These individuals are spending between 47p and £32 per week on gardening. The Council has added together the amounts each individual spends on gardening every year and divided the total by 52 weeks to give a weekly amount.

The biggest number of people who ask the Council to take into account their DRE for gardening are asking for an allowance of less than £15 per week. This means that most people's gardening costs can be met for no more than £15 per week.

The Council proposes to set a limit on DRE allowances for gardening at £15 per week. The Council still has discretion to allow more than this amount where it is necessary to meet the needs set out in an individual's care and support plan. Setting a limit is likely to mean that less people will receive a DRE allowance for gardening of more than £15 per week.

5.2.1 Support for proposal

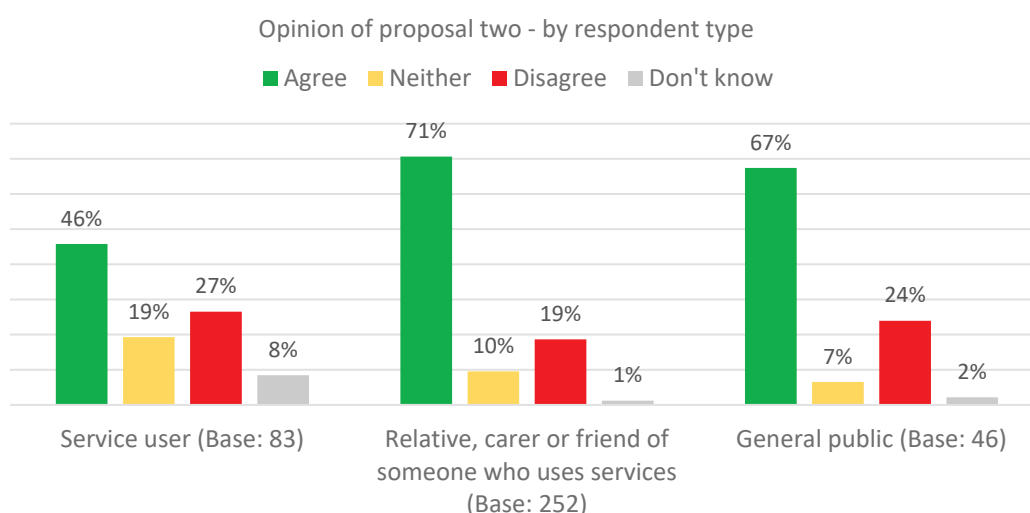
To what extent do you agree or disagree with Proposal Two?



The Council's proposal to set a limit on allowances for gardening to £15 per week was again supported by the majority of respondents with nearly two thirds (63%) providing their approval for this action. More than a quarter (27%) said they strongly agreed with the proposal.

Just over a fifth (21%) expressed some level of opposition to plans to set a limit on allowances for gardening with 13% strongly disagreeing with the proposal.

Just over a tenth provided a neutral view (12%) and a small percentage did not know (4%).



As seen in trends in the previous question, service users expressed less support towards proposal two than those who identified as a relative, carer or friend of a service user, a member of the general public or worker for an organisation which deals with users of services.

With more than two-thirds in agreement, there was overwhelming support from those who identified as a relative, carer or friend of a service user (71%) and the general public (67%). Support was high amongst those working for an organisation which deals with service users (65%), although base numbers were low (20 respondents).

Service users showed significantly less support for setting an allowance on DRE for gardening with just under half in agreement (46%), however similar levels of opposition were found across respondent type and more than a quarter of service users gave a neutral response; neither (19%) and don't know (8%).

5.2.2 Qualitative feedback

Although most attendees who participated in polls during the group sessions agreed to the proposal, with some stating that £15 was reasonable - many acknowledged that £15 was still too high or furthermore, wasn't as important as other costs. There were counterstatements that the amount was too low and could have a detrimental effect on the more vulnerable society.

Key comments include:

- *I think £15 is reasonable for a gardener*
- *I don't think £15 per week is too much; people [gardeners] will charge £10 or £15 per go*
- *I would rank social activities higher [i.e. more important] than gardening*
- *I don't think gardening's an important issue when compared with social activities*
- *That doesn't even cover the minimum wage if you have a gardener for a couple of hours per week*
- *£15 isn't enough – people charge that per hour. You won't get much for that*
- *This is going to affect a heck of a lot of older people*
- *Someone with mental health problems may enjoy being outside but may not be able to make their garden look decent; this should be considered on an individual basis*

When examining the online and postal data, similar themes were extracted in the verbatim comments, with some respondents reinforcing their agreement with the proposal. Alternatively, several others mentioned that it depended on the size of the garden.

"I think this limit is adequate for gardening, having elderly relatives who pay for theirs I can say that from experience"

"I only have a gardener out of desperation now and then for £10."

"It does depend on size of garden, my sister has a small garden, her gardener charges £20 for 1st hour and £15 for 2nd hour, so a total of £35. For two hours a week! Some charge more."

"There could be issues depending on the size of the garden and the amount of plants/trees in the garden."

5.3 Proposal Three: Changes to allowances for DRE (window cleaning)

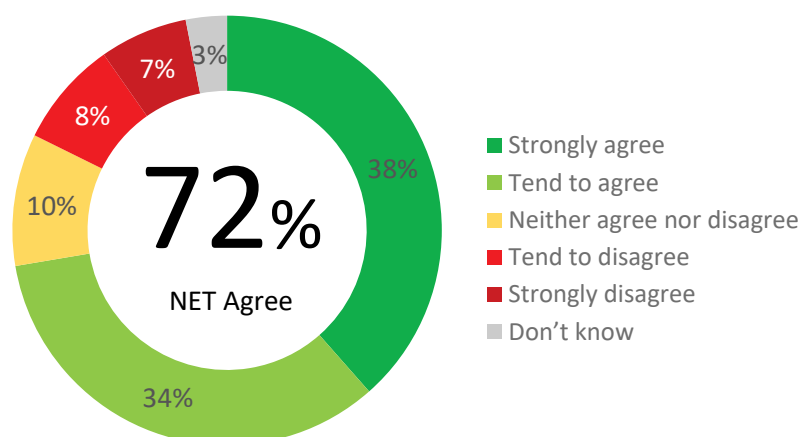
The final proposal relating to Disability Related Expenditure (DRE) concerned window cleaning and respondents were asked to say to what extent they agree or disagree to stop letting individuals claim DRE allowances for window cleaning more than once in a month.

At the moment, the Council is making DRE allowances for window cleaning costing between 6p and £8 per week. The Council has added together the amounts each individual spends on window cleaning every year and divided the total by 52 weeks to give the amount spent each week. There is a lot of difference between individuals in what they are spending, and in the number of times they are having their windows cleaned each month.

The Council proposes to limit the number of times people can claim DRE for window cleaning to no more than once per month. Of course, people can have their windows cleaned more than once per month if they want to, but they will not be able to claim those costs as DRE more than once per month.

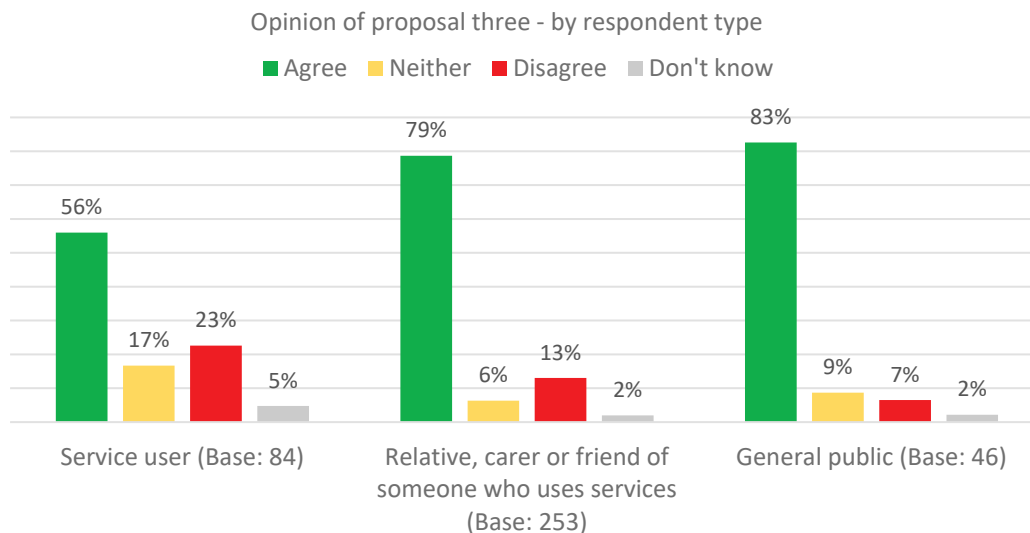
5.3.1 Support for proposal

To what extent do you agree or disagree with Proposal Three?



The proposal to limit the number of times people can claim DRE for window cleaning to no more than once a month gained the strongest level of support across all proposals put forward. Almost four-fifths (38%) revealed they strongly agreed with the proposal and a further third tended to agree (34%). In total, nearly three quarters agreed with the proposal to some degree (72%) whilst less than a fifth opposed this course (15%).

A tenth (10%) said they neither agree nor disagree with the proposal and a small percentage did not know (3%).



The majority of service users supported the proposal, reinforced with strong levels of agreement found amongst relatives, carers or friends of service users and the general public. More than half (56%) of service users said they agree with the proposed plans to stop letting individuals claim allowances for window cleaning more than once per month along with four-fifths (79%) of those who identified as a relative, friend or carer and the general public (83%). There were also high levels of agreement amongst respondents who work for an organisation which deals with service users (70%), although base figures were low (20 respondents).

Service users expressed the highest levels of disagreement with almost a quarter opposed to the proposal (23%). Just over a tenth (13%) of those who identified as a relative, carer or friend of a service user disagreed with the proposal, as did a small percentage of the general public (7%).

5.3.2 Qualitative feedback

There was strong agreement with participants explaining that claiming once a month is sufficient, as well as others mentioning that once a month is their current routine for window cleaning services. Others suggested that window cleaning isn't a priority and some countered that it is important and felt that it's unfair that not all vulnerable people are entitled to claim DRE.

Key comments include:

- *Once per month is more than enough*
- *I only have my windows done monthly*
- *It's more of a luxury [to have your windows cleaned more than once per month]*
- *Social activities/ inclusion is more important than window cleaning*
- *Fuel poverty/ fuel needs should be taken into account as a priority rather than considering window cleaning*
- *I disagree because of the potential to impact negatively on autistic people; it may be especially important to them to have clean windows*
- *It is inequitable that everyone can't claim DRE; a vulnerable elderly person might have a need but not be in receipt of a relevant benefit to enable them to claim DRE*
- *People with complex health problems don't get access to disability related expenditure*

Online and postal responses shared similar thoughts when it came to proposal three, with many agreeing that once a month is sufficient:

“No reason to have windows cleaned more than once a month. Waste of money.”

“Once a month is sufficient enough for windows to be cleaned.”

5.4 Proposal Four: Changes in approach to MIG (individuals)

Respondents were asked to provide their opinion on proposed changes to the Council's approach to the Minimum Income Guarantee (MIG) and how this could affect individuals.

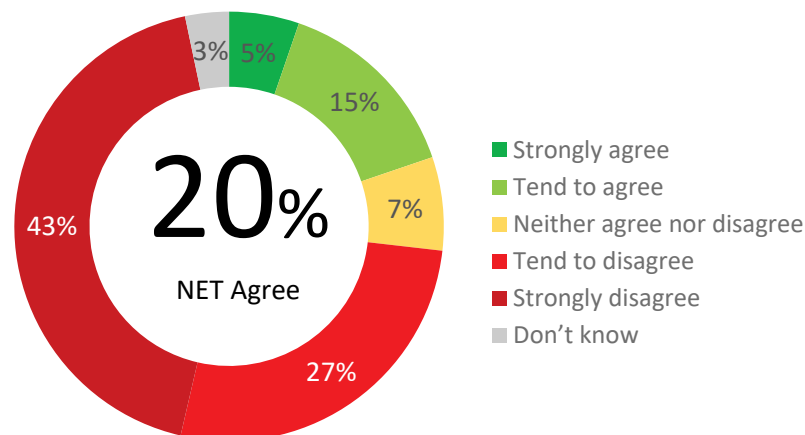
The law says that after paying any charges for adult social care, an individual must still be left with a guaranteed minimum level of income. This guaranteed minimum level of income is set nationally by the Government. It is intended to ensure that people are left with enough money to meet their standard living costs (for example food, gas and electricity, water rates etc).

At the moment, the Council allows people to keep more than the guaranteed minimum level of income set nationally by the Government. Letting people keep more of their income means that people contribute less towards the costs of their care and support, or may not make any contribution at all. Whether they contribute depends upon their individual financial assessment.

The Council proposes to stop allowing people to keep more than the nationally set minimum level of income. If the Council adopts the less generous nationally set rates, individuals will contribute more towards the costs of their care and support and so will have less money left to meet their standard living costs. This change will not mean that people receive less income (for example, benefit received from the Department of Work and Pensions – the DWP) but it will mean that more of that income could be used to pay for their care and support costs.

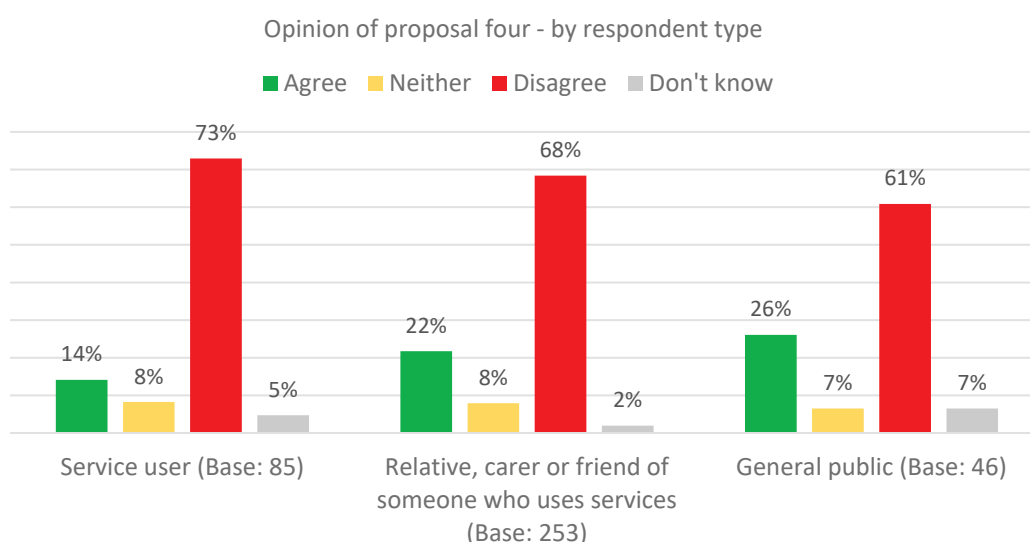
5.4.1 Support for proposal

To what extent do you agree or disagree with Proposal Four?



Proposals to adopt less generous nationally set rates so that people are left with a lower guaranteed minimum level of income after contributing to the costs of their care and support gained the lowest levels of agreement across all proposals put forward. Only a fifth (20%) of respondents expressed some level of agreement to the proposal. This action derived strong opposition with 7 in every 10 respondents stating they disagree this proposal should be put in place. More than four-fifths (43%) said they strongly disagree with the Council adopting less generous nationally set rates, reinforcing opposition to proposal four.

Around a tenth provided a neutral view, 7% stating they neither agree nor disagree and 3% stating they do not know.



High levels of disagreement was found across all respondent types towards plans to adopt less generous nationally set rates so that people are left with a lower guaranteed minimum level of income after contributing to the costs of their care and support. Nearly three-quarters of service users disagreed with this proposal, followed by two-thirds of those identifying as a relative, carer or friend of a service user (68%) and three fifths of the general public (61%).

Levels of support for the policy amongst respondent types were reversed with a quarter of the general public in agreement (26%), followed by those identifying as a relative, carer or friend (22%) and less than a sixth of service users (14%).

5.4.2 Qualitative feedback

A great number felt that the proposal would impact people negatively, suggesting that people may struggle with their monthly outgoings as a result. Additionally, participants showed their concerns regarding the deprived areas locally and stressed that it could be the difference between eating or not. A select few also questioned whether the appropriate staff listen to concerns.

Key comments include:

- *In the scheme of things, that's a lot of money to lose*
- *If someone's struggling, this will reduce what they have to live on even more*
- *The area is already so deprived. It's quite a lot of money to make people potentially £20 per week worse off. It could be the difference between going out a couple of times per week or not*
- *NEL/ Grimsby is a deprived area – financially and [in respect of] the services people could access – so NEL needs a higher MIG*
- *It seems bleak. If we can keep this deprived area with a little bit more....*
- *That could be a monthly food shop to someone*
- *The difference [reduction] could represent a couple of meals or result in someone switching off the heating*
- *People who assess don't listen to the people they're assessing*
- *Do they actually listen [elected members]? Will our views make them change their minds?*

A similar consensus appeared with the online and postal surveys, with respondents agreeing that people are currently struggling financially, and any charges would impact them:

“He is certainly not wealthy and just about managing but struggling to pay for extras like house maintenance or boiler breakdowns or any breakdowns. So basically, any reduction in his finances will affect his long-term care and prospects of remaining in his own home for his final months or years”

“We are on the bread line now because when my son gave up his job to come home and care for me, I lost all benefits. They took £43 from me and gave my son £60 which he has to contribute to household expenses.”

“As []'s carer I have assisted [] in filling in this survey, [] suffers with paranoid schizophrenia and following a heart attack he now has severe heart failure. His health both mentally and physically is not good and his future is very bleak and irreversible. Proposal 4,5,6 could result in his overall care. He is certainly not wealthy and just about managing but struggling to pay for extras like house maintenance or boiler breakdowns or any breakdowns. So basically, any reduction in his finances will affect his long-term care and prospects of remaining in his own home for his final months or years.”

“Ensuring we pay all we can afford is a good thing. MIG amounts are not shown in survey. Tell us what the MIG values are to enable fully informed responses.”

“My son already pays towards his social care and doesn't get much allowance for activities because he finds activities stressful due to the nature of his disability. The allowance for living costs is very unrealistic as it is, so this will only make it worse. No allowance is made for the additional cost of having a support worker, who we need to cover the cost of their fuel, plus additional expense of their meals, that comes out of my son's money on top of paying for the service.”

“Increasing charges to match increased costs/inflation pressures seems right and proper, however steps must be taken to ensure this does not result in a decreased quality of life for individuals. It would be a false economy to place vulnerable people in a position where they make e.g. increased calls upon health services due to a deterioration in their wellbeing.”

“Minimum income guarantee - If my mother's minimum income drops any further, financially she will be in the red and would have to borrow money, which she cannot afford to do. My mother is 91 years old, physically disabled and has Alzheimer's disease. Proposal 8 - I'm confused. The increased rates over a three-year period are no different from the increased rates over a two year period.”

“Proposal four - I consider that reducing the amount of individuals can keep in line with government guidelines would be a backward step. That amount could have a bad impact on their standard of living/health and self-worth. The minimum income is inadequate and the council should not reduce payment with this proposal. Please reconsider this proposal.”

“Why take from disabled people who are not in a position to take on work in order to increase their income and thus their quality of life? What does the council do to assist disabled people to increase their income e.g. through work? Why not increase council tax for those who have the most, so that those who have the most pay the most?”

5.5 Proposal Five: Changes in approach to MIG (those living as a couple)

Proposal five again concerned a change in approach to the Minimum Income Guarantee, this time in relation to individuals living as part of a couple. Respondents were asked to say how much they agreed or disagreed with the proposal.

The Care Act states that all individuals receiving care and support must be financially assessed on the basis of their own individual resources, even if they are part of a couple (in other words, they are married or in a civil partnership or living as if they are married or in a civil partnership).

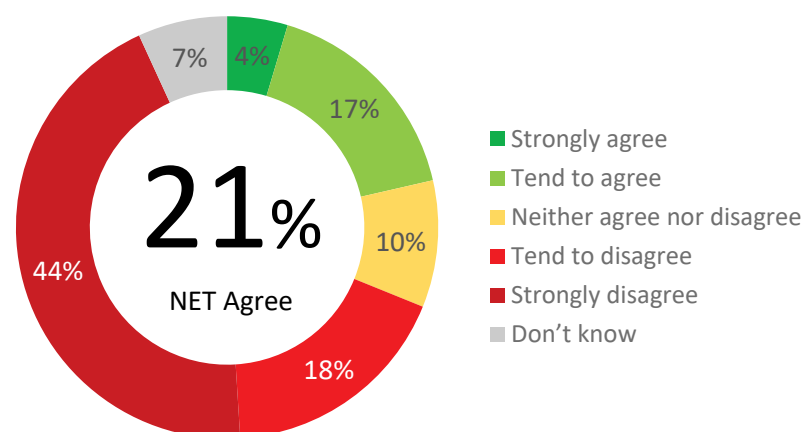
At the moment, when the Council financially assesses someone, it allows them a more generous minimum income guarantee than the nationally set minimum. It also allows each individual to retain the same minimum amount whether they are living alone or as part of a couple. By allowing people who are part of a couple to retain the same minimum income amount as people who live alone, those who live as part of a couple are being treated more generously than those who live alone.

The Council proposes to carry on assessing people on the basis of their individual financial resources, but to adopt an approach to the minimum income guarantee which takes account of the fact that they are living as a couple. This is because people who are living as a couple are often sharing resources and expenses, which may mean that they are better off than those who live alone.

If the Council adopts this approach, individuals will contribute more towards the costs of their care and support and so will have less money left to meet their standard living costs. This change will not mean that people receive less income (for example, benefit received from the Department of Work and Pensions – the DWP) but it will mean that more of that income could be used to pay for their care and support costs.

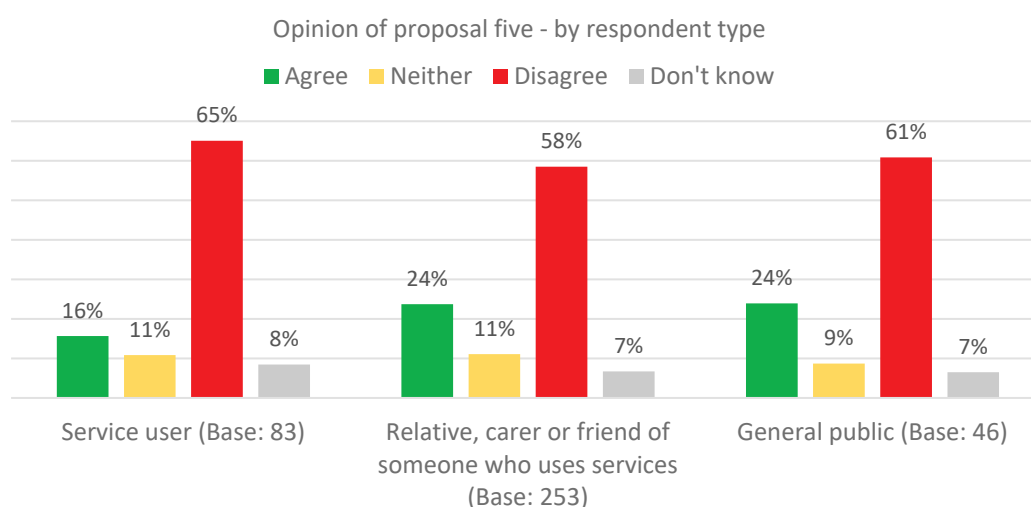
5.5.1 Support for proposal

To what extent do you agree or disagree with Proposal Five



As seen in the response to the previous proposal concerning the Minimum Income Guarantee; strong opposition was expressed by respondents, overall. A fifth (21%) said they agreed to some degree with only 4% in strong agreement that the council should adopt a less generous approach when financially assessing an individual who is part of a couple, so that the individual is left with a lower guaranteed minimum level of income after contributing to the costs of their care and support.

Three-fifths (62%) said they disagree with the proposal overall; four-fifths (44%) confirming they strongly disagree. Nearly a fifth provided a neutral view on the matter (10% neither, 7% don't know).



Opposition to the Council adopting a less generous approach when financially assessing an individual who is part of a couple was consistent amongst the three main strands of respondent type. More than three-fifths of service users said they disagree with the proposal (65%), as did the general public (61%). Opposition was slightly less amongst relatives, carers or friends of service users (58%) but remained consistent. Three quarters of respondents who said they work for a service which deals with service users also opposed the plans (75%) which lends weight to the findings, despite the low base number (20 respondents).

Around a quarter (24%) of those who identified as a relative, carer or friend of a service user agreed that the Council should take this course of action, a figure mirrored by the general public (24%). Less than a fifth of service users said they agreed with this proposal.

5.5.2 Qualitative feedback

There was a strong feeling that this proposal would be unfair to many, with participants declaring that people are just 'surviving'. Several questioned how much of an affect it would have, particularly on women, with a few needing clarifications on the proposal itself. It was also noted that individuals are also entitled to some benefits that couples are not.

Key comments include:

- *To take it [money] from people who need it isn't fair*
- *That doesn't sound very fair does it?*
- *People who go through these assessments aren't rolling in it, they're just surviving. Some aren't surviving*
- *You always live to your means; that's a big drop*
- *Does this disadvantage women in any way [if it's the man who usually takes care of the finances]? For example, a woman's partner receives the benefit (pension credit is paid to the man)?*
- *This could bring more women into charging*
- *Individuals alone sometimes get benefits not available to couples e.g. council tax reduction for single occupants, so this proposal is a significant disadvantage for couples*
- *Single individuals sometimes get benefits [that] couples don't*

People who participated online and through postal surveys were also in agreement that this proposal would have a negative impact financially.

“Whilst I agree with most proposals, I believe that to be treated as a couple in proposal 5 would have a huge financial impact on so many.”

“I think if one dies, the one left would 'struggle to make ends meet'.”

“Section two proposals four and five is dreadful to be affecting (1115) over one thousand people, nothing else goes up by this amount i.e. Benefits, carers wages, it's as though these people don't matter. Remember these people have feelings too, they sit and cry when they can't afford the very basic things.”

“As a carer and relative of two family members I understand the pot is only so big. I see the impact care charges have on the most vulnerable people with limited incomes i.e. benefits. Restricted income causes isolation, depression and loneliness. My opinion is no one should have to pay for care and more importantly no one should have to sell their homes to pay to be cared for in care homes. Got it all off my chest but now it will all fall on deaf ears.”

5.6 Proposal Six: Charging a higher administration fee for arranging care

Respondents were asked to provide their opinion on charging a higher administration fee for arranging care for those that can afford it.

People who have assets at or above the upper capital limit (currently £23,250) and want to receive care in their own home, can choose to arrange their own care, or ask the Council to arrange it for them.

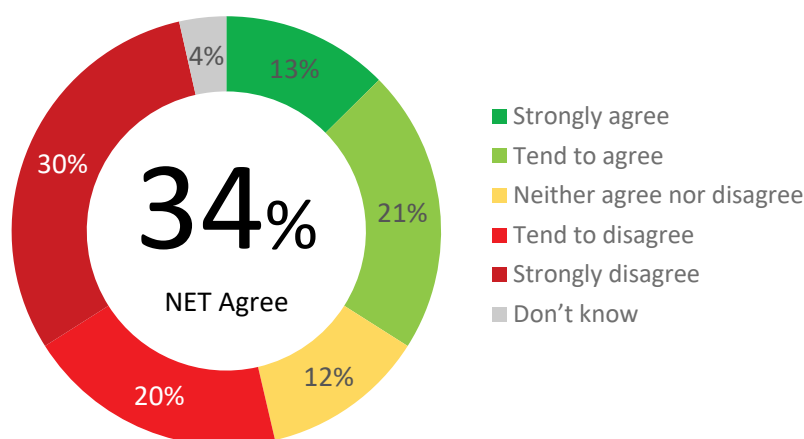
It can be difficult for people to arrange care for themselves, which meets their needs and is good quality and affordable. The Care Act gives people the right to ask the Council to arrange their care at home for them. If the Council is asked to arrange this care, it must do so.

At the moment, where the Council arranges a person's care at home in these circumstances, it charges the person an administration fee of £50 each year. The Council must not charge more as an administration fee than it costs it to arrange the care. It must not make a profit from arranging care. When the Council introduced this charge for the first time in 2015, it took into account the things the law allows (such as staff time, postage and phone costs). Now that the Council has more experience in arranging care for people in these circumstances, it realises that it takes more time and is more costly than expected. To cover the costs of making people's care arrangements (taking into account the things the law allows) the Council needs to charge £170 each year.

No administration fees will apply to those people who have less in assets than the upper capital limit – the fee will only apply to those who can afford to fund their own care at home.

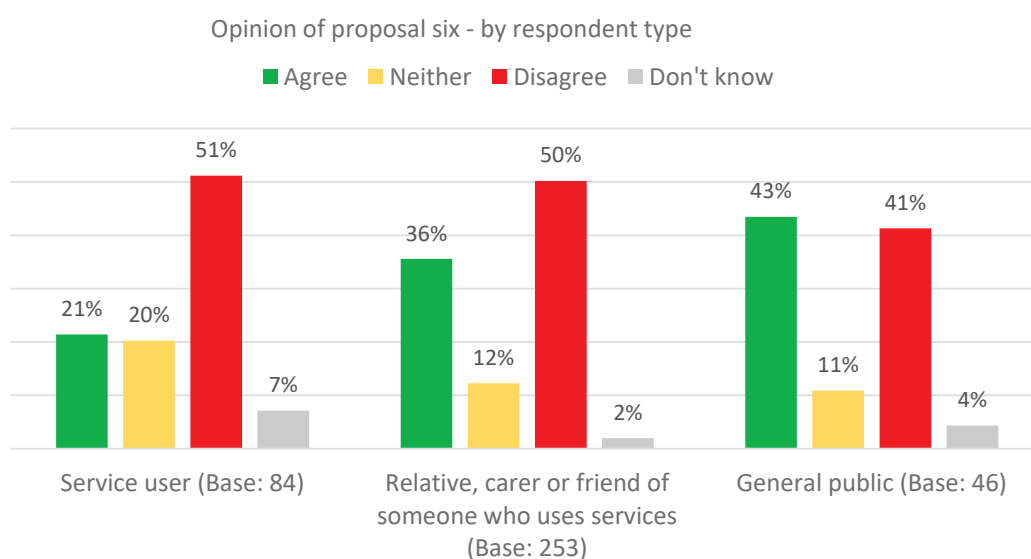
5.6.1 Support for proposal

To what extent do you agree or disagree with Proposal Six?



In response to the Council's proposal to increase its administration charge for arranging care for those who can afford it to £170 per year, support was varied. More than a third showed support for this course of action with 13% stating they strongly agree and a fifth (21%) tending to agree.

Half of respondents opposed the proposal with nearly a third (30%) stating they strongly disagree (30%), a fifth (20%) said they tend to disagree. More than a tenth (12%) were undecided on the policy and 4% said they did not know.



When comparing respondent type against support to increase its administration charge for arranging care for those who can afford it to £170 per year, service users provided the lowest levels of agreement towards this policy - a fifth (21%) agreeing with this action, although a significant number provided a neutral response (20%). There was increased support amongst those who identified as a relative, carer or friend of a service user with more than a third (36%) in agreement two-fifths of the general public agreed with the proposal (43%).

The majority of service users (51%) said they disagree with an increase in administration charges for arranging care, a similar percentage of relatives, carers or friends of service users stated they also disagree (50%). The general public were divided on the proposal with two fifths (43%) stating they agree and two fifths (41%) stating they disagree.

5.6.2 Qualitative feedback

Whilst just over a quarter agreed with the proposal during polls conducted at groups, some suggested that the increase could be introduced over a period of time, rather than all at once, as well as making alternative suggestions. Others disputed the proposal by expressing their worry that people did not have a choice in requesting help, therefore the amount suggested was too extravagant.

Key comments include:

- *We understand the costs of doing this and what is involved*
- *£50 is fine; jumping to £170 is a lot. Do something in between, for example £100, or put it up in stages*
- *More people would have been willing to vote in favour of the increase if it had been phased in over a number of years*
- *I can see it's a costly thing [i.e. service to provide] but it's such a massive jump. You could put it up over a few years*
- *People may not have a choice about whether to ask the council – they may not have the capacity or ability to arrange their own care*
- *Not everyone has an option – they can't arrange their own care*
- *It's a big step up from £50*
- *This [increase] is too much*

When comparing the online and postal surveys, they too shared the opinion that an alternative suggestion could be appropriate.

“A jump of £120 in one year is a lot. Meet halfway, £85. An increase of £35 per year, less than £3 a month and then increase the following year.”

“There is negligible cost to the council after the initial 'set up' of the care. I would suggest a higher fee for each year in which a care plan is generated only.”

5.7 Proposal Seven: Increasing charges for temporary / short term stays

Proposal seven involved changes to charging for temporary and short term stays and respondents were asked to say if they agree or disagree the Council should increase charges for those stays so that the charges catch up with the rates of increase for permanent stays, and keep up with the rates for permanent stays.

At the moment, the Council offers a range of set charges for people who need to stay in a care home or nursing home temporarily. The Council decides which of the set charges an individual will pay depending on what benefits they receive, and what assets (money and investments) they have.

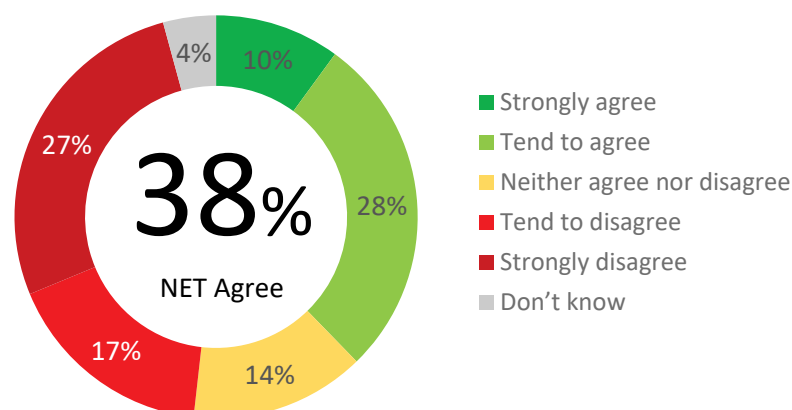
A residential placement costs the Council the same amount whether the person stays there temporarily or permanently, but what the person contributes towards those costs differs.

Since the Council last increased its charges for temporary stays in 2013/14, what it costs the Council to place a person in residential care has increased by 17.6% (calculated up to 2019/20 costs). The Council proposes to increase what it charges people for temporary stays by the rate of 17.6% to match the increase in its costs to date, and to add a further increase to match any additional costs agreed with care providers each year from 2020 onwards. The Council negotiates with care providers each year to agree what it will pay them for a residential placement.

When the Council agrees the costs of a residential placement with providers each year, a further increase will need to be added to the rates. This increase will include an amount for inflation and wage increases. The Council does not know what the cost of a residential placement will be until they are agreed each year with providers. The costs as they would have been if they had increased in 2019 were given as an illustration.

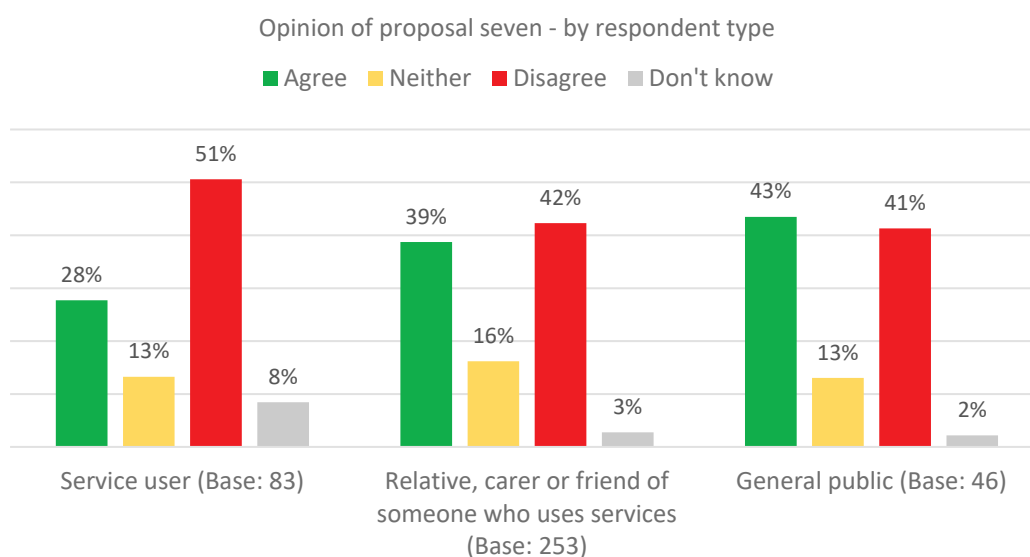
5.7.1 Support for proposal

To what extent do you agree or disagree with Proposal Seven?



Again, levels of agreement varied for the proposal to increase charges for temporary stays so that the charges catch up with the rates of increase for permanent stays and keep up with the rates for permanent stays. No clear majority can be extracted from the results although opposition to the proposal did outweigh support with nearly two-fifths in agreement (38%) vs just over two-fifths who said they disagree (44%). Furthermore, more than a quarter said they strongly disagree that charges should be increased for temporary and short-term stays.

Around a fifth provided a neutral view - 14% stating neither agree nor disagree and 5% did not know.



Those who identified as a service user were the only respondent group to provide a majority level of agreement with over half (51%) opposing the proposal. More than a quarter (28%) of service users supported an increase to charges for temporary / short term stays.

Those who identified as a relative, carer or friend of a service user and the general public were more balanced in their view of increasing charges for this aspect of social care with around two fifths of relatives, carers or friends of service users in agreement (39%) or disagreement (42%). Similar levels of agreement and disagreement were found amongst the general public (43% agree vs 41% disagree).

5.7.2 Qualitative feedback

There was limited support for an increase, understanding that costs escalate over time, some had doubts as to why the council hadn't done something sooner regarding the increase of charges. A higher number of respondents disagreed, resulting in some feeling disturbed as families rely on this service for respite. They feel they would now be afraid to access it, whilst others showed their concern for the wellbeing of carers.

Key comments include:

- *You wouldn't be looking after yourself at home and buying food [while you're in respite] so I agree with this proposal*
- *Costs go up so it's fair to pay more*
- *Why haven't the council kept up with costs so there would not be such an impact on carer and families?*
- *It begs the question why the Council hasn't put its fees up for so many years*
- *People could be put off accessing respite and this would be a significant disadvantage to carers*
- *Lots of families rely on respite. It is difficult decision to access respite. This will put people off*
- *Respite is really important for wellbeing. It's already not taken up as much as you might hope. Even at the price it is now people aren't taking it up*
- *I knew a carer who had to go into hospital who cried because she was so worried that she couldn't afford the charge of £70pw [to provide respite to her cared for person] while she was in there*

There was also limited support for the proposal amongst online / postal responders with concerns that vulnerable people are set to be penalised and that respite care is essential for the wellbeing of carers:

"I do not agree with any charging increases for adult social care. The impact on older people is significant. I will not justify an increase in temporary/short stay residential accommodation proposal by answering proposal number 8. This is like saying I don't like the increase but would accept it over a number of years. I do not accept it over any period of time. Once again, the oldest and most vulnerable in society are set to be penalised."

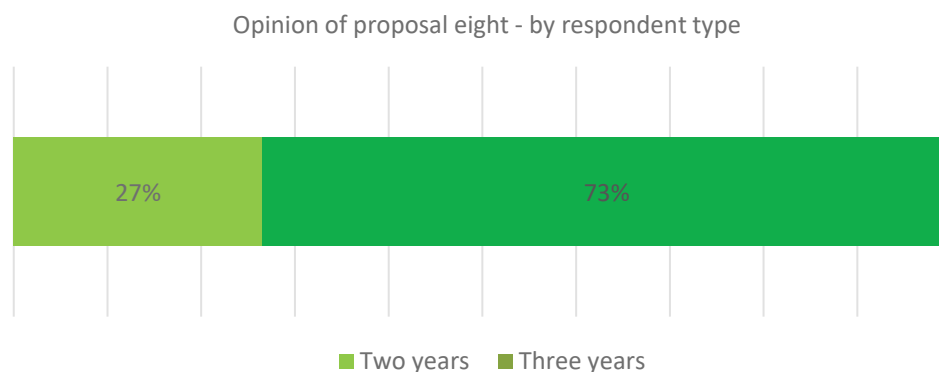
"I disagree with increase in cost for short term respite stays as these tend to occur in times of crisis and without the cost to the LA as well as the detrimental effects to the individual and their family would increase dramatically. I also feel that Day Services saves the LA a large amount of money by reducing carer stress and averting crisis situations. These should be used and made better as well as more accessible not cut and charged more to access."

5.8 Proposal Eight: Increasing charges for temp / short term stays over time

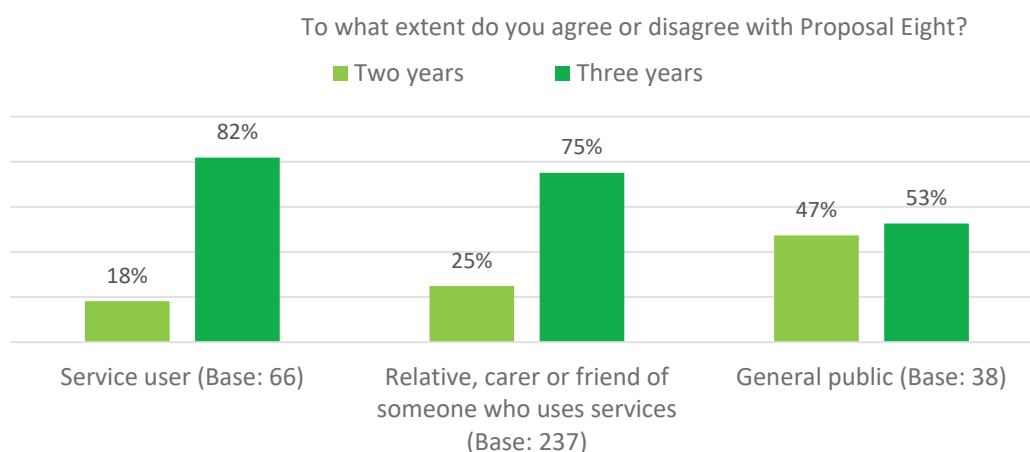
After asking respondents' opinion on the increasing charges to temporary/ short term stays in proposal seven, participants were then asked if they agree or disagree an increase should be met over two years or three years.

The Council realises that to increase charges for temporary stays by 17.6% (plus an annual increase in line with increased costs paid to providers) in one go might be difficult for some people. For this reason, the Council will consider spreading the increase required to catch up with the rate of inflation over a period of years. This period could be two or three years.

5.8.1 Support for proposal



The vast majority agreed that an increase in charges for temporary and short-term stays should be increased over three years with almost three quarters of this opinion (73%). Just over a quarter thought that increases in cost could be met over two years (27%).



The vast majority of service users and those associated with service users in the capacity of a relative, carer or friend said that increases in charges for temporary and short-term stays should be increased over three years with more than 8 in every 10 service users of this opinion along with three quarters (75%) of respondents who identified as a relative, carer or friend of someone who uses services.

5.8.2 Qualitative feedback

Although there was very limited direct feedback captured during the group sessions which related to the timing of an increase in charges for temporary/ short term stays, there was a view that increases in charges may be inevitable and were also unwelcome:

Comments include:

- *It will have to go up at some point because prices go up*
- *I don't want the increase [over any period]*

There were also comments extracted from the online/ postal consultation which highlighted that respondents felt they were making increases inevitable by choosing an option:

"Proposal eight Increasing charges for temporary/ short term stays in a residential care home or nursing home gives no opportunity to strongly disagree with the charge and ringfences answers to 2-years or 3."

"I will not justify an increase in temporary/short stay residential accommodation proposal by answering proposal number 8. This is like saying I don't like the increase but would accept it over a number of years. I do not accept it over any period of time."

"Proposal eight - A choice might be preferable?"

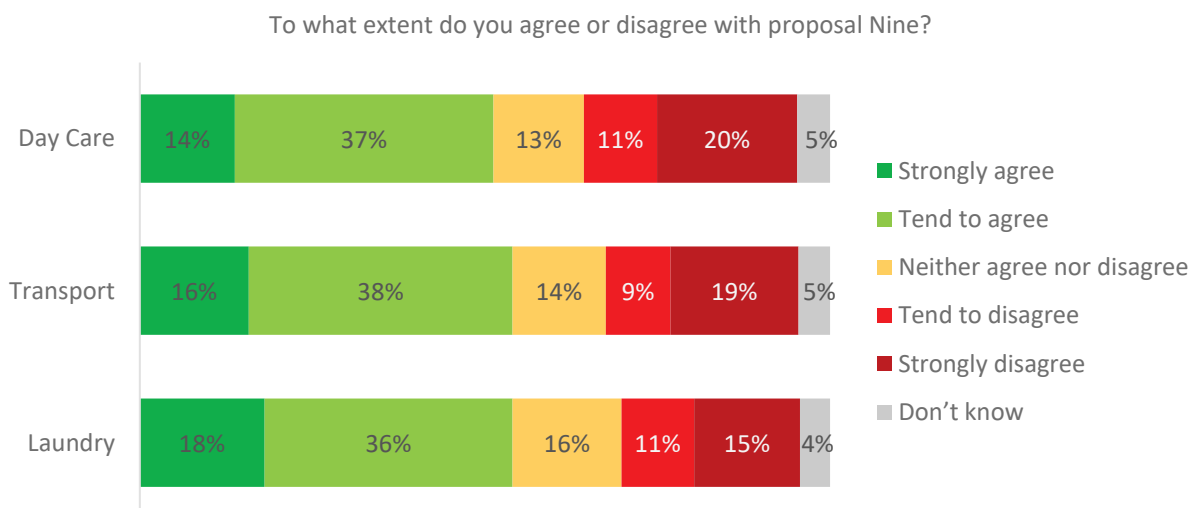
5.9 Proposal Nine: Increasing charges day care, transport and laundry

Lastly, respondents were asked to provide their opinion on proposed increases to charges for day care, transport and laundry.

The Council has not increased what it charges for day care centre sessions, transport journeys, or laundry services since at least 2015. The Council proposes to increase these charges to catch up with the rate of inflation, and to increase them every year by reference to the rate of inflation.

The Council proposes that in addition to adding a 7.2% increase to catch up with inflation (calculated at 19/20 rates) since the last time it increased its fees, it will also add an increase every year from April 2020 to keep up with the rate of inflation (by reference to the Consumer Price Index). The Council does not know what the rate of inflation will be next year, and so has not given an example of what next year's costs might be. The costs as they would have been if they had increased in 2019 were given as an illustration.

5.9.1 Support for proposal



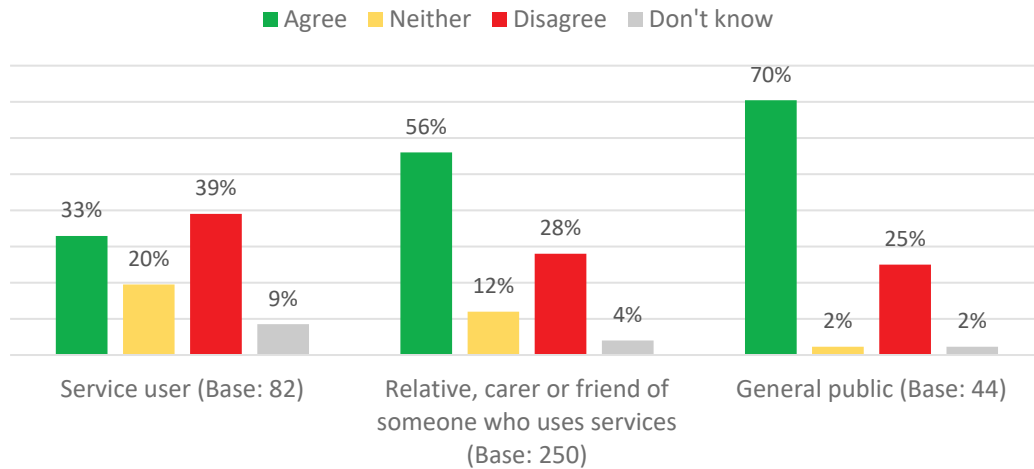
Similar levels of support for proposal nine was found across each strand of support with the majority of respondents in favour of the Council increasing charges for day care (51%), transport (54%) and laundry (54%). Respondents were however more likely to tend to agree to the policy rather than strongly agree.

The highest level of disagreement combined with the lowest level of support were aimed at increases to charges for day care with nearly a third in disagreement (31%) with a fifth (20%) stating they strongly disagree.

Just over a quarter opposed plans to increase charges for transport (28%) with a fifth revealing they strongly disagree with this action (19%) and a quarter (26%) said they disagree with increased charges for laundry services – 15% stating they strongly disagreed.

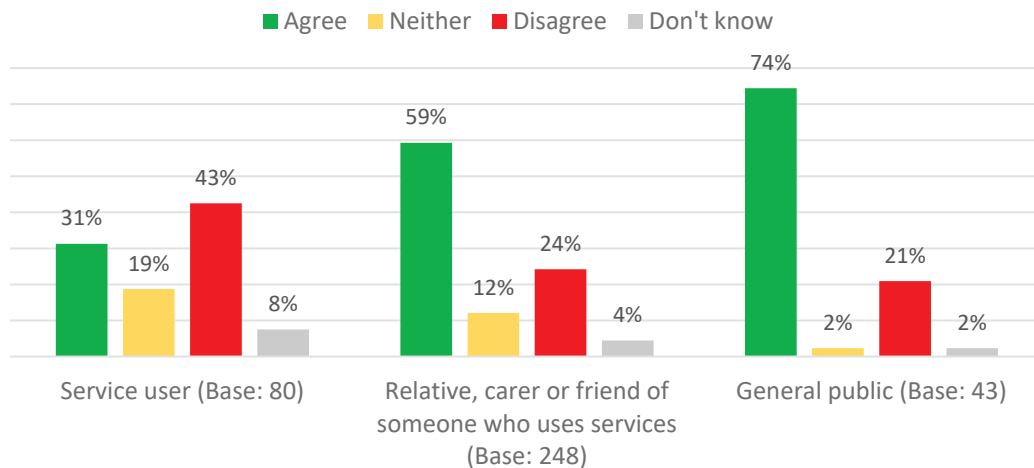
A significant percentage of respondents provided a neutral with more than a tenth stating the neither agreed nor disagreed with proposals to increase charges for day care (13%), transport (14%) and laundry (16%).

Opinion of proposal nine - by respondent type (Day Care)

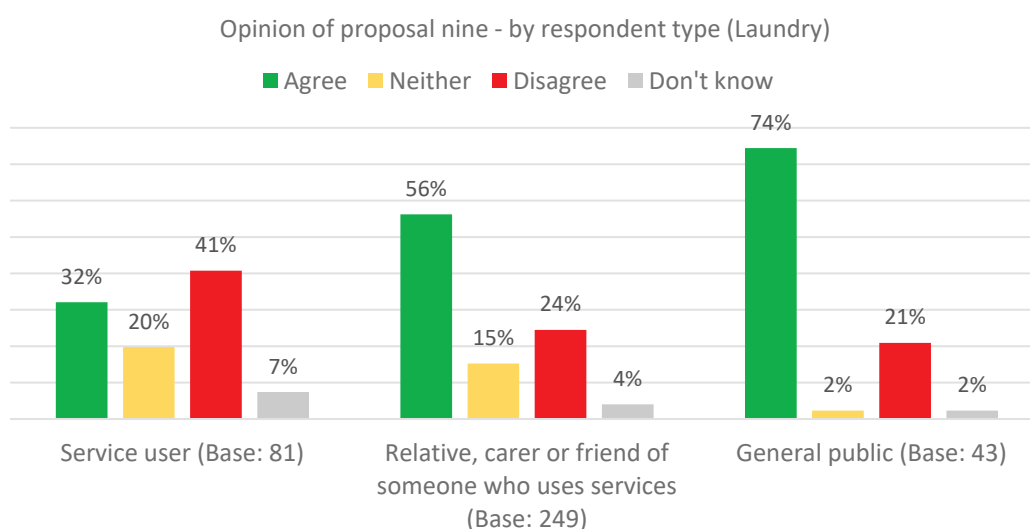


When examining support for proposal nine by respondent type, it was service users who provided the highest levels of opposition to plans to increase charges to day care services. Nearly two-fifths (39%) of service users stated they disagree with the proposal, an increase on those who supported the action within this cohort (33%). The majority (56%) of those associated with a service user supported the proposal as did the vast majority (70%) of the general public.

Opinion of proposal nine - by respondent type (Transport)



Similar patterns of support were found amongst respondent types towards increasing charges for transport services with service users revealing the lowest levels of agreement towards this policy. Just less than a third (31%) of service users agreed with this action whilst more than four-fifths (43%) stated they did not. In comparison, those associated with a service user and the general public showed strong support for the proposal with four-fifths (59%) of those who identified as a relative, carer or friend of a service user and nearly three-quarters (74%) of the general public in agreement.



Finally, when considering increases in charges for laundry services, support remained consistent amongst respondent types compared to day care and transport services. More than half (56%) of those associated with a service user stated they agreed with the proposal together with a strong majority of the general public (74%). Just under a third (32%) of service users said they supported the action with two-fifths (41%) in opposition.

5.9.2 Qualitative feedback

There was a general understanding that an increase was acceptable, more so with transport and laundry services, with people believing the increases were reasonable. Residents had more reservations towards increases to day care charges, thinking of the wellbeing risks of those involved and believing it was the wrong service to be financially altering. There were clear concerns across each strand of the proposed changes.

Key comments across the three service areas include:

- *I agree it should go up*
- *Costs have got to go up because petrol goes up*
- *When you think about how much it costs to run a washing machine that's cheap*
- *I couldn't do mine [laundry] for that*
- *If people can't afford to come here [to Cromwell Road Resource Centre] that would affect their quality of life. A lot of people rely on their service; it's so important to their daily living. It's [putting the charges up] a smack in the face*
- *If people can't do the activities, it will affect their mental health*
- *The council is looking at the wrong area [adult social care] to cut money on*
- *People may get less for DRE social activities and you might also have to pay more for day care, so it's a double loss*
- *Its swings and roundabouts; if we don't pay more [for social care support] council tax will just increase*

There was a similar sentiment amongst those completing online and postal surveys, with a mixture of agreement and disagreement towards the increase.

"If it helps the council with the increasing for day care, transport and laundry, I do agree it would save money for other things."

"With charges for transport and a full day in day care this is almost the amount allowed for social activities per week. This means a person can only socialise one day per week. Surely this increases loneliness and isolation?"

"It is common knowledge that the minimum wage has not kept up with inflation which is why so many people use food banks/become homeless. We are fortunate to have a care system in place but when increases in expenditure happen it can be hard to adjust and I understand that is why you are doing this survey."

"I think that proposal 9 seems a good idea as the increase seems to balance well... I think though people today who perhaps cannot get out on their own or need assistance, perhaps spend money on recreational needs. i.e. A big one, smoking, which must hit the pocket. To them it's a need and a pleasure. It's true. PS I don't smoke, but I was talking about thus to my friend, if one smokes, the cost is unbelievable and that is just 'one pleasure', for people albeit expensive."

5.10 Additional Comments

5.10.1 Qualitative feedback from online and postal surveys

Respondents who participated via the online and postal consultation were given the opportunity to provide additional comments or suggestions about the proposals to change North East Lincolnshire's charging policy. In particular, they were asked to note the impact of the proposals on service users. A total of 129 respondents provided additional comments which were organised into themes and outlined in the chart below:



Almost a third of respondents (29%) thought that changes to the charging policy would place financial burden or stress on people receiving or paying for service in North East Lincolnshire – the most consistent theme recorded amongst feedback. Furthermore, more than a tenth thought that bureaucracy and administration costs should be reduced (12%), services/ costs should be determined by an individual and their needs (12%) and people should not be penalised for working and saving for old age (12%).

A full list of comments / suggestions can be found in the appendices.

5.10.2 Additional feedback from face to face consultations

Participants who attended the group sessions provided additional, overarching comments on the proposed charging policy. Again, they were asked to comment on the impact of the proposals. These broader themes highlighted concerns around the introduction of the proposals and for those in receipt of services within North East Lincolnshire. There were also concerns for carers who look after people who receive services.

Key comments provided at the groups included:

- *They are good ideas but it's a big impact on some people. It needs to happen gradually*
- *Look at the [implementation over] two or three years for all the proposals to help people slowly adapt*
- *You won't know the impact until it's implemented*
- *Can we calculate the effect of these changes? We need to think this through*
- *That's a hell of a lot [of additional money to find] for people on benefits who need care*
- *People may be affected by many of the proposals so it would be a bigger hit for them*
- *Concerned about individuals who will be affected by more than one proposal and individuals who are on the cusp of charging*
- *We're lucky enough [to be able to afford] to pay for some of this ourselves but it's difficult for people who can't afford it*
- *It would cost the Council a lot more money if they were to care for my son full time and cover the care I deliver*
- *This is a minefield. It is difficult when you're battling on behalf of someone you love*
- *Vulnerable adults are worse off [if the proposals are implemented]*
- *I don't think carers are taken seriously. They don't appreciate how hard it is for parents supporting adult disabled children; we don't have a life*
- *This may push vulnerable individuals to stop using the services they need and/ or push them into poverty*
- *[the proposals are] not helping people to improve their lives. There could be unintended consequences across the system*

In addition, one respondent chose to provide additional comments via North East Lincolnshire CCG's Facebook page, stating:

"I just wish councils would not use private care companies to provide care. Surely these agencies charge more. Wouldn't it be better to employ more council staff with a good pay? This surely would be cost effective and better continuity of care."

6.0 Appendices

Appendix 1: Questionnaire (Standard)

R

Charging Review: Have Your Say

Dear [Service User]

About 2700 people in North East Lincolnshire use some adult care and support (social care) each year. North East Lincolnshire Council ('the Council') is proposing to make some changes to its charging policy for adult care and support. We are writing to ask for your views on these proposals.

Why is North East Lincolnshire Council reviewing its Charging Policy?

The Council last reviewed all of its charging policy in 2015. The Council needs to review its policy again to make sure that it is helping to meet the needs of local people within the available budget.

Unlike health services, adult care and support services are not free to access. The Care Act 2014 sets out the legal basis for means testing access to care and support services. The law allows councils to recover some of what they spend in meeting people's needs. This means that:

- Some people will pay the full cost of their care and support
- Some people will share the costs of their care and support with the Council
- Some people will receive their care and support for free.

How much (if anything) each person will pay is calculated by financial assessment. The assessment takes into account each person's financial resources (their money and investments) so that no one is asked to pay more than they can afford for the care and support they receive.

The Council wants to make the best use of the money it has available to help local people, but it does not plan to take every opportunity the law allows to make a charge. For example, it does not currently want to use its right to charge for carers' services, because it recognises the contribution that carers make to supporting some of the most vulnerable members of the community. Due to its difficult financial position, the Council does want to consider other proposals to recover its costs where it thinks it is reasonable. These proposals are set out in the attached questionnaire.

A final decision will not be made on these proposals until feedback has been received from service users. Where individuals are affected by any decisions made on the proposals, these will be discussed with them at the time of the annual review of their financial assessment; no individual changes will take effect until their assessment. Please be assured that no one in receipt of care and support services will be charged more than they can afford to pay, in accordance with the law.

Who is asking for views on these proposals?

An independent research company – Social and Market Strategic Research (SMSR Ltd) - has been asked to carry out this written consultation. I would like to assure you that all of the information you give will be treated in the strictest confidence and you will not be personally identified.

We would very much appreciate your response to these proposals as your views are important. You can take part by completing this questionnaire and returning it in the freepost envelope (no stamp required) before 1st April 2020.

If you have any questions or would like to request a copy of this questionnaire in another format please contact Lee Atkinson at SMSR on 0800 1380845 (email: latkinson@smsr.co.uk).

Yours Faithfully

Lee Atkinson
Project Manager
SMSR Ltd.

Useful Information

Please read these instructions carefully before completing the questionnaire.

- The questionnaire consists of 11 pages and should take no longer than 15 minutes to complete.
- Please read each question carefully and tick a box to indicate your answer.
- Once you have completed the questionnaire please return it in the pre-addressed envelope by 1st April 2020. You do not need to add a stamp.
- If you cannot find or did not receive the pre-addressed envelope please send to FREEPOST, SMSR Ltd, Wellington House, 108 Beverley Road, Hull, HU3 1YA.
- You can read the current charging policy and access the proposed new policy at the CCG's consultation page: <https://www.northeastlincolnshireccg.nhs.uk/current-opportunities-to-have-your-say/chargingreview/>
- Alternatively, you may prefer to complete this survey online at <https://www.northeastlincolnshireccg.nhs.uk/current-opportunities-to-have-your-say/chargingreview/> before 1st April 2020.

Who is involved



North East Lincolnshire Council is responsible for the application of the Charging Policy across North East Lincolnshire.



North East Lincolnshire Clinical Commissioning Group (CCG), in partnership with North East Lincolnshire Council, is responsible for the commissioning of adult health and adult social care services across North East Lincolnshire.



focus Independent Adult Social Care CIC is an organisation which works in partnership with North East Lincolnshire CCG. focus apply the Charging Policy on behalf of the Council and CCG.



SMSR Ltd is an independent research company who have been asked by North East Lincolnshire CCG to undertake this consultation.

Section One: About Our Proposals

Proposal One

Changes to allowances for Disability Related Expenditure – part one (social activities)

What would this mean?

As part of a financial assessment, the Council takes into account people's Disability Related Expenditure (DRE) if they are in receipt of a qualifying benefit. The Council can make an allowance for this expenditure when doing a financial assessment. If the Council does make an allowance, this means that the person keeps more of their own money and pays less towards the costs of their care and support than they might otherwise have done.

The Council has reviewed what it is currently allowing people to claim as DRE for social activities. Social activities might include going to the cinema, attending a private day care centre (for example to go to a disco), or going to bingo.

At the moment the Council is making DRE allowances for social activities costing between £1 and £90 per week. The biggest number of people who ask the Council to take into account their DRE for social activities are asking for an allowance of less than £50 per week. This means that most people's social activities costs can be met for no more than £50 per week.

The Council proposes to set a limit on DRE allowances for social activities at £50 per week. The Council still has discretion to allow more than this amount where it is necessary to meet the needs set out in an individual's care and support plan. Setting a limit is likely to mean that less people will receive a DRE allowance for social activities of more than £50 per week.

The Council proposes to set a limit on allowances for DRE for social activities at £50 per week.

Between 60-70 people could be affected by this proposal.

To what extent do you agree or disagree with this proposal?

Strongly
agree
☐

Tend to
agree
☐

Neither agree
nor disagree
☐

Tend to
disagree
☐

Strongly
disagree
☐

Don't
know
☐

You can make any other comments on page 12

Section One: About Our Proposals

Proposal Two

Changes to allowances for Disability Related Expenditure – part two (gardening)

What would this mean?

The Council has reviewed what it is currently allowing people to claim as DRE for gardening.

At the moment the Council is making DRE allowances for gardening for those individuals unable to do their own gardening due to a disability or impairment. These individuals are spending between 47p and £32 per week on gardening. The Council has added together the amounts each individual spends on gardening every year and divided the total by 52 weeks to give a weekly amount.

The biggest number of people who ask the Council to take into account their DRE for gardening are asking for an allowance of less than £15 per week. This means that most people's gardening costs can be met for no more than £15 per week.

The Council proposes to set a limit on DRE allowances for gardening at £15 per week. The Council still has discretion to allow more than this amount where it is necessary to meet the needs set out in an individual's care and support plan. Setting a limit is likely to mean that less people will receive a DRE allowance for gardening of more than £15 per week.

The Council proposes to set a limit on allowances for DRE for gardening at £15 per week.

About 180 people could be affected by this proposal.

To what extent do you agree or disagree with this proposal?

Strongly
agree
☐

Tend to
agree
☐

Neither agree
nor disagree
☐

Tend to
disagree
☐

Strongly
disagree
☐

Don't
know
☐

You can make any other comments on page 12

Section One: About Our Proposals

Proposal Three

Changes to allowances for Disability Related Expenditure – part three (window cleaning)

What would this mean?

The Council has reviewed what it is currently allowing people to claim as DRE for window cleaning.

At the moment, the Council is making DRE allowances for window cleaning costing between 6p and £8 per week. The Council has added together the amounts each individual spends on window cleaning every year and divided the total by 52 weeks to give the amount spent each week. There is a lot of difference between individuals in what they are spending, and in the number of times they are having their windows cleaned each month.

The Council proposes to limit the number of times people can claim DRE for window cleaning to no more than once per month. Of course, people can have their windows cleaned more than once per month if they want to, but they will not be able to claim those costs as DRE more than once per month.

The Council proposes to stop letting individuals claim DRE allowances for window cleaning more than once per month.

About 320 people could be affected by this proposal.

To what extent do you agree or disagree with this proposal?

Strongly
agree

☐

Tend to
agree

☐

Neither agree
nor disagree

☐

Tend to
disagree

☐

Strongly
disagree

☐

Don't
know

☐

You can make any other comments on page 12

Section One: About Our Proposals

Proposal Four

Changes in approach to the minimum income guarantee (part one) – all individuals

What would this mean?

The law says that after paying any charges for adult social care, an individual must still be left with a guaranteed minimum level of income. This guaranteed minimum level of income is set nationally by the Government. It is intended to ensure that people are left with enough money to meet their standard living costs (for example food, gas and electricity, water rates etc).

At the moment, the Council allows people to keep more than the guaranteed minimum level of income set nationally by the Government. Letting people keep more of their income means that people contribute less towards the costs of their care and support, or may not make any contribution at all. Whether they contribute depends upon their individual financial assessment.

The Council proposes to stop allowing people to keep more than the nationally set minimum level of income. If the Council adopts the less generous nationally set rates, individuals will contribute more towards the costs of their care and support and so will have less money left to meet their standard living costs. This change will not mean that people receive less income (for example, benefit received from the Department of Work and Pensions – the DWP) but it will mean that more of that income could be used to pay for their care and support costs.

Here are two examples of how this change could affect individuals:

- At the moment, an individual who is over pension age and single, is allowed to retain £209.06 per week. If the Council adopts the less generous national rates, this will reduce to £189 per week (a difference of £20.06 per week)
- At the moment, an individual who is aged 18-24 and single, is allowed to retain £115.31 per week. If the Council adopts the less generous national rates, this will reduce to £112.75 per week (a difference of £2.56 per week).

Please note these figures are correct at the moment but they may change nationally each April.

The Council proposes to adopt less generous nationally set rates so that people are left with a lower guaranteed minimum level of income after contributing to the costs of their care and support.

About 1115 people could be affected by this proposal.

To what extent do you agree or disagree with this proposal?

Strongly
agree

☐

Tend to
agree

☐

Neither agree
nor disagree

☐

Tend to
disagree

☐

Strongly
disagree

☐

Don't
know

☐

You can make any other comments on page 12

Section One: About Our Proposals

Proposal Five

Changes in approach to the minimum income guarantee (part two) – individuals living as part of a couple

What would this mean?

The Care Act states that all individuals receiving care and support must be financially assessed on the basis of their own individual resources, even if they are part of a couple (in other words, they are married or in a civil partnership or living as if they are married or in a civil partnership).

At the moment, when the Council financially assesses someone, it allows them a more generous minimum income guarantee than the nationally set minimum. It also allows each individual to retain the same minimum amount whether they are living alone or as part of a couple. By allowing people who are part of a couple to retain the same minimum income amount as people who live alone, those who live as part of a couple are being treated more generously than those who live alone.

The Council proposes to carry on assessing people on the basis of their individual financial resources, but to adopt an approach to the minimum income guarantee which takes account of the fact that they are living as a couple. This is because people who are living as a couple are often sharing resources and expenses, which may mean that they are better off than those who live alone.

If the Council adopts this approach, individuals will contribute more towards the costs of their care and support and so will have less money left to meet their standard living costs. This change will not mean that people receive less income (for example, benefit received from the Department of Work and Pensions – the DWP) but it will mean that more of that income could be used to pay for their care and support costs.

Here are two examples of how this change could affect individuals:

- At the moment, an individual over pension age is allowed to retain £209.06 per week. If the Council adopts a less generous approach to the minimum income guarantee which takes account of the fact that the individual is living as part of a couple, this would reduce to £144.30 per week (a difference of £64.76)
- At the moment, an individual under pension age is allowed to retain £155.31 per week. If the Council adopts a less generous approach to the minimum income guarantee which takes account of the fact that the individual is living as part of a couple, this would reduce to £114.70 (a difference of £40.61).

Please note these figures are correct at the moment but they may change nationally each April.

The Council proposes to adopt a less generous approach when financially assessing an individual who is part of a couple, so that the individual is left with a lower guaranteed minimum level of income after contributing to the costs of their care and support.

About 1115 people could be affected by this proposal.

To what extent do you agree or disagree with this proposal?

Strongly
agree

☐

Tend to
agree

☐

Neither agree
nor disagree

☐

Tend to
disagree

☐

Strongly
disagree

☐

Don't
know

☐

You can make any other comments on page 12

Section One: About Our Proposals

Proposal Six

Charging a higher administration fee for arranging care for those that can afford it

What would this mean?

People who have assets (money and investments) at or above the upper capital limit must meet the full costs of their care and support. The upper capital limit is a figure set by the Government, and for the year 2019/20 this is £23,250 (this may change in future years).

People who have assets at or above the upper capital limit and want to receive care in their own home, can choose to arrange their own care, or ask the Council to arrange it for them.

It can be difficult for people to arrange care for themselves, which meets their needs and is good quality and affordable. The Care Act gives people the right to ask the Council to arrange their care at home for them. If the Council is asked to arrange this care, it must do so.

At the moment, where the Council arranges a person's care at home in these circumstances, it charges the person an administration fee of £50 each year. The Council must not charge more as an administration fee than it costs it to arrange the care. It must not make a profit from arranging care.

When the Council introduced this charge for the first time in 2015, it took into account the things the law allows (such as staff time, postage and phone costs). Now that the Council has more experience in arranging care for people in these circumstances, it realises that it takes more time and is more costly than expected. To cover the costs of making people's care arrangements (taking into account the things the law allows) the Council needs to charge £170 each year.

Please note that no administration fees will apply to those people who have less in assets than the upper capital limit – the fee will only apply to those who can afford to fund their own care at home.

The Council proposes to increase its administration charge for arranging care for those who can afford it to £170 per year.

About 95 people could be affected by this proposal.

To what extent do you agree or disagree with this proposal?

Strongly agree

☐

Tend to agree

☐

Neither agree nor disagree

☐

Tend to disagree

☐

Strongly disagree

☐

Don't know

☐

You can make any other comments on page 12

Section One: About Our Proposals

Proposal Seven

Increasing charges for temporary/ short term stays in a residential care home or nursing home

What would this mean?

At the moment, the Council offers a range of set charges for people who need to stay in a care home or nursing home temporarily. The Council decides which of the set charges an individual will pay depending on what benefits they receive, and what assets (money and investments) they have.

A residential placement costs the Council the same amount whether the person stays there temporarily or permanently, but what the person contributes towards those costs differs.

Here are the Council's current set charges for a temporary residential stay

1. **Lower rate = £70.00 per week** – if the person has assets below £14,250 and receives Pension Credit Guarantee or Income Support or ESA or Universal Credit
2. **Mid rate = £90.00 per week** – if the person has assets below £14,250 and doesn't receive Pension Credit/Income support/ ESA or Universal Credit
3. **Higher rate = £115.00 per week** – if the person has assets between £14,250 and £23,249
4. **The full cost of care** - if the person has assets of £23,250 or more. This is the amount it actually costs to receive support in residential care.

Since the Council last increased its charges for temporary stays in 2013/14, what it costs the Council to place a person in residential care has increased by 17.6% (calculated up to 2019/20 costs). The Council proposes to increase what it charges people for temporary stays by the rate of 17.6% to match the increase in its costs to date, and to add a further increase to match any additional costs agreed with care providers each year from 2020 onwards. The Council negotiates with care providers each year to agree what it will pay them for a residential placement.

If the Council increased its charges for temporary stays by 17.6%, they could increase as follows:

1. **Lower rate = £82.32 per week** (an increase of £12.32 per week)
2. **Mid rate = £105.84 per week** (an increase of £15.84 per week)
3. **Higher rate = £135.24 per week** (an increase of £20.24 per week)
4. **The full cost of care** - if the person has assets over £23,250. This is the amount it actually costs to receive support in residential care.

When the Council agrees the costs of a residential placement with providers each year, a further increase will need to be added to the rates above. This increase will include an amount for inflation and wage increases. The Council does not know what the cost of a residential placement will be until they are agreed each year with providers.

The Council proposes to increase charges for temporary stays so that the charges catch up with the rates of increase for permanent stays, and keep up with the rates for permanent stays.

There are about 750 temporary stays in a residential care or nursing home each year.

To what extent do you agree or disagree with this proposal?

Strongly agree

☐

Tend to agree

☐

Neither agree nor disagree

☐

Tend to disagree

☐

Strongly disagree

☐

Don't know

☐

You can make any other comments on page 12

Section One: About Our Proposals

Proposal Eight

Increasing charges for temporary/ short term stays in a residential care home or nursing home over a period of years

The Council realises that to increase charges for temporary stays by 17.6% (plus an annual increase in line with increased costs paid to providers) in one go might be difficult for some people. For this reason, the Council will consider spreading the 17.6% increase required to catch up with the rate of inflation over a period of years. This period could be two or three years.

Examples are given of what the increases would be over those periods, as follows -

a) A 17.6% increase shared over a **two year** period could result in the following increases:

- **Lower rate = £82.32 per week** (an increase of £6.16 per week for two years)
- **Mid rate = £105.84 per week** (an increase of £7.92 per week for two years)
- **Higher rate = £135.24 per week** (an increase of £10.12 per week for two years)
- **The full cost of care** - if the person has assets over £23,250. This is the amount it actually costs to receive support in residential care.

b) A 17.6% increase shared over a **three year** period could result in the following increases:

- **Lower rate = £82.32 per week** (an increase of £4.11 per week for three years)
- **Mid rate = £105.84 per week** (an increase of £5.28 per week for three years)
- **Higher rate = £135.24 per week** (an increase of £6.75 per week for three years)
- **The full cost of care** - if the person has assets over £23,250. This is the amount it actually costs to receive support in residential care.

Do you prefer an increase over –

- ☐ Two years OR
- ☐ Three years

You can make any other comments on page 12

Section One: About Our Proposals

Proposal Nine

Increasing charges for day care, transport and laundry services

What would this mean?

Day Care

At the moment the Council offers full and half day sessions at its day care centres. Day care centres offer social events, arts and crafts activities and physical activities (for example). The Council charges people £30 for a full day session and £15 for a half day session.

Transport

At the moment the Council offers transport to and from its day care centres at a cost of £5 per journey. This is a specialist transport service which offers extra help for people with needs who are often unable to use standard transport such as buses and taxis.

Laundry Services

At the moment the Council offers specialist laundry services for people who are very unwell at a cost of £4.89 per week.

The Council has not increased what it charges for day care centre sessions, transport journeys, or laundry services since at least 2015. The Council proposes to increase these charges to catch up with the rate of inflation, and to increase them every year by reference to the rate of inflation.

Since April 2016 inflation has increased by around 7.2% (the Council has used the consumer price index – the CPI – to calculate the rate of inflation). If the Council increased fees in this way, fees would have increased in 2019 as follows:

- Day care - half day session £16.08 (an increase of £1.08)
- Day care - full day session £32.16 (an increase of £2.16)
- Transport - per journey £5.36 (an increase of 36p)
- Laundry – £5.24 (an increase of 35p per week).

The Council proposes that in addition to adding a 7.2% increase to catch up with inflation since the last time it increased its fees, it will also add an increase every year from April 2020 to keep up with the rate of inflation (by reference to the CPI). The Council does not know what the rate of inflation will be next year, and so has not given an example of what next year's costs might be.

Please note that these fees are subject to individual financial assessment so no one is asked to pay more than they can afford. Around 350 people could be affected by these proposals

The Council proposes to increase charges for day care, transport and laundry to catch up with the rate of inflation, and to keep up with the rate of inflation every year from April 2020 onwards.


To what extent do you agree or disagree with this proposal? Please answer for each service:

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
Day care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You can make any other comments on page 12

Section Two: Additional Comments

Please use the box below to share any other comments or suggestions about the proposals in North East Lincolnshire. We would be particularly interested in understanding the impact on you of any of these proposals.



Page:12

Section Three: About You

To help us understand the feedback that you give, please tick the box which best describes you.

- ☐ I use services commissioned and / or provided by North East Lincolnshire Council/ North East Lincolnshire Clinical Commissioning Group / focus
- ☐ I am a relative, carer or friend of someone who uses services commissioned and / or provided by North East Lincolnshire Council/ North East Lincolnshire Clinical Commissioning Group / focus
- ☐ I am a resident of North East Lincolnshire and currently have no involvement with services commissioned and / or provided by North East Lincolnshire Council/ North East Lincolnshire Clinical Commissioning Group / focus
- ☐ I work for an organisation which deals with users of services commissioned and / or provided by North East Lincolnshire Council/ North East Lincolnshire Clinical Commissioning Group / focus (please specify which organisation in the box below)
- ☐ Other (Please specify in the box below)

Thank you for completing this survey.

Please return your completed survey in the freepost envelope (no stamp required) supplied before 1st April 2020.

Appendix 2: Questionnaire (Easy Read)





Introduction

About 2700 people in North East Lincolnshire use some adult social care services each year. North East Lincolnshire Council is looking at different ways it could charge people for adult social care services.



The Council will be running a consultation from Tuesday 2nd January 2020 to find out what people think of its ideas. The closing date is the 1st April 2020.



The consultation will give people a chance to let the Council know how they feel about the ideas and how any changes might affect them.



This booklet tells you how you can have your say.



It also says why the Council is looking at charges, their ideas and what will happen next.

Why Is the Council looking at these changes now?



The Care Act 2014 set out a way that Councils could charge people for their care. The law says that Councils can only charge people what they can afford to pay.



Not everyone will have to pay for their care; some people will be able to get their care for free.



The way the Council charges for services in North East Lincolnshire has not changed for a long time and the Council feel now is the right time to look at this.



North East Lincolnshire Council wants to support people and their families to live the best life they can.



This means supporting people to live independently for as long as they can in a community that can support their health and care needs.



When the Council looks at care and support for a person it carries out a financial assessment. This looks at the person's money. It will look at the money the person gets (income) and some of the money they spend (outgoings). It will also look at the person's savings.



The Care Act 2014 is a law that tells the Council how they should do a financial assessment.



When the Council does the financial assessment it will make sure people are not charged more than they can afford to pay for care.



The law says that the Council must make sure that everyone who gets care services must have enough money left, after paying for their care, to meet their needs.

Who is asking us for our views?



The Council and Clinical Commissioning Group has employed an organisation called SMSR Ltd to find out what people think of the Council's ideas.



If you have any questions or would like a copy of this questionnaire in another format, please contact:

Lee Atkinson from SMSR on:



Telephone: 0800 1380845



Email: latkinson@smsr.co.uk

Important Information about this Questionnaire



If you want to complete some questions and then stop to take a break, you can do that as often as you want. You can then carry on working on the questionnaire where you left off.



When you have finished filling out the questionnaire, please post this back in the envelope you have been given with this form. If you would like to complete this questionnaire online you can go to:

<https://www.northeastlincolnshireccg.nhs.uk/current-opportunities-to-have-your-say/>



The closing date is the 1st April 2020
If you can not find the envelope or you did not get one you can send the questionnaire back for free to FREEPOST, SMSR Ltd, Wellington House, 108 Beverley Road, Hull, HU3 1YA



If you want to know more about the charges you can find more information at the Clinical Commissioning Groups consultation page.
<https://www.northeastlincolnshireccg.nhs.uk/current-opportunities-to-have-your-say/>

Who Is Involved in this work?



North East Lincolnshire Council



North East Lincolnshire Clinical Commissioning Group (CCG).



focus Independent Adult Social Care CIC



SMSR Ltd

What will happen at the end of the consultation?



At the end of the consultation, SMSR will look at everything people have said. SMSR will write a report and show this to the Council's Cabinet. The Council Cabinet are the people who make the decisions about what happens in the Council.



This will happen in June 2020. When the Cabinet have made their decision, the changes may start to happen by June 2020. Some changes might take a few years to fully happen. No one will be affected by any of the changes until they have their own financial assessment.



What are the changes?

The Council is looking at 10 ideas - the Council wants to know what people think about these ideas. BUT no decisions have been made yet.



Idea 1 - Changing the amount the Council allows for Disability Related Expenditure - Social Activities.

When the Council looks at care and support for a person it carries out a financial assessment.



This looks at a person's money. It will look at the money the person gets (income) and some of the money they spend (outgoings). It will also look at the person's savings and Disability Related Expenses (DRE) if the person gets certain benefits.



Disability Related Expenses are any extra costs you might have to pay because of your disability. This can be things you pay for every day, or less often.



At the moment the Council allows certain people to include some costs for social activities as part of their financial assessment. Like going to the cinema, bingo, a disco or going to a private day centre.



The idea is that the Council will set a limit, so that people can only include up to £50.00 per week for social activities as part of their financial assessment.



It is important to note that the Council may allow more than £50.00 per week if there is good reason. The Council will decide about this when a person has a financial assessment.






Who would be affected?

About 60-70 people could be affected by this idea.



Idea 1 - Changing the amount the Council allows for Disability Related Expenditure - Setting a limit of £50.00 per week for Social Activities.

Please tell us, do you agree with this idea? Please tick

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Yes		No		I don't know

Idea 2 - Changing the amount the Council allows for Disability Related Expenditure - Gardening



When the Council looks at care and support for a person, it carries out a financial assessment.



This looks at a person's money. It will look at the money the person gets (income) and some of the money they spend (outgoings). It will also look at the person's savings and Disability Related Expenses (DRE) if the person gets certain benefits.



Disability Related Expenses are any extra costs you might have to pay because of your disability. This can be things you pay for every day, or less often.



At the moment the Council allows certain people to include some costs for gardening as part of their financial assessment.



The idea is that the Council will set a limit, so that people can only include up to £15.00 per week for gardening as part of their financial assessment.



It is important to note that the Council may allow more than £15.00 per week if there is good reason. The Council will decide about this when a person has a financial assessment.



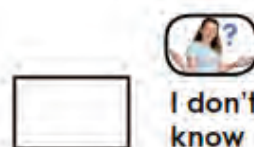
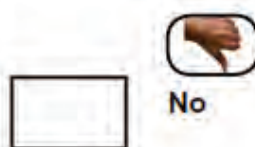
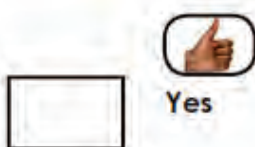
Idea 2 - Who would be affected?

About 180 people could be affected by this idea.



Idea 2 - Changing the amount the Council allows for Disability Related Expenditure - Setting a limit of up to £15.00 per week for Gardening

Please tell us, do you agree with this idea? Please tick



Idea 3- Changing the amount the Council allows for Disability Related Expenditure - Window Cleaning

When the Council looks at care and support for a person, it carries out a financial assessment.



This looks at a person's money. It will look at the money the person gets (income) and some of the money they spend (outgoings). It will also look at the person's saving and Disability Related Expenses (DRE) if the person gets certain benefits.



Disability Related Expenses are any extra costs you might have to pay because of your disability. This can be things you pay for every day, or less often.



At the moment the Council allows certain people to include some costs for window cleaning as part of their financial assessment.



The idea is people can only claim for having their windows cleaned once a month as part of their financial assessment.



It is important to note that people can have their windows cleaned more than once a month but they will not be able to claim this as a disability related expense.






Idea 3 - Who would be affected?

About 320 people could be affected by this idea.



Idea 3 - Changing the amount the Council allows for Disability Related Expenditure - Only letting people claim for having their windows cleaned once a month.

Please tell us, do you agree with this idea? Please tick

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Yes		No		I don't know

Idea 4 – The Minimum Income Guarantee (MIG) for everyone



When the Council carries out a financial assessment, it looks at the amount of money the person gets (income) and some of the money they spend (outgoings). It will also look at savings.



This is to make sure a person has enough money to live on after they have paid for their care and support.



The Government gives all Councils a guide to how much a person needs to keep after they have paid towards their care. This is called a Minimum Income Guarantee (MIG).



At the moment the Council does not use the guide set by the Government, it uses its own guide to do this and this is more than the one the Government uses. This means people have more money to live on after paying for care and support.



The idea is that the Council will use the MIG rate the Government sets in its financial assessments. This will mean people will pay more towards their care and support and have less to live on.

It is important to note that the MIG rate set by the Government may change every April.






Who would be affected?

About 1115 people could be affected by this idea.



Idea 4 - The Minimum Income Guarantee (MIG) - Using the MIG rates set by Government.

Please tell us, do you agree with this idea? Please tick

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Yes		No		I don't know

Idea 5 – The Minimum Income Guarantee (MIG) for couples



The Care Act 2014 says that every person who gets care and support must have their own financial assessment, even if people are part of a couple.



When the Council carries out a financial assessment, it looks at the amount of money the person gets (income) and some of the money they spend (outgoings). It will also look at savings.



This is to make sure that people have enough money to live on after they have paid for their care and support.



The Government gives all Councils a guide to how much a person needs to keep after they have paid towards their care. This is called a Minimum Income Guarantee (MIG).



At the moment, the Council does not use the guide set by the Government, it uses its own guide to do this and this is more than the one the Government uses. This means people can keep more of their money.



The idea is that the Council will use the MIG rate the Government sets in its financial assessments. This will mean people will pay more towards their care and support and will have less to live on.



The idea is that the Council looks at the finances of a couple when it uses the MIG rate. This is because when people live together, they often share the costs of things, and so may have more money than people who live alone.



1115 people

Who would be affected?

About 1115 people could be affected by this idea.



Idea 5- The Minimum Income Guarantee (MIG) - Using the MIG rates set by Government

Please tell us, do you agree with this idea? Please tick

☐

Yes

☐

No

☐

I don't
know

Idea 6 – Changing the admin fee for care and support



If people have £23,250 or more in savings the Government says that they can pay for their own care and support.

£50.00



In the year 2018-2019, the Council helped around 95 people to get their own care and support. The Council charges an admin fee of £50.00 that covers staff time, postage and phone calls.

£170.00



The idea is that the Council charge people £170.00 per year for this service. This is because the cost to run this service is more than £50.00 per person. It costs the Council £170.00 per year per person for this service.



The Council is not allowed to charge people for giving information, advice or carrying out an assessment.



The charge is for helping people to set up their care service and the paperwork that comes with this. People who have less than £23,250 in savings will not be charged this fee.



Who will this affect?

At the moment this will affect about 95 people.



Idea 6 - Changing the admin fee for care and support.

Please tell us, do you agree with this idea? Please tick

☐


Yes

☐


No

☐


I don't know

Idea 7 – Charging more for short stay in a care home or nursing home from June 2020.



At the moment, the Council charges people a set amount to stay for a short time in a care home or nursing home.



The Council decides how much people will pay. The Council will look at the benefits people get and what money they have.



The Council currently charges three rates:

- Lower rate = £70.00 per week
- Middle rate = £90.00 per week
- High rate = £115.00 per week
- Full cost of care = people who have £23,250 or more in savings will pay the full cost of their care.

The idea is that the Council changes these because the cost of care has gone up. The Council wants to keep up with the costs of care and put charges up every year. The charges from June 2020 would be:



- Lower rate = £82.32 (£12.32 more)
- Middle rate = £105.84 (£15.84 more)
- High rate = £135.24 (£20.24 more)
- Full cost of care = people who have £23,250 or more in savings will pay the full cost of their care.






Who will this affect?

At the moment there are about 750 short stays in a care home or nursing home each year. Anyone who has less than £23,250 in savings and has a short stay will be affected.



Idea 7 - Charging more for short stay in a care home or nursing home from June 2020.

Please tell us, do you agree with this idea? Please tick



<input type="checkbox"/>	 Yes	<input type="checkbox"/>	 No	<input type="checkbox"/>	 I don't know
--------------------------	--	--------------------------	---	--------------------------	---

OR



The Council knows that changing these amounts from June 2020 may be hard for some people. The Council wants to keep up with the costs of care and put charges up every year. Instead of the changes happening from June 2020 would you like these changes to happen over 2 or 3 years? Please tick

2 years

<input type="checkbox"/>	 Yes	<input type="checkbox"/>	 No	<input type="checkbox"/>	 I don't know
--------------------------	--	--------------------------	---	--------------------------	---

3 years

<input type="checkbox"/>	 Yes	<input type="checkbox"/>	 No	<input type="checkbox"/>	 I don't know
--------------------------	--	--------------------------	---	--------------------------	---

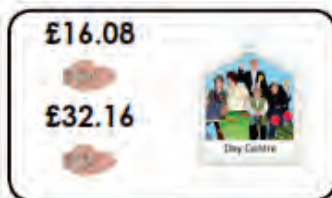
Idea 8 – Charging more for Day Centres.



At the moment, people can go to day centres for half a day or a full day. Day centres offer people lots of different activities like arts, crafts and physical activities.



At the moment, the Council charges people £15.00 for half a day and £30.00 for a full day. The idea is that the Council changes the amount people pay for day centres each year. This is because the cost of care goes up every year.



The Council does not know what the cost will be for 2020 but it will make sure that what people are asked to pay matches any increase in the cost of care. For example if the changes had happened in 2019 the new charge for day services would have been £16.08 for half a day and £32.16 for a full day






Who will this affect?

At the moment, this will affect about 200 people.



Idea 8 - Charging more for Day Centres.

Please tell us, do you agree with this idea? Please tick

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Yes		No		I don't know

Idea 9 – Charging more for Transport to Day Centres.



At the moment, the Council offers people transport to the day care centre. This costs people £5.00 per journey. The idea is that the Council changes the amount people pay for transport each year. This is because the cost of transport goes up every year.



The Council does not know what the cost will be for 2020 but it will make sure that what people are asked to pay for transport matches any increase in the cost. For example if the changes to transport had happened in 2019 the new cost would have been £5.36 per journey.






Who will this affect?

At the moment, this will affect about 140 people.



Idea 9 - Charging more for Transport to Day Centres.

Please tell us, do you agree with this idea? Please tick

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Yes		No		I don't know

Idea 10 – Charging more for Laundry Services.



At the moment, the Council offers specialist laundry services for people who are very unwell. This costs £4.89 per week. The idea is that the Council changes the amount people pay for this service each year. This is because the cost of laundry services goes up every year.



The Council does not know what the cost will be for 2020 but it will make sure that what people are asked to pay for laundry matches any increase in the cost. For example if the changes had happened in 2019 the new cost would have been £5.24 per week.

Who will this affect?



At the moment this will affect less than 10 people.



Idea 10 - Charging more for Laundry Services.

Please tell us, do you agree with this idea? Please tick

☐


Yes

☐


No

☐


I don't know



Is there anything else you would like to tell us?

Please use the space below to write down anything else you would like to tell us.

What happens next?



At the end of the consultation, SMSR will write a report that shows what people have said. This report will go to the Council Cabinet (these are the people who make decisions).



The Council Cabinet will meet in June 2020 to look at what people have said and make a decision.



The Council's decision will be put on the Council website. No one will be affected by the changes until they have their financial assessment.

About you

We would like to know a bit more about you. You do not have to answer all of the questions if you do not want to.



To help us understand the feedback you give, please tick the box that best says who you are –

☐

I get adult social care services from the Council (including North East Lincolnshire Clinical Commissioning Group and focus independent adult social work)

☐

I am a relative, carer or friend of someone who gets adult social care services from the Council (including North East Lincolnshire Clinical Commissioning Group and focus independent adult social work)

☐

I live in North East Lincolnshire but I have no connection with adult social care services from the Council (including North East Lincolnshire Clinical Commissioning Group and focus independent adult social work)

☐

I work for an organisation that is connected with giving adult social care services in North East Lincolnshire. Please tell us which organisation in the box below

☐

Other. Please tell us in the box below.



This document was created by The Friendly Information Company in partnership with Speakup. December 2019.

Appendix 3: Analysis

North East Lincolnshire Charging Review 2019 (457)

MarketSight19 CrossTab
Confidence Level = 95%



Q1 The Council proposes to set a limit on allowances for DRE for social activities at £50 per week. To what extent do you agree or disagree with this proposal?

	Overall	Which best describes you?					Method		
		I use services commissioned and / or provided by North East Lincolnshire	I am a relative, carer or friend of someone who uses services	I am a resident of North East Lincolnshire and currently have no involvement with services	I work for an organisation which deals with users of services	Other	Postal	Online	Online - Easy read
Sample Size	453	85	253	46	20	18	353	71	29
Strongly agree									
Count	93	12	50	13	5	8	59	19	15
Column %	21%	14%	20%	33%	25%	33%	17%	27%	52%
Tend to agree									
Count	157	22	103	12	9	2	125	32	0
Column %	35%	26%	41%	26%	45%	11%	35%	45%	0%
Neither agree nor disagree									
Count	53	16	23	2	5	2	50	3	0
Column %	12%	19%	9%	4%	25%	11%	14%	4%	0%
Tend to disagree									
Count	43	8	27	2	0	3	39	4	0
Column %	9%	9%	11%	4%	0%	17%	11%	6%	0%
Strongly disagree									
Count	83	15	41	13	1	4	60	12	11
Column %	18%	21%	16%	28%	5%	22%	17%	17%	38%
Don't know									
Count	24	9	9	2	0	1	20	1	3
Column %	5%	11%	4%	4%	0%	6%	6%	1%	10%
Net Agree									
Count	250	34	153	27	14	0	184	51	15
Column %	55%	40%	60%	59%	70%	44%	52%	72%	52%
Net Disagree									
Count	126	26	68	15	1	7	99	16	11
Column %	28%	31%	27%	33%	5%	39%	28%	23%	38%

Q2 The Council proposes to set a limit on allowances for DRE for gardening at £15 per week. To what extent do you agree or disagree with this proposal?

	Overall	Which best describes you?					Method		
		I use services commissioned and / or provided by North East Lincolnshire	I am a relative, carer or friend of someone who uses services	I am a resident of North East Lincolnshire and currently have no involvement with services	I work for an organisation which deals with users of services	Other	Postal	Online	Online - Easy read
Sample Size	450	63	252	46	20	19	349	72	29
Strongly agree									
Count	122	10	71	18	7	6	78	25	19
Column %	27%	12%	28%	39%	35%	33%	22%	35%	66%
Tend to agree									
Count	163	26	107	13	0	3	135	28	0
Column %	36%	34%	42%	28%	30%	17%	39%	39%	0%
Neither agree nor disagree									
Count	55	16	24	3	5	2	51	4	0
Column %	12%	19%	10%	7%	25%	11%	15%	6%	0%
Tend to disagree									
Count	37	6	21	5	0	2	29	6	0
Column %	8%	7%	8%	11%	0%	11%	8%	11%	0%
Strongly disagree									
Count	57	16	26	6	1	4	42	7	8
Column %	13%	19%	10%	13%	5%	22%	12%	10%	28%
Don't know									
Count	16	7	3	1	1	1	14	0	2
Column %	4%	8%	1%	2%	5%	6%	4%	0%	7%
Net Agree									
Count	265	38	178	31	13	9	213	53	19
Column %	63%	46%	71%	67%	65%	50%	61%	74%	66%
Net Disagree									
Count	94	22	47	11	1	6	71	15	8
Column %	21%	27%	19%	24%	5%	33%	20%	21%	28%

Q3 The Council proposes to stop letting individuals claim DRE allowances for window cleaning more than once per month. To what extent do you agree or disagree with this proposal?

	Overall	Which best describes you?					Method		
		I use services commissioned and / or provided by North East Lincolnshire	I am a relative, carer or friend of someone who uses services	I am a resident of North East Lincolnshire and currently have no involvement with services	I work for an organisation which deals with users of services	Other	Postal	Online	Online - Easy read
Sample Size	452	64	253	46	20	10	351	72	29
Strongly agree									
Count	174	16	98	30	11	7	106	41	27
Column %	38%	19%	39%	65%	55%	39%	30%	57%	93%
Tend to agree									
Count	153	31	101	8	3	4	133	20	0
Column %	34%	37%	40%	17%	15%	22%	38%	28%	0%
Neither agree nor disagree									
Count	45	14	16	4	5	3	42	3	0
Column %	10%	17%	6%	9%	25%	17%	12%	4%	0%
Tend to disagree									
Count	36	8	17	3	1	2	30	6	0
Column %	8%	10%	7%	7%	5%	11%	9%	8%	0%
Strongly disagree									
Count	30	11	16	0	0	1	27	2	1
Column %	7%	13%	6%	0%	0%	6%	8%	3%	3%
Don't know									
Count	14	4	5	1	0	1	13	0	1
Column %	3%	5%	2%	2%	0%	6%	4%	0%	3%
Net Agree									
Count	327	47	199	38	14	11	239	61	27
Column %	72%	56%	79%	83%	70%	61%	68%	85%	93%
Net Disagree									
Count	66	19	33	3	1	3	57	8	1
Column %	15%	23%	13%	7%	5%	17%	16%	11%	3%

Q4 The Council proposes to adopt less generous nationally set rates so that people are left with a lower guaranteed minimum level of income after contributing to the costs of their care and support. To what extent do you agree or disagree with this proposal?

	Overall	Which best describes you?					Method		
		I use services commissioned and / or provided by North East Lincolnshire	I am a relative, carer or friend of someone who uses services	I am a resident of North East Lincolnshire and currently have no involvement with services	I work for an organisation which deals with users of services	Other	Postal	Online	Online - Easy read
Sample Size	455	85	283	46	20	18	354	72	29
Strongly agree									
Count	24	2	12	8	0	1	11	8	5
Column %	5%	2%	5%	17%	0%	6%	3%	11%	17%
Tend to agree									
Count	66	10	43	4	5	1	55	11	0
Column %	15%	12%	17%	9%	25%	6%	16%	15%	0%
Neither agree nor disagree									
Count	32	7	20	3	0	2	28	4	0
Column %	7%	8%	8%	7%	0%	11%	8%	6%	0%
Tend to disagree									
Count	122	24	64	11	9	4	100	22	0
Column %	27%	28%	25%	24%	45%	22%	28%	31%	0%
Strongly disagree									
Count	196	38	109	17	6	9	149	25	22
Column %	43%	45%	43%	37%	30%	50%	42%	35%	76%
Don't know									
Count	15	4	5	3	0	1	11	2	2
Column %	3%	5%	2%	7%	0%	6%	3%	3%	7%
Net Agree									
Count	90	12	55	12	5	2	66	19	5
Column %	20%	14%	22%	26%	25%	11%	19%	26%	17%
Net Disagree									
Count	318	62	173	28	15	13	249	47	22
Column %	70%	73%	60%	61%	75%	72%	70%	65%	76%

Q5 The Council proposes to adopt a less generous approach when financially assessing an individual who is part of a couple, so that the individual is left with a lower guaranteed minimum level of income after contributing to the costs of their care and support. To what extent do you agree or disagree with this proposal?

	Overall	Which best describes you?					Method		
		I use services commissioned and / or provided by North East Lincolnshire	I am a relative, carer or friend of someone who uses services	I am a resident of North East Lincolnshire and currently have no involvement with services	I work for an organisation which deals with users of services	Other	Postal	Online	Online - Easy read
Sample Size	453	83	253	46	20	18	352	72	29
Strongly agree									
Count	21	3	10	6	0	2	11	5	3
Column %	5%	4%	4%	13%	0%	11%	3%	7%	17%
Tend to agree									
Count	76	10	50	5	5	2	59	17	0
Column %	17%	12%	20%	11%	25%	11%	17%	24%	0%
Neither agree nor disagree									
Count	44	9	26	4	0	1	36	6	0
Column %	10%	11%	11%	9%	0%	6%	11%	6%	0%
Tend to disagree									
Count	81	13	51	6	4	2	67	14	0
Column %	18%	16%	20%	13%	20%	11%	19%	19%	0%
Strongly disagree									
Count	200	41	97	22	11	8	150	29	21
Column %	44%	49%	38%	48%	55%	50%	43%	40%	72%
Don't know									
Count	31	7	17	3	0	2	27	1	3
Column %	7%	8%	7%	7%	0%	11%	8%	1%	10%
Net Agree									
Count	97	13	60	11	5	4	70	22	0
Column %	21%	16%	24%	24%	25%	22%	20%	31%	17%
Net Disagree									
Count	261	54	146	28	15	11	217	43	21
Column %	62%	65%	58%	61%	75%	61%	62%	60%	72%

Q6 The Council proposes to increase its administration charge for arranging care for those who can afford it to £170 per year. To what extent do you agree or disagree with this proposal?

	Overall	Which best describes you?					Method		
		I use services commissioned and / or provided by North East Lincolnshire	I am a relative, carer or friend of someone who uses services	I am a resident of North East Lincolnshire and currently have no involvement with services	I work for an organisation which deals with users of services	Other	Postal	Online	Online - Easy read
Sample Size	453	84	253	46	20	16	352	72	29
Strongly agree									
Count	57	4	27	13	6	3	26	16	15
Column %	13%	5%	11%	28%	30%	17%	7%	22%	52%
Tend to agree									
Count	97	14	63	7	5	4	82	15	0
Column %	21%	17%	25%	15%	25%	22%	23%	21%	0%
Neither agree nor disagree									
Count	66	17	31	5	0	2	51	5	0
Column %	12%	20%	12%	11%	0%	11%	14%	7%	0%
Tend to disagree									
Count	69	20	46	7	6	1	73	16	0
Column %	20%	24%	19%	15%	30%	6%	21%	22%	0%
Strongly disagree									
Count	135	23	78	12	2	7	105	20	13
Column %	30%	27%	31%	26%	10%	39%	30%	26%	45%
Don't know									
Count	16	6	5	2	1	1	15	0	1
Column %	4%	7%	2%	4%	5%	6%	4%	0%	3%
Net Agree									
Count	164	18	90	20	11	7	108	31	15
Column %	34%	21%	36%	43%	55%	39%	31%	43%	52%
Net Disagree									
Count	227	43	127	19	6	6	176	36	13
Column %	50%	51%	50%	41%	40%	44%	51%	50%	45%

Q7 The Council proposes to increase charges for temporary stays so that the charges catch up with the rates of increase for permanent stays, and keep up with the rates for permanent stays. To what extent do you agree or disagree with this proposal?

	Overall	Which best describes you?					Method		
		I use services commissioned and / or provided by North East Lincolnshire	I am a relative, carer or friend of someone who uses services	I am a resident of North East Lincolnshire and currently have no involvement with services	I work for an organisation which deals with users of services	Other	Postal	Online	Online - Easy read
Sample Size	446	63	253	46	16	17	349	72	27
Strongly agree									
Count	45	3	20	9	4	5	20	13	12
Column %	10%	4%	8%	20%	22%	29%	6%	18%	44%
Tend to agree									
Count	124	20	76	11	6	3	97	27	0
Column %	28%	24%	31%	24%	44%	18%	28%	38%	0%
Neither agree nor disagree									
Count	63	11	41	6	0	2	55	6	0
Column %	14%	13%	16%	13%	0%	12%	16%	11%	0%
Tend to disagree									
Count	76	15	45	6	1	2	65	11	0
Column %	17%	16%	18%	13%	6%	12%	19%	15%	0%
Strongly disagree									
Count	121	27	62	13	5	4	93	13	15
Column %	27%	33%	25%	28%	26%	24%	27%	18%	56%
Don't know									
Count	19	7	7	1	0	1	18	0	0
Column %	4%	8%	3%	2%	0%	6%	5%	0%	0%
Net Agree									
Count	169	23	98	20	12	6	117	40	12
Column %	38%	28%	39%	43%	67%	47%	34%	56%	44%
Net Disagree									
Count	197	42	107	19	6	6	156	24	15
Column %	44%	51%	42%	41%	33%	35%	45%	33%	56%

Q8 Do you prefer an increase over two years or three years?

	Overall	Which best describes you?					Method		
		I use services commissioned and / or provided by North East Lincolnshire	I am a relative, carer or friend of someone who uses services	I am a resident of North East Lincolnshire and currently have no involvement with services	I work for an organisation which deals with users of services	Other	Postal	Online	Online - Easy read
Sample Size	399	66	237	36	20	10	313	71	15
Two years									
Count	906	12	59	18	7	5	67	30	9
Column %	27%	18%	25%	47%	35%	33%	21%	42%	60%
Three years									
Count	293	54	178	20	13	10	246	41	6
Column %	73%	82%	75%	53%	65%	67%	79%	58%	40%

Q9a The Council proposes to increase charges for day care, transport and laundry to catch up with the rate of inflation, and to keep up with the rate of inflation every year from April 2020 onwards. To what extent do you agree or disagree with this proposal? - Day care

	Overall	Which best describes you?					Method		
		I use services commissioned and / or provided by North East Lincolnshire	I am a relative, carer or friend of someone who uses services	I am a resident of North East Lincolnshire and currently have no involvement with services	I work for an organisation which deals with users of services	Other	Postal	Online	Online - Easy read
Sample Size	443	82	250	44	20	17	343	72	28
Strongly agree									
Count	51	5	30	15	7	1	34	16	11
Column %	14%	6%	12%	34%	35%	6%	10%	22%	39%
Tend to agree									
Count	166	22	110	16	4	5	128	38	0
Column %	37%	27%	44%	36%	20%	29%	37%	53%	0%
Neither agree nor disagree									
Count	55	16	30	1	5	3	53	5	0
Column %	13%	20%	12%	2%	25%	16%	15%	7%	0%
Tend to disagree									
Count	47	14	24	2	1	2	43	4	0
Column %	11%	17%	10%	5%	5%	12%	13%	6%	0%
Strongly disagree									
Count	90	18	46	9	3	0	85	9	16
Column %	20%	22%	18%	20%	15%	35%	19%	13%	57%
Don't know									
Count	21	7	10	1	0	0	20	0	1
Column %	5%	9%	4%	2%	0%	0%	6%	0%	4%
Net Agree									
Count	227	27	140	31	11	6	162	54	11
Column %	51%	33%	56%	70%	55%	35%	47%	75%	39%
Net Disagree									
Count	137	32	70	11	4	0	108	13	16
Column %	31%	39%	28%	25%	20%	47%	31%	18%	57%

Q9b Transport

	Overall	Which best describes you?					Method		
		I use services commissioned and / or provided by North East Lincolnshire	I am a relative, carer or friend of someone who uses services	I am a resident of North East Lincolnshire and currently have no involvement with services	I work for an organisation which deals with users of services	Other	Postal	Online	Online - Easy read
Sample Size	437	80	245	43	20	17	336	72	29
Strongly agree									
Count	89	5	37	14	8	1	38	13	18
Column %	16%	6%	15%	33%	40%	6%	11%	18%	62%
Tend to agree									
Count	167	20	110	16	4	7	123	44	0
Column %	38%	25%	44%	42%	20%	41%	37%	61%	0%
Neither agree nor disagree									
Count	59	15	30	1	5	3	54	5	0
Column %	14%	19%	12%	2%	25%	16%	16%	7%	0%
Tend to disagree									
Count	41	16	19	2	1	0	39	2	0
Column %	9%	20%	8%	5%	5%	0%	12%	3%	0%
Strongly disagree									
Count	81	15	41	7	2	0	63	8	10
Column %	19%	23%	17%	16%	10%	35%	19%	11%	34%
Don't know									
Count	20	0	11	1	0	0	19	0	1
Column %	5%	0%	4%	2%	0%	0%	6%	0%	3%
Net Agree									
Count	236	25	147	32	12	8	161	57	18
Column %	54%	31%	59%	74%	60%	47%	48%	79%	62%
Net Disagree									
Count	122	34	60	9	3	0	102	10	10
Column %	28%	43%	24%	21%	15%	35%	30%	14%	34%

Q9c Laundry

	Overall	Which best describes you?					Method		
		I use services commissioned and / or provided by North East Lincolnshire	I am a relative, carer or friend of someone who uses services	I am a resident of North East Lincolnshire and currently have no involvement with services	I work for an organisation which deals with users of services	Other	Postal	Online	Online - Easy read
Sample Size	437	81	249	43	20	17	336	72	29
Strongly agree									
Count	79	6	37	17	8	4	37	21	21
Column %	18%	7%	15%	40%	40%	24%	11%	29%	72%
Tend to agree									
Count	157	20	103	15	4	7	124	33	8
Column %	36%	25%	41%	35%	20%	41%	37%	46%	9%
Neither agree nor disagree									
Count	69	16	38	1	5	3	64	5	0
Column %	16%	20%	15%	2%	25%	16%	19%	7%	0%
Tend to disagree									
Count	46	17	24	2	1	0	42	4	0
Column %	11%	21%	10%	5%	5%	0%	13%	6%	0%
Strongly disagree									
Count	67	16	37	7	2	3	52	9	0
Column %	15%	20%	15%	16%	10%	16%	15%	13%	21%
Don't know									
Count	19	6	10	1	0	0	17	0	2
Column %	4%	7%	4%	2%	0%	0%	5%	0%	7%
Net Agree									
Count	236	26	140	32	12	11	161	54	21
Column %	54%	32%	56%	74%	60%	65%	48%	75%	72%
Net Disagree									
Count	113	33	61	9	3	3	94	13	0
Column %	26%	41%	24%	21%	15%	16%	28%	18%	21%

Appendix 4: Additional comments

Postal and online consultations

1. I do not receive any disability related expenditure for social activities. 2. Proposal 2, I only have a gardener out of desperation now and then £10. 3. I only have windows cleaned once a month £12. 4. We are on the bread line now because when my son gave up his job to come home and care for me, I lost all benefits. They took £43 from me and gave my son £60 which he has to contribute to household expenses. 5. He has taken up a 3-year college course to enable him to earn money when I die. I am 83 and need a lot of care, but my hours allowed by council is severely reduced. I have heart problems/operations. Strokes, crumbling spine and in a wheelchair. 6. The council already pay Penderels about £400 for administration. All they do is transfer my monthly figures on to paper. It seems a lot of money and was far more organised when the council was in charge. 7. With my illness, I cannot be left on my own at night. 8. When one is having a stroke, phone no use because can't speak, but respite care now is a no, no! Fortunately, friends helped out as I have no family in Lincs when son has 1 weeks respite in 2 1/2 years. Sorry not more helpful as most questions do not apply to me. Just grateful to have someone to shower me, dress me, prepare breakfast and do medication.

A lot of the proposals are all about raising the costs of everything to match inflation. The costs of Adult & Social care are expensive enough as none of us choose to have a disability or need that needs help. What is frustrating is yet again all the costs going up, so we cover the Adult & Social care bill. Yet as we are also informed our council tax is also going to be doubled to cover the costs of Adult & Social care. So technically, we are paying twice. Whenever there is a new expense to cover, the disabled and pensioners have to cover it all. Just because we are old or disabled, doesn't mean we are stupid. Every year we face the biggest brunt of all costs. At this minute we are paying twice. Once with all the raises and again with the double council tax. They say our benefits will raise in April. This will not make a difference to us. The extra is immediately wiped out on the council tax. You lower the cost of DRE for activities to £50. Just 1 session at a place like Flourish is £55 a day just for that. What about the rest of the week and activities? All these people who make these decisions don't understand the life we have or lack of it. In my situation I have no life. The simplest things I do I will not be able to do anymore. I am a prisoner in my own home. This is no life to be disabled but hey, why not make it even harder for us?

All charges should relate to income and savings, not just some of them. I would agree with the proposed increases relating to inflation if the trigger savings and earnings went up also in line with inflation.

All gardening must be paid out of one's own pocket if you are the owner of the property. Same with window cleaning, it is not the council's responsibility when you own your own house, if you rent property then this may be different. I have always owned my property for the last 60 years so I don't know of any concessions, it would be better if the council has any money to spare, would be better to give carers more money for their job that they do, then more carers would apply for the job and the job would get along better on both sides of the fence. At the moment it's hit and miss.

All these proposals are all the same to increase costs to people that use them. I would put more pressure on the government to increase their budget for each council. In the labour manifesto at the last election, they promised free social care for people that couldn't afford it. So why can't this government do the same? I hope you will take into account these surveys or will you go ahead with these proposals anyway?

Although we appreciate the council's dilemma in funding a 'care and disability' budget and the cuts imposed upon the council by government cutbacks, we are opposed to any reductions or increases in charges to some of the most vulnerable people in our community. Councils need to demand a proper costed Care Act from the government for the whole country. We are also against any favouritism given to other parts of the UK i.e. Scotland. It is also extremely unfair that those without income,

savings or provision, receive benefits whilst those who have paid taxes throughout their working lives and have made provision, through savings or insurances are made to pay for 'care services' out of those savings, to receive the same benefits. You are a conservative controlled council now and should demand a properly funded Care and Disability Act from your government.

Anyone who requires care and support to be able to maintain some sort of a life shouldn't have to think about the financial side of things, and cost of what any commitments by the council and other organisations have to make. If cuts have to be made, let it be the fit and able that cover these increases. Ask the normal fit people, those that are not suffering with disabilities and poor health who should more. I hardly think they will say, hit the elderly and disabled. They all should be helped as much as possible; don't they honestly deserve it.

As a carer and relative of two family members I understand the pot is only so big. I see the impact care charges have on the most vulnerable people with limited incomes i.e. benefits. Restricted income causes isolation, depression and loneliness. My opinion is no one should have to pay for care and more importantly no one should have to sell their homes to pay to be cared for in care homes. Got it all off my chest but now it will all fall on deaf ears.

As a carer for my wife, if these proposals do happen/take place, I will care for my wife without help of any kind, even though my health is poor. I would rather care for her until it kills me. We are on disability benefits and because of the nature of our health, we spend more on things.

As []'s carer I have assisted [] in filling in this survey, [] suffers with paranoid schizophrenia and following a heart attack he now has severe heart failure. His health both mentally and physically is not good and his future is very bleak and irreversible. Proposal 1,2,3 he does not receive, neither 7,8,9, so cannot comment on his behalf. 4,5,6 could result in his overall care. He is certainly not wealthy and just about managing but struggling to pay for extras like house maintenance or boiler breakdowns or any breakdowns. So basically, any reduction in his finances will affect his long-term care and prospects of remaining in his own home for his final months or years.

As discussed by telephone with Lee Atkinson on 15/1/20, some of the sections on this questionnaire being not applicable to us, we are unable to comment. In our case, as I am totally blind, my wife has to provide 100% care and support to me 24/7; she does not receive any allowance from the local authority or from the government. Therefore, it is very unfair for us to be penalised through our savings.

As I appreciate that the council require to take these measures, all be it, quite drastically. I feel in all fairness to link any person requiring support to take part in any social activity would be wrong, and morally unfair. It is from personal experience, that I know how expensive it is to finance 1 trip to the cinema with a disabled daughter. Each taxi is £30 there and back, so we have already lost 2/3 of our allowance just on the journey alone. As this is her only form of socialising it would become impossible, for her to finance any activity more than once a week. Her world is small enough, without taking away what little she has. With all the changes proposed and agreeing with nearly all. As my daughter will also be making more contributions towards her care and day centre activities. I do strongly disagree with this option. Leave the care as it stands and do not take away their freedom.

As long as the increase in charges are implemented correctly and reviewed periodically, they should pose no issues. The council needs to bear in mind that pensioners are fearful of not being able to afford what they consider to be luxuries and too many increases may result in vulnerable adults/pensioners being forced away from using services they really depend on and may increase social isolation. The council need to keep this in mind at all times and avoid seeing pensioners as cash cows by increasing costs too often and without proper consultation and reassurance to their clients. The council also need to ensure that by increasing costs/charges they have to ensure they provide excellent service for these vulnerable adults at all time.

As my wife is a user of the council provided services there will be an increase in the cost to her. We are both of the opinion that these services, Focus, Navigo and others are really first class and that you should pat yourselves on the back. Any increase is going to upset a few people, but what I don't understand is why there has been no increases in costs to the user for in some cases since 2013. I

don't object to you putting your charges up and I hope the level of expertise and quality you provide continues. Regards, []
As pensions don't increase much yearly the proposals of some of your increases would affect a lot of elderly, vulnerable people. I for one would try and cope on my own looking after a husband with dementia and many other health problems rather than having to pay extra for the services we get.
As per proposal six, the changing of an increased fee for the administration arrangements is low at the current £50.00 charge. However, an increase in fee must be more with better performance of these arrangements. It is not acceptable to charge a fee for the commissioning of services that are either poor or inadequate and it should not be the recipient of those services or their relatives' responsibility to continually ensure that such services are fit for performance. There must be more of a guarantee for payment of the fee.
Consideration should be given to the overall changes within the system as it appears that quality of care is reducing, and prices will increase. The system is very vulnerable and increases charges could cause more issues for individuals and staff working in the sector. The same cohort of people are likely to be hit by these proposed changes, changes to benefits, TV licenses, Council tax reductions so it could become very overwhelming for people to cope with.
Costing for care is all well and good but can you explain why at the same time continuing health care are withdrawing their funds in many cases. I agree that health is free at source but then integrated services to people in other areas are also being withdrawn. Questions asked as to if this person can be supported by single person. Moving and handling techniques may say single person working is being shared with support staff but not all people are capable just because they have the training or more importantly the confidence. Also, companies providing these services training staff should be more responsible for the trading they off their staff. Family and extended family will do the tasks without having to adhere to the legislation or codes of practice the person is their family, so they do. Whilst I agree cost of living goes up each year but where does dignity and everyday living processes for the more vulnerable stand in comparison to cost?
Day care is only available in Immingham if you are an able body person. Immingham day centres have no stand aids or hoists for disabled pensioners. No transport. The only place that that does is Curzon Centre, Cleethorpes but unassisted transport. No transport in Immingham for people who cannot get out without assistance. Day care with assisted transport at Cranwell Court now closed down. No viable replacement found. A review of day care required, it's only really available if you are able to get out, get on bus, go to toilet by yourself. If not, you're confined to the house!
Each year there are things I can claim for at my review, so I save receipts I don't need and not receipts for things I could have claimed for. It would be very good if we could put a page on your website i.e. NE Lincs site at the beginning of the financial year so we know what we are doing as the worse you get i.e. MS secondary progressive it gets harder to sort things out.
Elderly have paid taxes all their life and they should not have to pay more for their basic needs. There should be more effort put into assessing people's needs, many people receiving benefits do not need them.
Engaging with the consultation makes one realise how difficult it is to allocate funding to those in need of support. Having the estimate of how many people will be affected if a particular change is implemented makes it easier to make a choice. Reading through the documentation - I am hopeful that the system will allow some flexibility to take personal circumstances into account when the needs assessment is carried out. I want my local council to strive to provide Dementia sufferers' living at home, especially in the later stages to receive carer visits which meet their needs and that no one will be subjected to a support visit of less than 30 minutes.
Ensuring we pay all we can afford is a good thing. MIG amounts are not shown in survey. Tell us what the MIG values are to enable fully informed responses.
Generally speaking, I feel the proposals are acceptable. However, my experience of the actual care provided is not generally of a good standard and is not monitored rigorously enough. When people are in a situation where they are unable to do many of the aspects of personal care and preparing

drinks and meals and are faced with inadequately trained personnel who demonstrate very little common sense. Maybe this is not the appropriate platform for the above comments, but I feel it is time the council demonstrated more control over the care provided.
Half of this form I didn't understand. The last one I don't have any of them.
Having been in registered care for only three months, I am still coming to terms with the present system, so I have no strong comments to make. I have found nurses and administration staffs very obliging and helpful.
How do people access these services? North East Lincolnshire Council and Social Services are not listed in the telephone book. When we were trying to get help for my husband's sister, we didn't know how to do so and were passed from 'agency' to 'agency' before finding the one person who took charge and co-ordinated her support package.
I am a single man now having lost my wife in 1st July last year. Crippled with arthritis and learning to live with, but struggling with it. My only outside is a small 4mph scooter, my son and his wife brings me Sunday dinner and brings my grocery needs. I pay for gardening and window cleaning.
I am a social worker within adult social care. I understand the budgeting concerns around adult social care. However, in increasing the charges to those using the system I worry that they will be left in financial difficulties, particularly as living costs are rising. I also worry about how implementing these changes will be managed as completing new assessments on the people affected will be a huge undertaking and will also potentially leave vulnerable people struggling and reluctant to accept help that is needed.
I am especially concerned with charging higher administration fee, proposal six. The increase will be exorbitant. In my case I have Parkinson's disease, diabetic, heart patient, glaucoma in both eyes and incontinence. I am the only 24/7 carer for my wife who is chair bound and frail we pay full cost of her care simply because I have worked hard and spent sensibly. We are neither rich nor poor but comfortable and do not mind paying full cost of the care but punishing us by higher charges in every direction is, I strongly believe, not right.
I am married and receive social care and have a care assistant 6 hours a week to accompany me for shopping or we go for a coffee or just go to the park. I have no family apart from my husband, the care assistant is the only person I see all week, apart from my husband. My husband works full time as a bus driver and I receive PIP for care and mobility. We have no other income. We struggle financially to pay rent and bills and shopping; I hope we won't get assessed as a couple and have to pay towards my care. My husband would have to reduce his hours at work and cancel my care.
I am still waiting for a ramp at the front door so I can get out with a chair and a stair lift. Can you advise me when this happen? Are they trialling it after April 6th?
I believe austerity cuts and freezes have led to most people in need being short changed and not being given a decent rate for living as it is without imposing more cuts. I understand local government are trying to save money but there is a need for national government to step in and up the funding rates to give all a reasonable standard of care and living.
I can totally understand the increases over the board however it penalises people who have worked hard all their lives yet when they need support they have to pay, too many people are trying to get something for nothing. Genuine people suffer.
I can understand about prices going up but seems to me people who have been really careful with their money all their lives, get penalised for saving.
I didn't know that DRE existed, another thing that we are missing out on as we have over £23k in the bank. How long will this money last when we are penalised for working hard and saving? None of the proposals affect us apart from the administration fee. How can that be justified to such an increase? We have been with the same care provider for 7 years, even though their service is poor and when we have problems with Willow, what does that admin fee get us? If I wanted to change from one care company to another, I can do it myself. It is another squeeze on the people that have saved money. The council send us our invoices to pay monthly so what do we get for the extra £70 per month? It now all of a sudden costs over £14 for an invoice? Oh yeah, hardly anyone will pay this fee as they

have their care and fees paid for unlike my mother who had a stroke while she was working and saving money at the age of 57. It is a disgrace.
I disagree with increase in cost for short term respite stays as these tend to occur in times of crisis and without the cost to the LA as well as the detrimental effects to the individual and their family would increase dramatically. I also feel that Day Services saves the LA a large amount of money by reducing carer stress and averting crisis situations. These should be used and made better as well as more accessible not cut and charged more to access.
I do not agree with any charging increases for adult social care. The impact on older people is significant. I will not justify an increase in temporary/short stay residential accommodation proposal by answering proposal number 8. This is like saying I don't like the increase but would accept it over a number of years. I do not accept it over any period of time. Once again, the oldest and most vulnerable in society are set to be penalised.
I don't agree with what is allowed by the central government towards caring for those in local communities. They should not put the burden on local governments entirely to meet the needs of those who are in greatest need. Some of these local governments have been neglected by central government. Infrastructure and employment industries have been let down. Sold short and down river by the greedy short-sighted red tape merchants. What they have done is immoral and not at all cost effective in the long term. Both local and central governments should have done more to help people and businesses. The benefit reform meant those who qualified got less to support them. Causing distress, hardship and family breakdowns. These issues were pointed out to them before they foolishly made it Law. That meant less to spend in local economies and so quite a lot of local firms went belly up. The lack of common sense by those who got well paid for this a national disgrace.
I feel individuals who still live with parents should have their parents income taken into account. I am aware of people living with their millionaire parents who don't have to pay a contribution. I feel social care is too generous generally. I feel DRE is allowed too easily and for items that should not be regarded as disability related.
I feel that each decision in relation to DRE should be based on individual cases and not limited. I don't pay a contribution at the moment and I couldn't afford to pay more so I don't think a limit should be set. I worry about throwing receipts etc. out now because I have to prove everything. If more money is taken off me, next year will be even harder.
I feel that the proposals are unfair, and as usual the poorest and most vulnerable will be hit by these changes. I do agree that this all has a cost but these proposals mean people will not be able to afford these charges. My son already pays towards his social care and doesn't get much allowance for activities because he finds activities stressful due to the nature of his disability. The allowance for living costs is very unrealistic as it is, so this will only make it worse. No allowance is made for the additional cost of having a support worker, who we need to cover the cost of their fuel, plus additional expense of their meals, that comes out of my son's money on top of paying for the service.
I feel we are doubling council tax and get less done e.g. all work is done to make Cleethorpes better, yet Grimsby is left behind the times. Roads in Grimsby seem boded and within a year there are more potholes, no community activities for older youth 14+. Which means more kids causing trouble, causing damage to children's parks and buildings or sit smashing bottles all over the children's play area. It is my understanding that council tax goes for upkeep of road, emergency services, environmental health and trading standards. The ambulance service is shocking, it took 90 minutes and 2 calls before an ambulance turned up to a friend that had a massive stroke and later died. There is nothing being done about people who have had property and vehicles stolen. No police presence to try and control the crime. I feel pension age have or will take the brunt of these increases. Tenants are expected to keep alleyways clear, but we try but cannot keep on top if it because people dump a full sofa, bed, mattresses along with their rubbish and occasionally used needles. I believe that lots of services on this form would not be known about by many people, it's also hard to understand for people with learning difficulties if they have no one to help. Luckily, I had someone to explain this form, many people are not lucky enough.

I fully understand that the cost of social care is rising daily and we all must try to contribute to this. Whilst I agree with most proposals, I believe that to be treated as a couple in proposal 5 would have a huge financial impact on so many.
I have a mother who is crippled with arthritis, she can't walk, stretch her arms out, she can't write as her fingers are bent. She sits in a chair everyday watching TV with a commode at the side of her to shuffle on to when needed. She can't stand up at all as knees are so bent. She has a limited amount of money, a few thousand which she wants to use for her funeral. Like a lot of vulnerable people this will cause stress if it increases the rate, she pays £275 per month which is a lot as some people in better health pay nothing. You need to look at a person's health issues also. My mum needs carers 4 times a day, 2 in a morning, 1 lunch, 1 tea and 2 evening. Yet some people can go out, walk, make a drink for themselves and pay nothing. This is where the system is unfair. Would you like to sit in a chair all day and be in pain, all of the time? My mum can't even stand up. Yet other people I know go out, socially, but have carers in 4 times also and pay £0.
I have no additional comments, as I am aware of the situation regarding care in this country, and yes there does need to be some increases, but across the country each council is different.
I have to financially support my son because of charges by the council, out of my pension. These charges will impact further on myself which is totally unacceptable.
I honestly don't see the point of this. The charges are going to go up whatever box everyone ticks. Just a waste of money.
I know that care costs an awful amount of money but what annoys me, is that if someone has worked their whole life, bought their own house and saved some money, they will be penalised if they need care. Compared to someone who has spent all the money they have had never bought a house never saved gets everything with no problems.
I recognise that; as with all local authorities, N.E Lincs Council has - particularly during the periods of recent Conservative-led governments and their 'austerity' measures - faced declining amounts of funding as part of their financial settlement from central government. Set against a period where, demographically, the population is skewed towards a higher population of elderly citizens, this group have been unfairly penalised against similar age-groups in other times, especially in relation to care costs. These measures will continue to unfairly penalise this age group and local politicians should consider measures which support and protect the elderly and vulnerable as their first priority. I also, realistically, recognise that these proposals are currently necessary to try to provide as fair a distribution of the unacceptably low provision of financial resources, and therefore 'tend to agree' with them. Politicians - locally and nationally - should be considering methods for providing greater resources to support the need for care which we will all require by increasing council tax through a specific 'care' levy and, centrally, resourcing this aspect of government responsibility nationally through increasing national insurance contributions.
I think a greater emphasis should be put into trying to stop people claiming benefits fraudulently then people who genuinely need the benefits are not continuously being made to pay more and more each year.
I think it is appalling to charge my mum a set amount. She has worked and contributed tax and NI contributions all her working life and now, because she is bed ridden, she has to pay again, and pay council tax. I think she's paid enough out. Very sad for her.
I think the council should look elsewhere. Health and Social care is bad enough without the council making it worse.
I think when individual financial assessments are made, the location of the individual should be taken into account in respect to how far away the services they are entitled to are. Access to services for some is far less than for others and can only be accessed with considerable transportation costs. Including local shopping facilities.
I understand that NELC needs to charge more for services, to keep up with inflation as long as the government increase monies given to service users also increase with inflation. I agree that service users who have enough money i.e. £1,000's should pay for their care. As a service user myself that

lives in LHP housing with ESA & PIP as my only income, unable to work due to disability. I will not be able to afford to pay for my care price if it increases this year. This worries me every year.
I understand the council wants to make the best use of its money, but people's disabilities or illnesses will never improve, and I feel most of the proposals are not reasonable and suitable for me. Do you want people to have rights and choices? The cost increase is quite high, and I wouldn't be able to live 'a normal life' without support and services, but I feel penalised for having a disability.
I would expect that the amounts councils charge and receive should cover inflation increases. These to me are the most vulnerable in society so should be protected at all costs. I think they have enough going on without the added burden on extra worries about financial things. Those that are very rich should be means tested.
If it helps the council with these increasing for day care transport and laundry, I do agree it would save money for other things.
If it is a choice between losing these services and paying more, we'd accept that paying more is the only option.
If the council proposals to increase its admin fees to £170 per year, we will definitely take over my father's care as we use to do so before he went into hospital in the summer, I am always in touch with HICA who are the care providers anyway if I have a problem. My father pays for his own care so another increase in admin is definitely a no from us, and it's a lot of hassle if you have a problem to get it sorted through focus. 1, reporting a problem, then someone getting back to you. 2, length of time of getting problem sorted. To be honest it's easier to phone care providers myself so we will definitely not be paying £170.
If you increase monies from service users, people will be struggling, as they already are. There will be more people on the streets, more mental health and other health problems which will make other services struggle.
I'm in bed most of the time day/night paralysed, shoulders, neck, spine, feet and hands. I'm on a lot of medication and morphine patches - nebulisers and pumps. Left hand paralysed, also I fall a lot. Pain in in all joints, COPD, I pay myself for night care, I contribute towards my care, I cannot afford to go anywhere weekly in my state of health. I'm a wheelchair user. [].
In all cases it would be of benefit if allowances can be made. i.e. some people who are alone might have family near and some may not which can make a huge difference.
Increasing charges to match increased costs/inflation pressures seems right and proper, however steps must be taken to ensure this does not result in a decreased quality of life for individuals. It would be a false economy to place vulnerable people in a position where they make e.g. increased calls upon health services due to a deterioration in their wellbeing.
It is essential for the council to cover costs within budget paid by rate payers and for agreed policies in practice e.g. care support.
It's all about taking from the vulnerable and disabled. Druggies/alcoholics who choose to live life like that get everything for nothing. Grants, taxis to and from hospital. It's disgusting how people who are in need don't get anything and carers what work 24/7 don't get a decent wage.
Just because people need additional support in different capacities does not mean that by taking more money from them they should have to rely on family to financially support them, they are still individuals with dignity and should be kept so.
Just because some elderly people have worked and saved all their lives in the hope of being able to leave help in their wills, doesn't mean it should be taken from them, and in some cases their homes being taken from them to be sold. The disabled always seem to be picked on, they seem easy pickings they can't stand up for themselves, in fact the very people who should be helping them, the councils and government just take advantage of them. Why can't it be the council to be the one who says, 'no we won't put our services prices up, we will be supporting the weak and vulnerable'. There is a lot of other ways to make the extra money.
Lobby the Government for national not local funding. The current system is unfair to council's and to taxpayers.

Make sure 'carers' leave clients kitchens and bathrooms reasonable. e.g. not to put mugs on mug trees without washing them first. If toilet facilities are used by carers, to make sure they clean up after themselves. Wipe down sinks and work tops. Do not leave fridge and freezer doors open.
Means testing should not be applied to all sections. E.g. DRE. People have worked hard, paid into the NHS and tax but are being penalised for doing so. I agree it is fair to pay for care but surely a little support is not too much to ask in the tasks of window cleaning and gardening.
Minimum income guarantee - If my mother's minimum income drops any further, financially she will be in the red and would have to borrow money, which she cannot afford to do. My mother is 91 years old, physically disabled and has Alzheimer's disease. Proposal 8 - I'm confused. The increased rates over a three-year period are no different from the increased rates over a two year period.
My mother, who with her late husband, worked hard all their lives and were able to purchase their own property. She now feels penalised by having to pay £402 per month for 2x30 mins visits per day. She is in receipt of pension credit and carers allowance, is 92 years old and partially sighted and deaf and cannot walk unaided. She believes strongly that the majority of care costs should be part of NHS funded by additional tax and not means tested.
My Mum, who I am filling this in on behalf of currently has savings of around £15,000 and is being charged £75 per week for 14 hours of care pw. It doesn't sound much but we were initially told it would be around £40. I would be reluctant to agree with any major increases as this is a large amount for her to pay out of her pension. I think the information given on what is claimable in the beginning is not very clear as we have never heard of DRE and were given to understand having savings of less than £23,250 in the bank meant Mum would not have to pay, clearly this is not the case. We have no idea who to contact if and when her savings are depleted to a level below £14,250.
Need more information regarding question 1. So many are struggling financially as it is. We do not want the people to be put in financial hardship.
No comment.
P.2 Gardening. If you mean help for the maintenance of gardening. P.5. Well, it is expensive. I'm 71 and asked a professional a quote for my garden. £15 per hour. Hello there, my mother is in a home now [], has been for a number of years. I see the day to day running of things whilst I am visiting, and also my mother's supportive help from the state. I feel grateful for that as it sadly got too much for the family to financially and supportively keep my mum at home. I can understand the reasoning for the council to increase/decrease payments. It's a hard task. For people living as couples who are in need of support financially or even singles, I think it is a hard call. Someone people are in need of far more help than others and to cut their payments would be awful for them. On the other hand, you find that perhaps there are people who are less incapacitated who perhaps can manage more in their own home. I think that proposal 9 seems a good idea as the increase seems to balance well... I think though people today who perhaps cannot get out on their own or need assistance, perhaps spend money on recreational needs. i.e. A big one, smoking, which must hit the pocket. To them it's a need and a pleasure. It's true. PS I don't smoke, but I was talking about thus to my friend, if one smokes, the cost is unbelievable and that is just 'one pleasure', for people albeit expensive. PS I must say that when my mother [] was taken into care, as it was decided it was too much at home, the social worker [] was wonderful. Thank you.
P1 - What about people over 70? P2 – I'd love to know who gets gardening done for £15. P3 - Love to know who pays 6p a week for window cleaning. P4 - Would like to be made aware of the allowance for 35 - pension age which covers a greater age group.
P1: Individually may not have enough money to participate in some activities, on a £50 per budget. These activities may greatly impact on a person's emotional wellbeing in they cannot attend, failure to meet these needs may have an impact on the service user's mental wellbeing. P2: There could be issues depending on the size of the garden and the amount of plants/trees in the garden. P3: 24p a month to clean windows. P6: Should individuals be treated differently because they have saved/worked for their money.

P6 - I think charge should be £150. Although definitely agree the charge should increase to cover costs. I agree the increases are justifiable and are not excessive.
People should also be assessed on their disability. i.e. can walk/unable to walk, obviously people who cannot walk should have a free service. As people who are mobile and able to do some things for themselves should pay.
People who are handicapped have to pay twice as they have to pay for a carer also.
Please look into what these providers charge. Please look into their accounts, i.e. what they charge, what they pay their staff and what profit they make. There must be a limit on their profit %.
Proposal 2 - disgraceful.
Proposal 3 - Once a month is sufficient enough for windows to be cleaned. Proposal 6 - A jump of £120 in one year is a lot. Meet halfway, £85. An increase of £35 per year, less than £3 a month and then increase the following year.
Proposal 3. Window cleaning is normally once a fortnight.
Proposal 4. Can't believe NELC are proposing this. Disgusting.
Proposal 6 - There is negligible cost to the council after the initial 'set up' of the care. I would suggest a higher fee for each year in which a care plan is generated only. Proposal 5 - Individuals pay out disproportionately more than on half of a couple.
Proposal 6. I can't see how it could cost £170 to put in place a care plan.
Proposal eight - A choice might be preferable?
Proposal eight Increasing charges for temporary/ short term stays in a residential care home or nursing home gives no opportunity to strongly disagree with the charge and ringfences answers to 2-years or 3.
Proposal one - Not applicable to my mother []. Proposal two - Was not aware that could claim for gardening. Currently son-in-law who is 71 years of age does gardening. Proposal three - Was not aware of window cleaning benefit. Proposal five - Not relevant as mother is widow. Proposal six - Seems a large increase and penalising those who have saved for their retirement would suggest a percentage increase over a few years until actual costs is received. Proposal seven - Seems reasonable increase for short stays. Overall, your recommended changes would be acceptable because of the support of family. [] will always be well cared for.
Proposal one - Social Activities - As you have stated that you still have discretion to allow more money when necessary, I see no reason to disagree with this proposal. Proposal two - Gardening - I think this limit is adequate for gardening, having elderly relatives who pay for theirs I can say that from experience. Proposal three - Windows - No reason to have windows cleaned more than once a month. Waste of money. Proposal four - I consider that reducing the amount of individuals can keep inline with government guidelines would be a backward step. That amount could have a bad impact on their standard of living/health and self worth. The minimum income is inadequate and the council should not reduce payment with this proposal. Please reconsider this proposal. Proposal five - Individuals living as part of a couple: An individual is an individual and should be treated as such. This would have a huge impact on many lives if it were to happen, lives that have already been made difficult by caring for someone in their own homes. Becoming a carer is not a choice. It is limiting and often expensive. Yes living as a couple can be cheaper but when one of the couple is disabled there are many outgoings and expenses not there before. Each one of the couple should be treated as an individual and we should be grateful that people are caring for those disabled people who would otherwise be in expensive care homes. Proposal six - Admin Fee: I tend to agree - This cost should be covered if individuals can afford it. Proposal seven & eight & nine: It is common knowledge that the minimum wage has not kept up with inflation which is why so many people use food banks/become homeless. We are fortunate to have a care system in place but when increases in expenditure happen it can be hard to adjust and I understand that is why you are doing this survey.
Proposal one: So long as those with specific needs are allowed to claim an additional allowance.

Proposal Six - Higher Administration Fee - Although I understand that this fee may well need to increase the current proposal to increase it from £50 to £170 is far too much in one go.
Proposal six: I fail to see how administration charges of £170 are justified when a care provider is already in situ and has been providing care for over a 12 month period, or longer.
RE Transport - It is our experience that there is insufficient transport available especially for wheelchair users. The system needs a complete overhaul to be able to provide the service, at the appropriate cost to the most in need. At the moment assessments are inconsistent with people in similar circumstances paying vastly different amounts. All assessments need to be regularised across the board to be fair and accurate.
Section one proposal five - I disagree with this. It would not be fair if the partner cannot work due to caring for their partner and as a result may not have any savings etc. or income.
Section one, proposal 1 - I think £50 is plenty for social activities per week, wish I had that! Proposal 2, I disagree - It does depend on size of garden, my sister has a small garden, her gardener charges £20 for 1st hour and £15 for 2nd hour, so a total of £35. For two hours a week! Some charge more. Proposal 3, disagree - Every other week would be better, my uncle and cousin were both window cleaners and found that most needed more than once a month. Proposal 4, strongly disagree - Water, gas, electric, phone, TV, food, petrol, rent or mortgage, emergency button would come to more than £200 per week. Proposal 5, tend to disagree - I think if 1 dies, the 1 left would 'struggle to make ends meet'. Proposal 6, tend to agree - I feel that those who can easily afford it should pay a fee. Proposal 7, tend to disagree - If you are on temp care, you still have all your household bills to pay i.e. gas, electric, water, phone, rent or mortgage, insurance. Proposal 8 - 3 years. Proposal 9, tend to disagree - It would mean £42.88 for a day care, it's too expensive! Is that including food and drink?
Service uses need more money, not less.
Sorry to have had to put 'don't know', so far, I haven't had knowledge of these services, hence the fact that I can't really help.
T4 paraplegic and other issues, own home, uses direct payments for care to be able to live or manage at all. As it is, I have many additional expenses that you just ignore over what a non-disabled person has. DRE covers just a tiny part of these, and I struggle to pay my bills as it is. Those making these rules don't appear to have a clue about the real cost of disability. I simply cannot afford to pay more. In fact, you should allow much more for DRE and take less from the truly disabled. I can't survive or continue to live in my own house if you increase my share of the cost of my care.
Taxpayer money, business rates etc. are there to pay for core/essential council services to support those who we are not able to help themselves and most in need, such as vulnerable children, the elderly and those with disability. I would suggest cutting budgets around tourism, that can be delivered by businesses, arts and culture, it's nice to have but not essential and again can be covered by businesses and other funding bodies. Thank you for asking my opinion on your proposals.
Thank you for your help. Without your help I would be lost. Your help and the work you do help so many of us.
The assets figure £23,250 should be higher. People have worked hard through their lives to save and are punished by having to pay for their own care. It pays you to have nothing to spend as you go along in life as you end up with more from benefits. Also, the system encourages you to be dishonest and move persons money so there your assets is under the required and you get more help. Greed and corrupt come to mind. Just reaching this hurdle with both parents with dementia and other medical needs and everything is a battle, whereas if you have little assets you are a winner.
The care that is provided by the local authorities has slowly decreased over recent years. This should not continue and government and local authorities should realise this and make looking after the elderly and vulnerable a priority without 'raiding' their benefits or savings.
The increases are too drastic. Whilst I understand that increases need to be made, they should at the annual rate of inflation. The council are playing catch up at the expense of the vulnerable people who use the services.

The NELC have been fair in their assessments in increasing the costs of health and social care. Those that can pay should pay. Those on higher rates benefits should pay their fair share of costs. That is what the benefits they receive is for.
The overall impact would be minimal, especially for the benefits received.
The situation I am in is this: I have Bronchiectasis and asthma. I have COPD and doing anything physical I will get out of breath, seriously out of breath. Relying on medication and nebulising 4 to 6 times in 24 hours. Help with showering, dressing, cooking, I cannot cook due to lack of breathing. Everything in this questionnaire I require help. Your suggestions will impact on me greatly as well as financially. Multiple fractures of the spine with Osteoporosis. Type 2 diabetes which is steroid induced. I'm wheelchair dependant and in 1993 I was given 3 months to live. To date I take each day as it comes, if it comes. I struggle with severe health problems daily and I have to pay for dental care. I finished from work in 1993 due to ill health.
There are lots of wasted resources in adult social care and poor planning based on experience. Delays are poor and services not always up to standard. I agree more funding could be required but the levels of waste give opportunities for savings too.
There are no thoughts gone into this. The extortionate prices care home cost and the amounts you are supposed to contribute to help our elderly and disabled people. Food in these places are adequate and not expensive. They all buy the basic brands, the cheapest and they give them a small amount. Day care, along with food needs more money for activities for the visitors instead of been put in a corner and forgot about until it's a cup of tea and a biscuit time. All caring sectors need an overall change. They deserve more respect and dignity.
There can be a huge difference in the time taken to maintain a small garden, particularly if it was previously designed as low maintenance and a large garden.
There is an obvious need to increase charges for services as there has not been annual increases in the past to keep up with inflation. The council's policy should take into account that annual increases need to be made not too high so that people receiving social care are aware that services provided cost more each year due to inflation. Financial assessments should be made annually. This is improving, but in the past, we have had longer than 12 months between assessments.
These changes currently have no impact on me. I have tried to answer in a way that is sympathetic with both the councils needs and that of those receiving the services.
To each according to their need; from each according to their ability.
Very little impact as assets are above level set for assistance.
When my mother had 3 falls in four days, the immediate care and help we received was fantastic and this has continued in helping to keep her in her own home. Thank you.
Why do the council pick on the disabled and elderly, what are the most vulnerable people in the area, why not tax people who have more than one car or people what don't recycle or yourselves as quick to give yourself a pay rise.
Why is always the people who are the weakest always made to pay more? Section two proposals four and five is dreadful to be affecting (1115) over one thousand people, nothing else goes up by this amount i.e. Benefits, carers wages, it's as though these people don't matter. Remember these people have feelings too, they sit and cry when they can't afford the very basic things. The old have put in all their lives, the disabled have no choice, we should be supporting these people as much as possible. Not blaming vulnerable people.
Why is it always the case that people who are not able to defend themselves always penalised all the time? Give them a break.
Why is it always the people who need help are always penalised?
Why oh why are the council trying to cut or punish the disabled and vulnerable people in our society. I am a father of a severely disabled son who is 27 and we have this constant crap and unnecessary pressure every damned year. I see the way money is being wasted every day and big wages and bonus' get in the real world.

Why take from disabled people who are not in a position to take on work in order to increase their income and thus their quality of life? What does the council do to assist disabled people to increase their income e.g. through work? Why not increase council tax for those who have the most, so that those who have the most pay the most?
With charges for transport and a full day in day care this is almost the amount allowed for social activities per week. This means a person can only socialise one day per week. Surely this increases loneliness and isolation?
Yes.
You are asking the most vulnerable people i.e. elderly, those with poor eyesight, disabled to complete this questionnaire. Just wonder what impact their responses will have on your decision.
You are decreasing the amount of council tax benefit which will impact more heavily on this group of people and now you are going to increase the cost of their care. This is disgraceful
You say you are increasing charges with keeping up with the rate of inflation. Well the rate of inflation hasn't been maintained with wages and allowances, so how is that fair?

Face to face consultations

Proposal One: changes to allowances for Disability Related Expenditure – part one (social activities)
The idea will help the council balance its books for social care
People will get less activity for their money if they need to take a PA with them for a social activity
I don't agree with the charging framework at all [including this proposal]
Costs [of social activities] are a lot more than £50 per week so this could hit people hard
It's about quality of life and quality of life will be affected by this proposal
I think that's ok because £50 is a fair amount
£50 is greedy
£50 is too much
£20 is enough
I've disagreed with this proposal because it's still too high; I want it to be lower [than £50]
This may impact on individual mental health and wellbeing, depending on need
£50 seems a reasonable limit
There could be a knock on effect on mental health if you make it more difficult for people to get out
If there's a deterioration in mental health, individuals could be more likely to need commissioned services for e.g. via Navigo, which will cost much more
Allowances for social activities are preventative [i.e. they avoid costs elsewhere in the health and care system]
Something as simple as being able to go out swimming each week and have a coffee after makes a real difference
Individual circumstances are key to what triggers the impact; activities can prevent [negative impacts]
If we can get more social activities that would be good – older people don't ask for benefits
Older people don't know what they can claim
I don't think it should be capped. It should be based on need
Loneliness is becoming a mental health issue nationally, so we should be encouraging people to go out. What benefit can a limit offer?
The Government are trying to push the arts and creativity
Costs are going up. People are living longer so costs will increase
Social activities are a big part of our son's life. It would affect him greatly if social activities were taken away. He loves his social life; take it away and he has no life
The Council pays with one hand and takes it back with another. It's wrong. I can't believe the Council has started to penny pinch
It's wrong that the CCG/ Council/ focus workers get paid so much; no one financially assesses them!
Realistically, £50 isn't a lot if you have to pay a carer. It could amount to only one activity per week

Proposal Two: changes to allowances for Disability Related Expenditure – part two (gardening)
That doesn't even cover the minimum wage if you have a gardener for a couple of hours per week
Most gardeners charge more than £15 per hour
£15 isn't enough – people charge that per hour. You won't get much for that
It's not fair for some people. I'm voting against this for them, even though I won't be affected
£15 per week is too high; it should be lower
I don't think £15 per week is too much; people [gardeners] will charge £10 or £15 per go
I think £15 is reasonable for a gardener
My family do my gardening
This is too high; £10 is enough
I disagree; [£15] is too high
Perfectly able people can't always do always do their own gardening every week so an allowance of £32 [the maximum amount currently claimed] is a bit extreme; the money could be spend on something else
Someone with mental health problems may enjoy being outside but may not be able to make their garden look decent; this should be considered on an individual basis
Some people may feel they have to move because they can't manage the garden. An allowance for gardening DRE could enable people to stay at home
Think about the person's environment. They may love living in their home but the garden has just got on top of them
Unmaintained gardens could have negative impacts for the community
Private landlords can evict if the garden is not kept clear
I would rank social activities higher [i.e. more important] than gardening
This is going to affect a heck of a lot of older people
I don't think gardening's an important issue when compared with social activities
I disagree [with the proposal] because some people will live on their own and can't do their garden
There's a lot of community help with gardening

Proposal Three: changes to allowances for Disability Related Expenditure – part three (window cleaning)
Once per month is more than enough
It's more of a luxury [to have your windows cleaned more than once per month]
I pay for window cleaning within my rent so can't comment
I only have my windows done monthly
Monthly is fair
People with complex health problems don't get access to disability related expenditure
It is inequitable that everyone can't claim DRE; a vulnerable elderly person might have a need but not be in receipt of a relevant benefit to enable them to claim DRE
The vulnerable elderly are not entitled to some benefits
[cleaning] once a month meets need; more than that is just a want
I haven't washed my windows in four years
Maybe a reduction here will mean that services are more equitable in other areas
Different people's priorities are very different

Older people may not have much money; it seems unfair
It could be a safety thing [to pay someone else to clean windows] if people are trying to clean their upstairs windows
Once per month is fine
I disagree [with this proposal] so that the Council has less money to pay its staff
I disagree because of the potential to impact negatively on autistic people; it may be especially important to them to have clean windows
People shouldn't have to fight for this [DRE allowance]; it's wrong
Social activities/ inclusion is more important than window cleaning
Fuel poverty/ fuel needs should be taken into account as a priority rather than considering window cleaning

Proposal Four: changes in approach to the Minimum Income Guarantee (MIG) (part one) – all individuals
That could be a monthly food shop to someone
It's quite a chunk out of monthly money when it's added up
Collectively [with other proposals] it really can make a difference
We know people can't live off what the government say people can live off
Expenses like rent and council tax are going up. It will be very hard if they are hit by more than one change to the policy
Do they actually listen [elected members]? Will our views make them change their minds?
I struggled to understand this [proposal]
£20 is a big jump [for pension age people], whereas £2 is a smaller difference [for 18-24 year olds]; could you consider bringing changes in over a couple of years, not all at once?
Older people need more disposable income for necessities e.g. laundry, house cleaning etc as their expenses might be higher; they need higher allowances
It seems ridiculous to reduce this when the costs of living are increasing
The difference [reduction] could represent a couple of meals or result in someone switching off the heating
In the scheme of things, that's a lot of money to lose
Maybe [the council] needs to or has to do it [make this change] but a loss of £20 pw seems excessive
The area is already so deprived. It's quite a lot of money to make people potentially £20 per week worse off. It could be the difference between going out a couple of times per week or not
This makes it very scary to live in NEL. It would be the difference between eating [or not eating] and [having the] heating [on or not]
It seems bleak. If we can keep this deprived area with a little bit more....
There's a heck of a lot of people struggling all over the place
The people making these proposals have more to live on than £209 per week
People who assess don't listen to the people they're assessing
NEL/ Grimsby is a deprived area – financially and [in respect of] the services people could access – so NEL needs a higher MIG
If someone's struggling, this will reduce what they have to live on even more
It's not always easy for someone to appeal if they're in financial hardship

Proposal Five: changes in approach to the Minimum Income Guarantee (MIG) (part two) – individuals living as part of a couple
You always live to your means; that's a big drop
In both MIG proposals, people will have less to live on
People who go through these assessments aren't rolling in it, they're just surviving. Some aren't surviving
To take it [money] from people who need it isn't fair
To bring that in all at once, not even rolled out, it's a big chunk
People wouldn't want their wages to go down and this is like their wages. Taking this money away is very difficult
That doesn't sound very fair does it?
Most people in this room [Friendship at Home group] don't receive a service from social care so it doesn't apply to us
I don't understand financial assessments
I struggled to understand [this proposal]
Does this disadvantage women in any way [if it's the man who usually takes care of the finances]. For example a woman's partner receives the benefit (pension credit is paid to the man)?
Single individuals sometimes get benefits [that] couples don't
One part of the couple could be the carer for the other and this may negatively effect them by making them worse off. This could impact on other services
This may have an impact whereby not leaving one part of a couple with their own MIG their financial independence could be reduced
This could bring more women into charging
You can't assume that people living as a couple share expenses as a couple
Individuals alone sometimes get benefits not available to couples e.g. council tax reduction for single occupants, so this proposal is a significant disadvantage for couples
Older people who've been paying into the system for longer will be negatively affected
Hold off on this; take a handful of couples and use them to see what comes out financially, to help the Council assess the impact before adopting this [proposal]. Try it out on paper first

Proposal Six: charging a higher administration fee when arranging care for those that can afford it
£50 is fine; jumping to £170 is a lot. Do something in between, for example £100, or put it up in stages
People save up for retirement
It's right to charge what it costs, but not such a big hike at once
Where's that figure come from 'cause it's more than triple. That's a drastic hike
It's a big step up from £50
Bring it in slowly
Some people could be overcharged if they don't have any changes [to their care package]
It's not clear in the paperwork that people have a choice about whether to ask the Council
Best not to save up; get rid of your money then you won't have to pay!
If the council don't do it the onus will fall on poorer people
I don't need anything from the local authority and I have a good pension so I don't like to influence decisions that don't affect me. I have good family support
It makes sense [to increase charges] as costs go up

This [increase] is too much
People may not have a choice about whether to ask the council – they may not have the capacity or ability to arrange their own care
Some people won't really have a choice; they may not really be managing and may be unable to do this themselves
[using the service] takes the hassle out of setting up a care package; it's a service
This fee could put people off using the service
Potentially people make a saving, if by using social care to arrange their package, they get the social care rate
It could be advantageous to use social care because the person will get continuity of provider- a self-funder who drops funds below [£23,250] could otherwise have to change provider when they become entitled to a funded service
This could put people off dealing with social care; the involvement of social care could offer better oversight of the person, for example identification of safeguarding issue. [Avoidance of social care] could actually increase costs to commissioners
Service users could have concerns and reduce their care package due to being worried about the costs
It's a big increase from £50 to £170
It would cost people more to commission a package themselves than to pay the fee when spread out over 12 months
Commissioning care via a third party account costs more than £170 per annum
The care provider might offer the service for nothing
People won't get a better care service for this £170; it will be around an extra £3 pw as a cost to them
Would this be fair?
I understand people have to pay for a service but this is about how it's 'sold'; it should be explained as an aspect of wellbeing – explain to people what they will get for their money and how this will help them. Explain what 'deal' people are getting for £170
We understand the costs of doing this and what is involved
People with more than £23,250 reduce the cost to the system [by meeting their own needs/ costs] and this is an additional burden imposed on them
It's not profit driven [the proposed increase]
Looking long term it's not a lot of money
This seems a very dramatic jump
This should be phased in over 2/3 years to avoid a big jump
I would prefer a staged approach over two years
This feels like a punitive increase because of historic undercharging
More people would have been willing to vote in favour of the increase if it had been phased in over a number of years
This [service] is helping people who need it the most
It's a big jump. People try to do it themselves [arrange services] when they can't, to save money. This will cause them more stress and anxiety. It's a £120 difference
You have got a bit of support when you've got [the Council] behind you
If you look at other providers that give advice they charge a lot more than that [£170]
[The increase isn't] going to mean a lot to them if they have £23,250 in the bank. They can afford it
Families won't pay it; they moan now about paying the £50
Not everyone has an option – they can't arrange their own care
It's hitting the people who've worked hard all their lives
I agree in principles but this is too much of a hike

I can see it's a costly thing [i.e. service to provide] but it's such a massive jump. You could put it up over a few years

You could implement a banded rate e.g. a certain fee for those with assets between £23,250 and £70,000, and another fee for those with £70,000 and above

Proposal 7 a): increasing charges for temporary/ short term stays in a residential care home or nursing home

They'll be charging for hospital care next!

While the person's in care their costs go down at home but they might have a partner still living at the property so this could mean they're paying more

If you need respite you're not well, so shouldn't this come under the NHS?

You wouldn't be looking after yourself at home and buying food [while you're in respite] so I agree with this proposal

Fair enough; you've got to pay haven't you?

You can't have it for nothing

Costs go up so it's fair to pay more

People must pay something

This will be much more harsh for the less well off

Respite is valuable for family carers; over many periods of respite throughout the year this is a significant increase

People could be put off accessing respite and this would be a significant disadvantage to carers

Relatives could be worried about the annual cost of respite care

Lots of families rely on respite. It is difficult decision to access respite. This will put people off

From a health and social care point of view there will be no safety net

Respite is really important for wellbeing. It's already not taken up as much as you might hope. Even at the price it is now people aren't taking it up

Accessing respite can be sociable and ease a transition to full time residential care

Why haven't the council kept up with costs so there would not be such an impact on carer and families?

It begs the question why the Council hasn't put its fees up for so many years

The reason for the increase is previously we had a labour administration which protected the adult social care budget. The current administration feels differently

As much as it pains me, the costs need to go up

It's an incentive to squander your money and get care for free

Carers have very limited income so any increase is a lot to them; that said, it's still good value

People without a lot of money won't access respite because they can't afford it

Carers will keep the person at home and risk their own health because they can't afford it. This may result in the carer for person having to go into fulltime care which will cost the Council more

Carers have equal rights under the Care Act too and this could negatively affect them

I knew a carer who had to go into hospital who cried because she was so worried that she couldn't afford the charge of £70pw [to provide respite to her cared for person] while she was in there

Charges should be based on the individual financial assessment; [people] should contribute what they can afford

That's an incredible increase; how can that be justified?

Proposal 7 b): increasing charges for temporary/ short term stays in a residential care home or nursing home over a period of years

It will have to go up at some point because prices go up

I don't want the increase [over any period]

Proposal 8: increasing charges for day care

I agree it should go up

I understand that paying the cost is fair but it's the effect on the individual that worries me

People may get less for DRE social activities and you might also have to pay more for day care, so it's a double loss

A full day isn't a full day - it depends on transport

If people can't afford to come here [to Cromwell Road Resource Centre] that would affect their quality of life. A lot of people rely on their service; it's so important to their daily living. It's a smack in the face

People like to interact with people like themselves

To take from people who need it, it isn't fair

You want to take from the most vulnerable people but people at the council get paid a lot

They [people with disabilities] don't do the holidays or activities they used to do

If people can't do the activities it will affect their mental health

[the proposals] are geared at the wrong people

The council is looking at the wrong area [adult social care] to cut money on

My sister didn't turn out the way she did through her own fault

I agree the charges need to go up but the activities on offer have already been lost. Some people lose out because of the amount of travel time as journeys can take a long time.

[Charges] are going up for less of a service

At some point it's got to go up; if it doesn't maybe the service will go altogether

If people can afford it I don't think it's a problem. If they can't afford it, it's a worry. People worry about money

There's a lot of people that need those services

Blaming people for living longer is rubbish

Its swings and roundabouts; if we don't pay more [for social care support] council tax will just increase

It's not a large increase considering it's not gone up for a few years

In relation to hobbies and what people might pay for those it seems reasonable as long as people are getting a good quality service

Individuals in this cohort often have really significant needs. They could be severely compromised if access was removed

I don't think it is a large amount considering no change for some years. May increase the impact if you go several times a week

We provider day care and have some extremely complex individuals – it would impact on carers if this was not available

It's a crucial service; even though the elderly struggle to get out there should be something for them to go to
If the Council is going to charge more for the day care they'll need to make it [the service] better
Have two different costs: one for giving carers' respite, and one for [the person with needs to] access social aspects; they should be treated differently
A day should mean a day, and not end at 2:30
A lot more people would attend if day care was cheaper

Proposal 9: increasing charges for transport
Costs have got to go up because petrol goes up
This seems reasonable
I don't think what you're increasing by is a lot
People need to realise the cost is a double because people have to get there and back
It's cheaper than a taxi
Have we considered some individuals may get mobility allowance and subsidised travel?
If the Council supplements transport costs it will have less to spend on other things and the cost [of the proposed increase] to the individual is small
It's your choice to go on the bus or go a different way, or don't go
That's a door to door service
It seems reasonable because it's a small increase
That's ok if it doesn't go up much more than that [35p per journey]
The Council needs more recycling boxes and bins

Proposal 10: increasing charges for laundry
When you think about how much it costs to run a washing machine that's cheap
I couldn't do mine for that
Good service
This is good value still
I think your laundry's so important
I appreciate there's only 10 people but knowing what it's like [to need care and be a carer] I think it's a fundamental right to be clean in your own home
It's 32p per week so it seems reasonable
That's very reasonable; it costs more than that for a [packet] of Persil
I disagree with this [proposed increase] because it's a service for very poorly people

Any other comments/ comments on impact
They are good ideas but it's a big impact on some people. It needs to happen gradually
People understand that the costs/ prices go up as they do in every area of life
Look at the [implementation over] 2 or 3 years for all the proposals to help people slowly adapt
My private pension covers my current needs. I feel sorry for people on benefits
It's hard to answer [the consultation questions] when you're not in the [social care] system
Please don't get rid of the bus pass; it's a place to socialise for some
This is too complicated; I needed handouts. It needs to be simpler to understand [note to reader: a briefing had been provided prior to the session]
You won't know the impact until it's implemented

That's a hell of a lot [of additional money to find] for people on benefits who need care
Small increases could really add up for people
Social services should be funded rather than the palm tree. A palm tree isn't necessary; the elderly are more important
Benefits have been capped for a number of years so haven't kept pace with inflation
The cumulative impact the proposals will have on individuals
At what point will these changes result in a hospital admission?
People may be affected by many of the proposals so it would be a bigger hit for them
This may push vulnerable individuals to stop using the services they need and/ or push them into poverty
Concerned about individuals who will be affected by more than one proposal and individuals who are on the cusp of charging
Some savings could create pinch points elsewhere; they could create impacts elsewhere in the system
[the proposals are] not helping people to improve their lives. There could be unintended consequences across the system
Care plans hardly include social inclusion. How can social inclusion be capped at £50 when the current care planning process hardly covers social inclusion needs?
The cost of care packages could increase if allowances for social inclusion are capped
Changing the MIG could move a number of people into self-funding, resulting in some people reducing their package to save money and putting people at risk
There could be inequity between those with physical and mental health issues
The council should cap the number of proposals it implements in one go
I'm surprised that window cleaning and gardening support is available [as DRE] - should they be included at all – this is only available to the select few – responsible tenants should be doing this
Can we calculate the effect of these changes? We need to think this through
To be honest I'm glad I'm not one of those families [being subject to the proposed charging regime]
I don't think it's well enough known that you're doing a consultation so [people] can voice their opinion. They should know because it gives you ownership
When you're in the care system every penny is essential to your living standards
I appreciate costs go up
Social activities are so important and these really make a difference. [Our son] looks forward to them
We're lucky enough [to be able to afford] to pay for some of this ourselves but it's difficult for people who can't afford it
Councillors should make a reduction to what they claim [instead of putting adult social care charges up]
It's unfortunate that people will think it's the Conservatives hammering those who can least afford it. I've always voted conservative; it's [the proposals] just bad timing
I don't think carers are taken seriously. They don't appreciate how hard it is for parents supporting adult disabled children; we don't have a life
Rock Foundation charge for day care even on bank holidays when the place isn't utilised. We use our direct payment to pay for the place. They shouldn't be allowed to charge when the place isn't used
I disagree with all of PIP [personal independence payment] being taken into account as part of the financial assessment as this is given to meet additional needs
I am not happy that a service users' representative cannot attend the charging appeals panel in person
Additional petrol costs need to be allowed as part of the financial assessment

Petrol costs should be reviewed as people who have a car on Motability need to use this to get around and to access social activities
Re housing repairs – “as a homeowner I have to pay for repairs and agree to repay the loan for the lift being fitted [to my home]. This is not fair when this item is for my son and not for my use. E.G. Shower needed repairing, I use a bath; however, my son needs a shower so I used the PIP monies to pay for this”
LHP [Lincolnshire Housing Partnership] are charging excessive costs for redecoration and repairs and this is not appropriate
Benefit increases have not gone up a lot so charges should not increase
The fuel allowances that are used are not fit for purpose and are too high
The CCG should be ashamed for looking at these proposals
It would cost the Council a lot more money if they were to care for my son full time and cover the care I deliver
The Council should be supporting people to live independently and maximise their life as it is limited
The Council have interpreted the charging rules incorrectly and if I had the money I would fight this in court
You should not ask me what I spend my money on as this is private – the staff are nice and doing their jobs but it’s not right
Currently my son is nil charge but this will change with these proposals
The non-dependent housing benefit rate comes up a lot with the people that we work with [i.e. carers in receipt of support]
This is a minefield. It is difficult when you’re battling on behalf of someone you love
People need more transparency so they understand what’s being taken in to account as part of the financial assessment
I hope there are no proposals to end transport all together
There isn’t enough staff at my supported living placement for me to have the one to one help I want
Vulnerable adults are worse off [if the proposals are implemented]
If you don’t do some of this care providers will go out of business. Increased costs (such as the minimum wage) need to be mitigated
The fact that costs haven’t been increased for so many years has made it worse
Why do we charge for adult social care and Scotland doesn’t? Let’s hope our government decides to get rid of charges [in England]

Opportunities
Capping supported living costs; review these costs, set rates and consider void costs
Explore the potential for community businesses to offer services e.g. the laundry service, to generate more income by offering this to a wider customer base
Introduce financial penalties for providers who don’t deliver the services they’re commissioned to, in conjunction with better contract management

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Adult Social Care Charging Policy Consultation, January to April 2020

Impact Assessment April 2020

**Conducted by North East Lincolnshire Clinical Commissioning Group
on behalf of North East Lincolnshire Council**

1. Introduction

Access to social care is means tested. How much each individual contributes to the costs of their care depends on a financial assessment. Councils have some discretion regarding how they apply the complex charging and financial assessment rules set out within the Care Act 2014.

A substantial change to the charging and financial assessment rules – which would have included the introduction of a cap on lifetime social care charges and a more generous means-test - was expected in 2016. The changes have been postponed indefinitely. A national Green Paper on social care funding was expected in 2017, but remains outstanding.

Whilst further national direction is awaited, councils must continue to develop local charging policies that reflect local circumstances and which are mindful of the legal requirement to:

- ensure that people are not charged more than it is reasonably practicable for them to pay
- be comprehensive, to reduce variation in the way people are assessed and charged
- be clear and transparent, so people know what they will be charged
- apply charging rules equally so those with similar needs or services are treated the same and anomalies between different care settings are minimised
- be sustainable for councils in the long-term.




2. Scope and evidence

This impact assessment is intended to support members' understanding of local circumstances, and so to facilitate their decision making in respect of the community potentially affected by any change to the adult social care charging policy, generally (those who may require chargeable support in the foreseeable future) and specifically (those in receipt of chargeable support during the consultation period). Impact is considered in the broadest sense i.e. not solely in connection with protected characteristics under the Equality Act 2010 (EA). Information focusing on EA requirements can be found at the rear of this document, in support of the Council's Public Sector Equality Duty.

The evidence utilised in creation of this assessment has been drawn from:

- a) General population data held by public health in December 2019 (Table One)
- b) Specific data on those receiving care, held by adult social care in December 2019 (Table One)
- c) Information provided by respondents to the consultation, which took place between January and April 2020. The consultation specifically requested comments on impact.

Table One (public health data correlated with service user data, as at December 2019ⁱ)

Location of service user by postcode	Service user by postcode and deprivation	Service user by postcode and wider determinants
 Location of service users by postcode.p	 Charging Policy Map (service user pc	 2019 NEL Indices of Deprivation Maps (s
Further data at: http://www.nelincsdata.net/		

In addition to a written consultation sent to service users (standard and easy read versions), efforts were made via a programme of face-to-face events to engage those with protected characteristics. Consultees of all ages and both genders were represented, as well as those with mental and physical disability and carers. Minimal known input was secured in respect of race or faith; contacts with the Mosque and Hindu Cultural Society received no response, a Jewish focus group did not proceed due to inadequate interest and a Catholic Church event aimed at parishioners of other ethnicities was cancelled due to Covid-19. A planned LGBT event was also cancelled due to Covid-19. Limited data on race, religion, sexuality and marital status was secured via written consultation.

Note: evidence types a) and b) offer quantitative data; c) offers qualitative data, to enable members to gain an understanding of how impact might be perceived or experienced by those affected.

Anonymised consultee comments have been used as qualitative illustrations throughout. As service users move in and out of adult social care regularly, the cohort consulted is not necessarily the same as the cohort to which any future policy changes might apply.

3. Local circumstances

a) Population profile – health

North East Lincolnshire (NEL) has an ageing population; it is expected that by 2032, 25.7% of our population will be aged 65 or older compared with 18.8% in 2012. While life expectancy has improved substantially over the last decade, there is no corresponding reduction in the years of life with illness and disability. In NEL, 19.5% of people report that their day-to-day activities are limited by long-term illness or disability; in East Marsh this number rises to 24.2% (compared with 18.8% for Yorkshire and Humber (Y&H) and 17.6% for England). Long standing illness and health inequality is also correlated with deprivation; the highest number of those reporting that their health is bad or very bad are found in East Marsh: NEL's most deprived ward and the ward with the greatest number of individuals to whom the adult social care charging policy applies. Physical frailty and dementia are the main causes of entering long-term social home or residential care. This combination of ill health and deprivation means demand for help from the Council is likely to continue to increase.

b) Population profile – finance

NEL has substantially higher levels of deprivation than the national average, with 40% of populations in local neighbourhoods falling into the nationally most deprived (this is twice the rate of an average population nationally). The greatest number of individuals to whom the adult social care charging policy applies are located in NEL's most deprived wards, with the highest number in East Marsh. East Marsh has the highest levels of deprivation and number of older people living in poverty (46.73%, compared with 19.89% in Y&H and 18.90% in England); it also has the highest levels of longer-term unemployment (30.9 per 1000 working age adult, compared with 7.2 in Y&H and 6 for England). There is strong evidence to suggest that worklessness is associated with poorer physical and mental health. Average earnings in NEL were consistently lower than the regional and national average in 2013-17. These socio-economic factors mean that local people have lower disposable incomes and less opportunity to save for the future, including to meet the costs of social care needs.

c) Costs of providing adult social care

In recent years, the Council has experienced significant increases in contacts from those in need, and in the demand for assessments and follow up support by way of care at home or in a residential setting (for example). The costs of delivering the care that people need have increased, due for example to the national minimum wage, increased regulatory requirements, and the on-going costs of training, recruiting and retaining staff. The demand for help, and the costs of providing that help, have increased, but available funding has not.

d) The adult social care budget

Local budgets are under increasing pressure. Significant funding reductions have been addressed by seeking to manage demand, reshaping how services are delivered, working smarter, and increasing income from those who receive help. There has been limited ability to invest in quality and over the last three years, overall levels of satisfaction of people who use adult social services has decreased.

Over the last three years, the Council has spent an average of £42 million per annum on chargeable packages of adult social care, and recovers around 23% of that via assessed individual contributions. The Council needs to continue to seek assessed contributions towards the cost of their care from those who can afford it, if the system is to remain sustainable. As is evident from sections 3a) and b) above, securing sustainability is challenging in the context of high demand and high levels of deprivation.

4. Potential changes to the charging policy - proposals consulted upon

a) Proposals limiting the amounts people can claim as disability related expenditure (DRE)

DRE relates to expenditure on needs not met by the Council, and reflects reasonable additional costs directly related to a person's disability, or necessitated by their disability. Individuals must be in receipt of a qualifying benefit to be considered for DRE (Attendance Allowance, Personal Independent Payment, and the care element of Disability Living Allowance).

There are three proposals, which if adopted, would limit the sums allowable as DRE, in relation to social activities (proposed limit of £50 per week), gardening (proposed limit of £15 per week) and window cleaning (proposed limit of once per month). The proposals could affect approximately 70 (social activities), 180 (gardening) and 320 (window cleaning) people respectively.

The vast majority of those in receipt of DRE in the lead up to the consultation did not claim more than £50 per week for social activities and £15 per week for gardening, calculated as an average across the year. The Council utilised the average costs to create a limit (subject to the discretion to depart from this limit in appropriate individual circumstances; *note: consideration of individual circumstances must be balanced with the need to ensure fairness and consistency for all*).

More disabled people will be affected by DRE proposals than non-disabled people (DRE is only available to those in receipt of qualifying i.e. disability related benefits). The proposal in relation to a limit on social activities may be more likely to affect younger disabled adults, who may express greater inclination to engage in activities which result in them incurring additional cost due to their disability. More older people may be affected by limits to DRE regarding gardening or window cleaning; older adults may be less likely to live in communal settings such as supported living, where such services and their costs are included in accommodation fees.

Case Study example (anonymised, for illustrative purposes only)

"John" is a service user aged over 65, who receives 10.5 hours of care at home per week, at a cost of £153.72. John's weekly income is £284.60, and he contributes £36.43 per week to the costs of his care. If proposals were implemented to limit DRE, John would be impacted in respect of both gardening and window cleaning; his weekly contribution would increase to £72.48 (an increase of £36.05 per week).

Consultees were keen to highlight the impact of DRE proposals, particularly on social activities. Comments included "Her world is small enough, without taking away what little she has"; "Something as simple as being able to go out swimming each week and have a coffee after makes a real difference"; "If there's a deterioration in mental health, individuals could be more likely to need commissioned services for e.g. via Navigo, which will cost much more". Some felt that limits to DRE for gardening could impact more on those who live alone or are less physically able, which may predominantly mean older people. The lowest level of concern was in relation to the impact of window cleaning limits, although one consultee noted "I disagree because of the potential to impact negatively on autistic people; it may be especially important to them to have clean windows".

In respect of DRE proposals collectively, one consultee made the following plea for recognition: "Whenever there is a new expense to cover, the disabled and pensioners have to cover it [..]. All these people who make these decisions don't understand the life we have or lack of it. In my situation I have no life. I am a prisoner in my own home. This is no life to be disabled but hey, why not make it even harder for us?".

b) Proposals on changes to the Minimum Income Guarantee (MIG) for individuals and couples

The MIG is the amount that the Government sets as the guaranteed minimum level of income an individual must be left with after paying for their care and support. The Council currently allows

people to keep more than the Government-set minimum, but proposes to adopt the less generous Government-set amount.

The two proposals on the MIG, if adopted, would result in people having less to live on after contributing to their care and support. The proposals could affect approximately 1115 people.

The impact will differ depending on the individual's age, and the benefits they are in receipt of (as set out annually by the Government). For example:

- In the financial year 2019/20, an individual who is over pension age and single, was allowed to retain £209.06 per week. If the Council adopts the less generous national MIG rates, this would reduce to £189 per week (a difference of £20.06 per week)
- In the financial year 2019/20, an individual who is aged 18-24 and single, was allowed to retain £115.31 per week. If the Council adopts the less generous national MIG rates, this would reduce to £112.75 per week (a difference of £2.56 per week).

This proposal is more likely to affect older people because the proposed new weekly MIG figure is significantly less than the current MIG figure for those aged over 65.

Numerous consultees noted that benefit increases have been minimal for some years, and this may be particularly pertinent for pensioners; one cautioned: "The council needs to bear in mind that pensioners are fearful of not being able to afford what they consider to be luxuries and too many increases may result in vulnerable adults/pensioners being forced away from using services they really depend on and may increase social isolation. The council need to keep this in mind at all times and avoid seeing pensioners as cash cows".

This proposal (and the linked proposal below) attracted the greatest level of concern about impact: "This makes it very scary to live in NEL. It would be the difference between eating [or not] and [having the] heating [on or not]". Consultees feared that even small income reductions could have a big impact: "When you're in the care system every penny is essential to your living standards".

In addition to proposing to adopt a less generous MIG for all individuals, a second proposal relates to application of a couples' MIG. This would mean that when an individual is married/ in a civil partnership or living as if married/ in a civil partnership, the relationship would be taken into account when selecting the appropriate MIG figure to apply to them. Couples would be assessed in line with Department of Work and Pensions benefit entitlements, and their interpretation of what constitutes a couple. For example:

- In the financial year 2019/20, an individual over pension age was allowed to retain £209.06 per week (as noted above). If the Council adopts a less generous approach to the MIG which takes account of the fact that the individual is living as part of a couple, this would reduce to £144.30 per week (a difference of £64.76)
- In the financial year 2019/20, an individual under pension age was allowed to retain £155.31 per week. If the Council adopts a less generous approach to the MIG which takes account of the fact that the individual is living as part of a couple, this would reduce to £114.70 (a difference of £40.61).

Concerns around the impact of this second proposal were similar to those above: "People wouldn't want their wages to go down and this is like their wages. Taking this money away is very difficult". The proposal could affect those of all ages; however, the reduction in MIG for those aged over 65 is greater than for those under 65. Some consultees identified a potential impact for women, including a reduction to financial autonomy: "This may have an impact whereby not leaving one part of a couple with their own MIG their financial independence could be reduced". A number noted the difference relationship status makes to the receipt (or not) of benefits, and the importance of benefits: "My husband works full time as a [...] and I receive PIP for care and mobility. We have no

other income. We struggle financially [...]. I hope we won't get assessed as a couple and have to pay towards my care. My husband would have to reduce his hours at work and cancel my care".

In the context of couples (and otherwise), some consultees queried the impact on carers, who may feel obliged to manage without commissioned support if contributions increased; for example:

- "As pensions don't increase much yearly the proposals of some of your increases would affect a lot of elderly, vulnerable people. I for one would try and cope on my own looking after a husband with dementia and many other health problems rather than having to pay extra for the services we get"
- "As a carer for my wife, if these proposals do happen/take place, I will care for my wife without help of any kind, even though my health is poor. I would rather care for her until it kills me. We are on disability benefits and because of the nature of our health, we spend more on things".

The Council's current policy, which takes no account of whether individuals are married/ in a civil partnership or living as if they are, is clearly more favourable to couples than a new policy would be if this proposal was adopted. The level of any disadvantage on the basis of relationship 'status' is difficult to assess, given the limited, clear data available on service users who are married/ in a civil partnership or living as if they are. How a couple's finances interact with the financial assessment process is complex, and will alter (for example) depending on whether one or both partners are in receipt of social care. Assessments which take account of relationship status have never been conducted locally, making understanding the proposal's impact more difficult. Experience from other local authorities who have adopted this approach does not offer definitive guidance.

c) Proposal on changes to the administration fee for arranging care for those that can afford it

People who have assets above the upper capital limit (UCL) must meet the full costs of their care and support. The UCL is a figure set by the Government annually (for the years 2019/20 and 2020/21 this is £23,250). People who have more assets than the UCL and want to receive care in their own home, can choose to arrange their own care, or ask the Council to arrange it for them. If the Council is asked to arrange this care, it must do so. The Council currently charges an administration fee of £50 each year for this service. To cover the costs of making people's care arrangements (taking into account the things the law allows) the Council proposes to charge £170 each year.

The proposal affects those with assets above the UCL; this could be around 95 people.

A significant number of consultees objected to the extent of the increase and felt that it penalised those who had saved their money: "The increase will be exorbitant. [...]. I am the only 24/7 carer for my wife who is chair bound and frail we pay full cost of her care simply because I have worked hard and spent sensibly. We [...] do not mind paying full cost of the care but punishing us by higher charges in every direction is, I strongly believe, not right". Some felt that this was a "punitive increase because of historic undercharging".

In terms of impact, concerns were raised that such a high charge could "put people off dealing with social care; the involvement of social care could offer better oversight of the person, for example identification of safeguarding issue. [Encouraging avoidance of social care] could actually increase costs to commissioners". Reduced take up of help with care arrangements by those with more assets than the UCL will reduce the Council's opportunity to fulfil Care Act obligations to identify preventative and life planning (including financial planning) opportunities for this cohort. Also, such opportunities could prove crucial if phase two of the Care Act, on hold since 2016, is implemented.

d) Proposals on changing charges for temporary or short term stays in residential/ nursing homes

At the moment, the Council offers a range of set charges for people who need to stay in a care home temporarily. The Council decides which of the set charges an individual will pay depending on what

benefits they receive, and what assets (money and investments) they have. The weekly rates are £70, £90 or £115; those with assets above the UCL pay the full cost of their care.

The Council proposes to increase charges for temporary stays to match the increase in its costs since the last fee increase (2013/14), and to add a further increase to match any additional costs each year from 2020 onwards. Calculated to 2019/20 costs, this is an increase of 17.6%. The proposal could affect an unquantified number of individuals. There are around 750 temporary stays (also called 'respite') each year, comprised of individuals having either a single or multiple stays.

Some individuals accessing a temporary stay could have to pay both for that stay, and for support usually received at home; this is most likely where the need for respite occurs unexpectedly, and the person will need to return home to their 'usual' package in the near future. Others may be required to pay more for a temporary stay than they would contribute to the costs of their care at home.

Case Study example (anonymised, for illustrative purposes only)

"Ann" is over 65 and receives a weekly package of care at home, at a cost of £1366.09. Ann's weekly income is £272.55. After making allowances for DRE and the MIG (using current figures), Ann contributes £64.78 per week to the costs of her care. If Ann were to access a temporary stay in a care home, she would contribute £70 per week to the costs of her placement (calculated at the lower rate, due to Ann's level of savings and benefits). This means that whilst temporarily in residential care, Ann will pay £5.22 more for the costs of her care than she would if she stayed at home. If the proposals are adopted, Ann would make a contribution of at least £82.32 per week whilst in temporary residential care; this is £12.32 more per week than she would pay for such a placement currently, and £17.54 more than she would pay if she stayed at home.

Consultation comments focused on the impact of the proposals on the economically disadvantaged "People without a lot of money won't access respite because they can't afford it". It was noted both that those accessing temporary care "still have all your household bills to pay i.e. gas, electric, water, phone, rent or mortgage, insurance" and that "they might have a partner still living at the property so this could mean they're paying more". The importance of temporary care as a "safety net" in times of crisis was noted, and concerns for carer impact were recurring "[If costs increase] Carers will keep the person at home and risk their own health because they can't afford it. This may result in the cared for person having to go into fulltime care which will cost the Council more".

Consultees also noted that potentially negative impacts are exacerbated by the failure of charges to keep pace with costs: "what I don't understand is why there has been no increases in costs to the user for in some cases since 2013". Many remained unconvinced that impacts could be sufficiently mitigated by the accompanying proposal to introduce the fee increase over two or three years.

e) Proposals on changing charges for day care, transport, and laundry services

The Council has not increased its charges for day care centre sessions, transport journeys, or laundry services since at least 2015. The Council proposes to increase these charges to catch up with the rate of inflation, and to increase them every year by reference to inflation. Between April 2016 and the end of 2019, inflation increased by around 7.2% (calculated using the consumer price index).

Comments on these proposals focused on the value of day care provision for older and disabled people ("People like to interact with people like themselves") and carers ([day care provides help to] "some extremely complex individuals – it would impact on carers if this was not available"). Carers often rely on the time while their cared-for person is at day care to attend to other matters – or simply to have time for themselves ("I don't think carers are taken seriously. They don't appreciate how hard it is for parents supporting adult disabled children; we don't have a life"). It was noted that day care has been reduced over the years ("[people with disabilities] don't do the holidays or activities they used to do") and that people were being asked to pay more "for less of a service".

Consultees raised concerns about the impact on mental health, quality of life and associated service provision; for example: "Increasing charges to match increased costs/inflation pressures seems right and proper, however steps must be taken to ensure this does not result in a decreased quality of life for individuals. It would be a false economy to place vulnerable people in a position where they make e.g. increased calls upon health services due to a deterioration in their wellbeing".

There was some feeling that the increases were punitive ("My [disabled] sister didn't turn out the way she did through her own fault"), particularly in combination with Council Tax increases; for example: "A lot of the proposals are all about raising the costs of everything to match inflation. The costs of Adult & Social care are expensive enough as none of us choose to have a disability or need that needs help. Whenever there is a new expense to cover, the disabled and pensioners have to cover it all. Just because we are old or disabled, doesn't mean we are stupid. Every year we face the biggest brunt of all costs. At this minute we are paying twice. Once with all the raises and again with the double council tax". Linked concerns focused on the length of time since the previous increase: "The council are playing catch up at the expense of the vulnerable people who use the services".

5. The cumulative effect

Ensuring that each proposal was clear, and that support or opposition to each could be appropriately identified, necessitated consultation on individual proposals. However, those in receipt of care may be affected by many, or all, of the proposals. Cumulative impact across the proposed changes should be considered in the context of increases in the cost of living, and reductions in Council Tax and TV licence benefits (for example). Numerous consultees raised concerns that such cumulative impact "could become very overwhelming for people to cope with". Paying a few pounds more across several of the proposals may make significant inroads into already reduced assets, particularly given the relatively static rates of benefit payments over recent years ("We know that people can't live off what the government says they can live off").

Individual impact can only be fully understood on completion of financial assessment, although many consultees gave personal examples of anticipated difficulties ("any reduction in his finances will affect his long-term care and prospects of remaining in his own home for his final months or years"). Substantial concern related to the proposal's potential to exacerbate financial difficulty, and in turn result in leaving "vulnerable people struggling and reluctant to accept help that is needed".

6. Summary

The evidence utilised in creating this assessment identifies that higher numbers of those in receipt of adult social care live in more deprived areas and that larger number of them are older or disabled. The proposals will have a greater impact on those within these categories. Consultees recognised this, and felt the burden on these groups to be unfair or disproportionate: "Anyone who requires care and support to be able to maintain some sort of a life shouldn't have to think about the financial side of things[...]. If cuts have to be made, let it be the fit and able that cover these increases. Ask the normal fit people, those that are not suffering with disabilities and poor health". However, the policy is intended to apply equally to all via financial assessment, which is the legal mechanism intended to ensure appropriate application of policy to individual circumstances.

Impact is not solely relevant to deprivation and protected characteristics. Consideration of the wider caring system, both formal and informal, is key. Many consultees recognised the Council's difficult financial circumstances, but feared the knock on impact of the proposals, in terms of increasing the burden for carers (who fill gaps in care service users feel they cannot afford) and for the system as a whole (a saving in social care may result in increases to mental or physical health services). Introducing changes over a period and undertaking regular reviews of impact (prioritising the greatest areas of risk) may help to ensure none are disproportionately affected.

Equality Impact Risk Analysis: Adult Social Care Charging Policy

Policy / Project / Function/Service:	Adult Social Care Charging Policy			
Date of Analysis:	April 2020			
Analysis Rating: (Please Tick ✓) (See Completion Notes)		X		
	Red	Red /Amber	Amber	Green
Type of Analysis Performed: Please Tick ✓	Systematic Policy Analysis			X
	Consultation			X
	Meeting			
	Service Proposal			
	Other			
Please list any other policies that are related to or referred to as part of this analysis	Adult Social Care Charging Policy			
Who does the policy, project function or service affect ? Please Tick ✓	Employees			X
	Service Users			X
	Applicants			X
	Members of the Public			X
	Other (List Below) Providers of chargeable adult social care services			X

Equality Impact Risk Analysis: Adult Social Care Charging Policy

<p>What are the aims and intended effects of this policy, project or function ?</p>	<p>The aim of the policy is to produce a consistent and fair framework for charging and financial assessment for all service users that receive care and support services, following an assessment of their individual needs and their individual financial circumstances. The policy has been reviewed and amended, and subject to public consultation.</p>										
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function ?</p> <p>(See Completion notes)</p>	<p>Yes</p>	<p>x</p>									
	<p>No</p>										
<p>List any Consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function</p>	<p>Data is available via SystmOne and ContrOcc and can be provided when necessary. Information is also available via the North East Lincolnshire Data Observatory http://www.nelincsdata.net/</p> <p>The policy has been reviewed by members of staff within NELC, CCG and focus. Proposals to amend the policy have been subject to public consultation. The consultation included: a) inclusion of the draft policy on the CCG's website with on-line questionnaire, b) email to members of ACCORD, HealthWatch and key partners with background information and link to online survey, c) written questionnaire sent to service users likely to be affected by the proposals, d) attendance at various community groups to secure qualitative as well as quantitative data, e) public open events with presentation and opportunity to ask questions. Consultation activities closed on 1st April. The results of the consultation were reported to elected members.</p>										
<p>Financial Analysis</p> <p>If applicable, state any relevant cost implications (e.g. expenses, returns or savings) as a direct result of the implementation of this policy</p> <p>** NOTE – THIS IS THE MAXIMUM SUM RECOVERABLE DURING A FULL YEAR OF APPLICATION OF A NEW POLICY (DEPENDENT UPON INDIVIDUAL'S FINANCIAL CIRCUMSTANCES). THE MAXIMUM SUM WILL NOT BE RECOVERABLE PRIOR TO THE FINANCIAL YEAR 2021/22</p>	<p>Costs (£m) *</p> <table border="1"> <tr> <td>Implementation</td> <td>£</td> <td>Est 10,000</td> </tr> <tr> <td>Projected Returns</td> <td>£</td> <td>**Max est 80,000</td> </tr> <tr> <td>Projected Savings</td> <td>£</td> <td></td> </tr> </table>		Implementation	£	Est 10,000	Projected Returns	£	**Max est 80,000	Projected Savings	£	
Implementation	£	Est 10,000									
Projected Returns	£	**Max est 80,000									
Projected Savings	£										

Equality Impact Risk Assessment Test: adult social care charging policy

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Protected Characteristic:	Neutral Impact:	Positive Impact:	Negative Impact:	Evidence of impact and if applicable, justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)			X	More older people are in receipt of care and support services than younger people. Women form the largest part of the ageing population, and therefore the policy is likely to impact on women more than men (in NEL, around 41% of those in receipt of care and support are men, and 59% are women). Where they made it known, a majority of consultees identified as women. However, charges will only be levied against those the law says can afford to pay them, following individual financial assessment.
Race (All Racial Groups)			X	Around 2.6% of NEL's population is from a black or minority ethnic (BME) group, which is much lower than the Y&H (11.2%) and England (14.6%) average; Park Ward has the highest BME population and Haverstoe the lowest. Where they made it known, a majority of consultees identified as white. Around 0.6% of NEL's population report that they cannot speak English well or at all. East and West Marsh have the largest number of people unable to speak English well or at all. Whilst the policy itself is unlikely to impact on grounds of race, it is recognised that some nationalities may have difficulty understanding the policy due to limited English language skills. Communication needs are noted by staff and copies of the policy can be made available in other languages on request.
Disability (Mental and Physical, Sensory impairment, Autism, mental health issues)			X	More people with disabilities are in receipt of care and support services than those without disabilities. A majority of individuals in receipt of care and support in NEL are recorded as having a 'primary support reason' associated with physical or mental disability. Where they made it known, almost all consultees identified as having a disability. The policy is therefore likely to impact more on disabled people than non-disabled people. However, charges will only be levied against those the law says can afford to pay them, following individual financial assessment.
Religion or Belief	X			No specific impact on grounds of religion or belief has been identified. The numbers of those in receipt of care and support recorded as being with and without a known religion are almost even. This was broadly similar in the written consultation, although where contributors made it known, a small majority identified a religion (primarily Christian).
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			No specific impact on grounds of sexual orientation has been identified. Where contributors made it known, a majority identified as heterosexual. This data is not routinely collected from service users.

Pregnancy and Maternity	X			No specific impact on grounds of pregnancy and maternity has been identified. This data is not routinely collected from service users.
Transgender	X			No specific impact on grounds of transgender has been identified. This data is not routinely collected from service users.
Marital Status			X	Whilst all those in receipt of adult care and support are financially assessed as individuals, one of the proposals is that the Council will change its approach to application of the minimum income guarantee in a way less favourable to couples (whether married or not). This may mean that those living as a couple are worse off when compared with application of the current policy. In NEL 32.5% of people live alone (with the highest number of them – 50.7% - located in East Marsh); it cannot be assumed that those who do not live alone are part of a couple. This data is not routinely collected from service users. Where they made it known, more than half of consultees were part of a couple
Age			X	NEL is known to have higher numbers of older people when compared with other areas. More older people are in receipt of care and support services than younger people (in NEL, around 35% are aged 18-64, and around 65% are aged 65+). Where known, consultees were predominantly in the 25-74 years age group, although some responses were received from those over 75. Overall, the policy is likely to impact more on older people than younger people. However, charges will only be levied against those the law says can afford to pay them, following individual financial assessment.
Deprivation			X	Those in receipt of adult care and support may be amongst the most deprived (correlation of service user postcodes and areas of deprivation features earlier in this assessment). However, charges will only be levied against those who are deemed able to afford it, following individual financial assessment. Levying charges against those who can afford it will increase the Council's cost recovery, and contribute to the continued funding of adult care and support services.
Unpaid Carers	X			It is the Council's policy not to charge for support provided to unpaid carers. In this respect the policy has a positive impact on carers. However, during consultation carers and others raised the possibility that higher charges for their cared-for person could increased the burden on them (where they increase their caring to supplement paid care which may be viewed as unaffordable).

It should be noted that some people will fall within more than one of the protected characteristics e.g. an older woman with a disability; therefore any impacts on a person who falls within more than one category will be cumulative.

This Equality Impact Risk Analysis was completed by: Emma Overton, Care and Independence Team, North East Lincolnshire CCG

Action Planning: adult social care charging policy

As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?

Identified Risk:	Recommended Actions:	Responsible Lead:	Completion Date:	Review Date:
Gender: women form the largest part of the ageing population, and therefore the policy has the potential to impact more on women.	Charges will only be levied against those the law says can afford to pay them, following financial assessment.	Bev Compton	June 2020	January 2021
Race: some nationalities may have difficulties understanding the policy due to limited English Language skills.	A clear process to be implemented to ensure all relevant staff are aware of translation services.	Bev Compton	June 2020	January 2021
Disability: more people with disabilities are in receipt of care and support services than those without disabilities. The policy has the potential to impact more on disabled people than non-disabled people.	Charges will only be levied against those the law says can afford to pay them, following financial assessment.	Bev Compton	June 2020	January 2021
Marital status: a change in approach to application of the minimum income guarantee may mean that those living as a couple (whether or not married) may be worse off.	Charges will only be levied against those the law says can afford to pay them, following financial assessment.	Bev Compton	June 2020	January 2021
Age: more older people are in receipt of care and support services than younger people. The policy has the potential to impact more on older people than younger people.	Charges will only be levied against those the law says can afford to pay them, following financial assessment.	Bev Compton	June 2020	January 2021
Deprivation: those in receipt of adult care and support services are likely to be amongst the most deprived.	Charges will only be levied against those who are deemed able to afford it, following a financial assessment. Levying charges against those who can afford it will increase the Council's cost recovery, and contribute to the continued funding of adult care and support services.	Bev Compton	June 2020	January 2021
General: data collation could be improved to support better identification of the impact of adult social care support on individuals with protected characteristics	Some data is already collected. This requires review to identify gaps, and make recommendations for addressing those gaps.	Bev Compton	June 2020	January 2021

Completion Notes:

Analysis Ratings:	<p>After completing this document, rate the overall analysis as follows:</p> <p>Red: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. It is recommended that the use of the policy be suspended until further work or analysis is performed.</p> <p>Red Amber: As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share <i>Protected Characteristics</i>. However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.</p> <p>Amber: As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the <i>Action Planning</i> section of this document.</p> <p>Green: As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share <i>Protected Characteristics</i> and no further actions are recommended at this stage.</p>
Equality Data:	<p>Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine <i>Protected Characteristics</i> – referred to hereafter as ‘<i>Equality Groups</i>’.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1: Application success rates <i>Equality Groups</i> 2: Complaints by <i>Equality Groups</i> 3: Service usage and withdrawal of services by <i>Equality Groups</i> 4: Grievances or decisions upheld and dismissed by <i>Equality Groups</i>
Legal Status:	<p>This document is designed to assist organisations in “<i>Identifying and eliminating unlawful Discrimination, Harassment and Victimisation</i>” as required by <i>The Equality Act Public Sector Duty 2011</i>. An Equality Impact Analysis is not, in itself, legally binding and should not be used as a substitute for legal or other professional advice.</p>
Genuine Determining Reason	<p>Certain discrimination may be capable of being justified on the grounds that:</p> <ol style="list-style-type: none"> (i) <i>A genuine determining reason exists</i> (ii) <i>The action is proportionate to the legitimate aims of the organisation</i> <p>Where this is identified, it is recommended that professional and legal advice is sought prior to completing an Equality Impact Analysis.</p>

ⁱ The cohort used to create the visual representations (maps) are those consulted on the proposed changes to the charging policy. However, the following cohorts have been removed –

1. Those who live outside of North East Lincolnshire (a very small number of individuals)
2. Those who died during the consultation
3. Those who ended care and support (the charging policy no longer applies to them) during the consultation
4. Those whose care and support became funded by health instead of social care budgets (the charging policy no longer applies to them) during the consultation
5. Those who moved to permanent residential care (to which the consultation did not apply) during the consultation.

Internal Ref:	CCGNELC.CF Assmnt
Review date	March 2021
Version No.	V4 (2020/21)

North East Lincolnshire Council

Charging and Financial Assessment for Adult Care and Support Services

Document Title:	Charging and Financial Assessment for Adult Care and Support Services
<u>Author/Lead</u> Name: Job Title:	Bev Compton Director of Adult Services
Version No:	V4
Latest Version Issued:	June 2020
Supersedes:	All previous Charging and Financial Assessment for Adult Care and Support Services policies
Date of Next Review:	March 2021

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1. INTRODUCTION

This Policy provides the framework within which charging and financial assessment is undertaken in North East Lincolnshire. It should be read in tandem with the policy entitled “Micro-Commissioning in Adult Social Care, Continuing Healthcare and Funded Nursing Care: principles of consistent, pragmatic, and ethical decision making” which can be found at <https://www.northeastlincolnshireccg.nhs.uk/> (‘the Micro-commissioning Policy’).

Via an agreement under s75 of the National Health Service Act 2006, North East Lincolnshire Council (NELC) delegated adult social care responsibilities to the North East Lincolnshire Clinical Commissioning Group (CCG). The CCG commissions a number of providers to deliver social care functions on behalf of NELC for which it acts as delegate; this includes

- delivery of micro-commissioning functions by Care Plus Group (CPG), Navigo and focus independent adult social work (focus); and
- charging, financial assessment and collection functions by focus.

Whilst the functions to which this Policy relates will be carried out primarily by the CCG and/or focus, as charging policy is a reserved matter, only NELC will be referred to throughout.

Note to reader: the reference to the Micro-commissioning Policy is new. The Micro-commissioning Policy has been in existence since 2016 in its current form, but previously was not cross-referenced with the charging policy. By cross-referencing to the Micro-commissioning Policy, we hope to make sure the policies are applied coherently together.

2. SCOPE AND DEFINITIONS

This Policy applies to all adults (those aged 18 and over) that receive chargeable care and support services. It will be referenced and applied by all staff undertaking charging activity on behalf of NELC, regardless of which organisation employs them.

Charging activity includes (but may not be limited to):

- providing information about charges for care and support
- undertaking financial assessment, review or collection
- undertaking associated administrative tasks, such as arrangements for putting in place, or for monitoring:
 - packages of care and support for those otherwise ineligible for such help from NELC
 - direct payments
 - deferred payment agreements.

The term ‘care and support’ is used to describe the provision of services or other activity to adults in need of social care and support. The term ‘eligible care and support needs’ is used to denote adult social care needs deemed eligible via the application of criteria within the Care Act 2014 (‘the Care Act’) associated statutory guidance and regulations.

3. PURPOSE AND AIMS

The Policy’s aim is to produce a consistent and fair framework for charging and financial assessment for all adults who receive or may receive chargeable care and support services, applied on an equitable and transparent basis.

In particular, the Policy is intended to recognise:

3.1 The **financial context** within which charging activity takes place.

The adult social care budget is agreed annually by NELC cabinet and is limited. To ensure best value management of public budgets, NELC intends that its charging activity will be undertaken on the basis of full cost recovery wherever possible and appropriate. This intention is reflective of the Care Act, which directs local authorities to consider the long-term sustainability of their approach to charging.

In considering best value, NELC pays particular regard to National Audit Office (NAO) guidelines. The NAO defines value for money as 'the optimal use of resources to achieve the intended outcomes', and uses three criteria when assessing value for money:

- Economy: minimising the cost of resources used or required (inputs) – spending less
- Efficiency: the relationship between the output from goods or services and the resources to produce them – spending well; and
- Effectiveness: the relationship between the intended and actual results of public spending (outcomes) – spending wisely.

The NAO criteria should be applied to all adult care and support functions undertaken on NELC's behalf, including charging activity.

Note to reader: it has been NELC's policy for some time to charge on the basis of full cost recovery wherever possible and appropriate. For consistency, the NAO criteria which features in the Micro-commissioning Policy has been added.

3.2 The **legal context** within which charging activity takes place.

3.2.1 The Care Act 2014

The Care Act provides the framework for charging for care and support. It enables local authorities to decide whether or not to charge adults when arranging to meet their needs, and when arranging support for carers. The Care Act also lists functions and services for which local authorities are not permitted to charge.

Where a local authority intends to charge, the Care Act permits it to undertake an assessment of an adult's financial resources (either a full or a light touch assessment). Financial resources include income and capital. The financial assessment determines the level of an adult's resources, and the amount (if any) which the adult may be likely to be able to contribute towards the cost of their care and support. The assessment will ensure that the level of financial contribution calculated is within an adult's means, and leaves them with the guaranteed minimum level of income set annually by government. Financial assessments are updated annually to take account of changes in circumstances.

The detail of how charges apply is different depending on whether an adult receives care and support in a care home, in their own home, or in another setting. However, the Care Act's overarching principle in relation to charging is that adults should only be required to pay what they can afford. The Care Act's accompanying statutory guidance gives further details of the principles which local authorities must take into account when making decisions on charging. NELC has due regard for those principles when drafting and applying this Policy.

3.2.3 The Mental Capacity Act 2005 (MCA)

NELC is mindful that although charging decisions are not decisions made by the adult seeking care and support, each adult's consent to participate in charging activity (for example, a financial assessment), or their refusal, is subject to the principles of the MCA.

Where the adult lacks capacity to consent to charging activity, NELC will seek consent and participation from appointed representatives where available, such as

- An attorney appointed via an Enduring Power of Attorney (EPA)
- An attorney appointed via a Lasting Power of Attorney (LPA) for property and affairs
- A deputy for property and affairs appointed by the Court of Protection
- Any other person dealing with the adult's financial affairs (e.g. a person selected as 'appointee' by the Department for Work and Pensions (DWP) for the purpose of benefits payments).

Persons appointed as representatives via any of the above mechanisms will be asked to evidence it by providing a full copy of the document appointing them. Copy evidence will be lodged with the adult's records.

Note to reader: asking for evidence of a person's appointment is a requirement of our Mental Capacity Act policy; reference has been added here for consistency.

Where there is no person appointed to act on behalf of an incapacitous adult in respect of charging activity, NELC will seek to involve relevant others such as health and welfare attorneys/ deputies with the aim of:

- a) Facilitating the involvement of the adult in charging activity
- b) Making relevant best interests decisions on behalf of the adult
- c) Considering whether an application should be made to the Court of Protection to appoint a property and affairs deputy.

In the absence of any appropriate person to support the involvement of an incapacitous adult in charging activity, NELC may consider the involvement of an advocate where this appears to be in the best interests of the adult.

4. POLICY

4.1 Key points applicable to charging regardless of setting

To access care and support, adults must meet the Care Act's eligibility criteria. Only where an adult has eligible needs for care and support need will a financial assessment be required.

Financial assessment (either a full assessment or light touch) is the mechanism for determining the level of an adult's resources. An adult with capital over the upper capital limit, or who refuses a financial assessment, will be required to pay the full cost of their care and support.

The financial assessment will refer to the Care Act Statutory Guidance for all disregards in respect of income and capital when making a determination of the individual's financial resources.

Where following financial assessment an adult is deemed to be able to afford to make a contribution to their care, contributions are payable from the date care begins. If there is a delay in conducting the financial assessment for any reason, contributions will still be payable from the date services began. Where a financial assessment has been delayed, adults may be invoiced retrospectively to bring their

contributions up to date.

There are circumstances in which an adult may be offered a light touch financial assessment, where undertaking a full financial assessment may be disproportionate to the cost of care and support services.

Once the financial assessment has been concluded, the adult will be informed of the weekly amount they must contribute towards their care and support costs. Adults will not be charged more than the amount determined by the financial assessment; this will be the amount that the law says they can afford.

All financial assessments will be reviewed with the adult or their representative on an annual basis or when a change in circumstances occurs. If the adult's contribution will increase as a result of the review, the increase will apply from the Monday following the review. If the adult's contribution decreases as a result of the review or change, it will be backdated to the Monday before the review took place. A review will be proportionate to the circumstances: it may be face to face, over the telephone or by post.

Adults or their representatives are responsible for informing NELC of any changes in their financial circumstances. This includes informing NELC of additional benefits being awarded. If the Council is not notified immediately of any changes, the financial reassessment will be backdated to the date of the change and/ or the additional benefit was awarded. Notification of change should be directed to the Community Care Finance at focus (contact details can be found on the adult's notification of charge).

4.2 Charging for permanent care and support in a care home (residential care)

Adults will only be supported to access residential care where a care assessment identifies that this is where their eligible needs are best met.

NELC will charge for care and support delivered in a care home on a permanent basis. Adults will be made aware no later than admission to the care home, of the maximum amount of funding NELC makes available towards the care and support delivered there. This maximum amount is known as NELC's 'Standard Rate'. The Standard Rate is the sum agreed between NELC (via the CCG) and residential care providers each year. The Standard rate for the current year can be found at Appendix D. The adult will make any assessed contribution to the standard amount directly to the care home, and NELC will pay the remainder directly to the care home.

NELC's approach to micro-commissioning care home placements is set out in detail in the Micro-commissioning Policy at paragraphs 4.4 and 4.5. This includes NELC's approach to choice of accommodation and top-ups and out of area placements. A brief summary only is offered here, as follows:

Choice of accommodation and top-ups: the right to choose a placement more expensive than NELC's Standard Rate only applies where a third party or in certain circumstances the adult in need of care is able and willing to pay the additional cost (a 'top-up'), and

- NELC is satisfied that the person paying the top-up is willing and able to do so for the likely duration of the adult's stay in the chosen accommodation (the person paying the top-up will be required to provide evidence of affordability and sustainability)

- the person paying the top-up enters into a written agreement with the CCG (on behalf of NELC) in which they agree to pay it. Further information on the content of the written agreement can be found in the Top-ups Toolkit at <https://www.services4.me.uk/>

Not paying the top-up may result in the adult's accommodation placement being ended and alternative accommodation arranged. Further information on NELC's approach to defaults in top-up payments can be found within the Micro-commissioning Policy and Top-ups Toolkit.

Out of area placements: If an adult chooses to be placed in a setting outside North East Lincolnshire, arrangements will be made, subject to the choice of accommodation/ top-ups conditions set out above. In such cases, NELC will *have regard to* the cost of care in the chosen area when setting the maximum sum it will make available to meet the adult's needs. Further detail is offered in the Micro-commissioning Policy.

Note to reader: for consistency, more detail has been added here by copying information from our Micro-commissioning Policy and our Top-ups Toolkit.

Universal Deferred Payment Agreement

Adults that own a property or other valuable asset, over which security (a legal charge) can be taken, may be eligible to defer care costs against the value of the property/ asset. This is known as a Deferred Payment Agreement. NELC will make universal deferred payment agreements available under the national 'Universal Deferred Payment Agreement Scheme' providing the eligibility criteria has been met. Details of North East Lincolnshire's Deferred Payment Scheme can be found here: <https://www.nelincs.gov.uk/wp-content/uploads/2016/02/NELCCG-Deferred-Policy-1.pdf>.

Key points to a financial assessment when entering a care home permanently

The financial assessment will take into account:

- Income
- Capital
- The value of any assets.

Evidence of income, capital and assets may be required when completing the assessment.

NELC will take into consideration any mandatory disregards of income, capital and property as defined in the Care Act regulations and statutory guidance. It will also take into account the amounts the law says adults must be allowed to retain from their income. These are known as 'Personal Expenditure Allowance' (PEA) and 'Disposable Income Allowance' (DIA). These amounts are dependent upon the adults' financial circumstances, and are set annually by the Department of Health and Social Care.

NELC will undertake a financial and benefits check for adults as part of their financial assessment. This may include signposting and referring for additional benefits.

4.3 Charging for temporary care and support in a care home (respite)

NELC will charge for care and support delivered in a care home on a temporary basis.

Following an assessment of an adult's eligible care and support needs, a

decision may be taken that they would benefit from a temporary stay in a care home. A temporary resident is defined as an adult whose need to stay in a care home is intended to last for a limited period of time and where there is a plan to return home. The adult's stay should be unlikely to exceed 52 weeks, or in exceptional circumstances, unlikely to substantially exceed 52 weeks.

For the first eight weeks of a temporary stay, NELC will charge adults a flat rate. After the first eight weeks, a full financial assessment will take place.

There are four flat rates; NELC decides which of these rates an adult will pay depending on what benefits they receive, and their level of resources (money and investments). Details of the four flat rates can be found at [].

The flat rates will increase each year. Charges for temporary stays will be increased by the same percentage as the increase in the Standard Rate agreed between NELC (via the CCG) and residential care providers each April.

Note to reader: the text in red is subject to consultation. NELC has not increased the flat rates for several years, and is consulting on whether or not people agree that they should be increased to catch up and keep up with increased costs, and over what period. Whether this text appears in the final policy is subject to the outcome of the consultation.

Adults that have a temporary stay that becomes permanent will be assessed for a permanent stay at the date permanency is confirmed and their care and support plan is amended. The financial assessment for temporary stays will completely disregard the adult's main or only home where the individual intends to return to that home.

If the temporary stay falls under "Extended Respite" (anything longer than a stay of eight weeks) NELC will ensure that payments made by the adult to keep and maintain their home, such as rent (unless housing benefit is in payment), water rates and insurance premiums are disregarded.

Contributions to the cost of all temporary stays are payable from the date care commences.

A new light touch financial assessment will be required in each financial year in which an adult requires temporary accommodation in a care home.

4.4 Charging for care and support outside of a residential setting, including an adult's own home (domiciliary care)

NELC will charge for care and support delivered in other care settings including an adult's own home.

If more than one care worker is required to carry out the same service at the same time (for example, the adult needs two care workers simultaneously to support safe moving and handling), the maximum the adult will pay is the full cost of the first care worker and 50% of the cost of the second care worker.

NELC has a range of flat rates for day care, transport and laundry services. You can view these at: Appendix D. NELC increase these charges every year by reference to the rate of inflation.

Note to reader: the text in red is subject to consultation. NELC has not increased the flat rates for several years, and is consulting on whether or not people agree

that they should be increased to catch up with inflation, and to keep pace with inflation in future. Whether this text appears in the final policy is subject to the outcome of the consultation.

A personal budget is the sum NELC makes available to meet the adult's needs. Adults have the option to use their personal budget for NELC commissioned services or to take it as a direct payment, or a combination of both. NELC has a Direct Payments Policy that sets out the criteria for care and support being managed using direct payments. This can be found at Annex C.

Note to reader: the direct payment policy is not part of the current consultation.

Key points to a financial assessment outside of a residential setting
NELC will undertake a financial assessment to determine the amount an adult can contribute towards the costs of their care and support based, as a minimum, on income, capital and housing costs. Where the adult is in receipt of a qualifying benefit, Disability Related Expenditure (DRE) will also be considered.

Where the adult receiving care and support has capital at or below the upper capital limit, but more than the lower capital limit, they will be charged £1 per week for every £250 in capital between the two amounts. This is called "tariff income". For example, if an adult has £5,000 above the lower capital limit, they are charged a tariff income of £20 per week.

When assessing what an adult can afford to contribute to the cost of their care, NELC will ensure that the adult retains at least the 'Minimum Income Guarantee' (MIG). This retained income level is designed to promote independence and social inclusion and is intended to cover basic needs such as purchasing food, after housing costs have been taken into consideration. **NELC uses the MIG figures provided annually by the Department of Health and Social Care.**

Note to reader: the text in red is subject to consultation. NELC currently allows an amount which is more generous than the nationally set MIG figure, and is consulting on whether to stop doing so. Whether this text appears in the final policy is subject to the outcome of the consultation.

Property other than the adult's main or only home will be included within the financial assessment as a capital asset. The only exception to this rule is where the adult is taking steps to occupy premises as their home. In this case the asset value will be disregarded for a maximum of 26 weeks.

Direct housing costs (rent, mortgage interest, council tax) will only be taken into account as part of the financial assessment where the adult is liable for such costs, i.e. where the adult is a party to a tenancy agreement or mortgage. For adults living with family members, the housing benefit non-dependent deduction rate will be taken into account as part of a financial assessment. Unless the adult is directly liable (a party to the tenancy agreement or mortgage), no further allowance above the level of the housing benefit non-dependent deduction rate will be taken into account.

Where funds are held in trust, the financial assessment will seek to determine whether income received or capital held in trust should be included or disregarded. Copies of trust documents (e.g. Trust Deed, Will Settlement etc.) are required as part of the financial assessment.

The Care Act requires that financial assessments are completed for adults as

individuals. Where capital is held and income is received on a joint basis, then it is assumed that each person is entitled to 50% of that capital/ income. A couple is defined (for administration of their financial affairs) as two people who are married or in a civil partnership, or living together as if they are married or in a civil partnership.

NELC has no power to assess couples according to their joint resources. Each adult must therefore be treated individually. However, NELC takes an approach to the minimum income guarantee (MIG) which takes account of the fact that the adult is living as part of a couple. This means that an adult who is living as part of a couple will be left with a lower MIG than an adult who is living alone. This is because people who are living as a couple are often sharing resources and expenses, which may mean that they are better off than those who live alone.

Note to reader: the text in red is subject to consultation. NELC currently allows an amount which is more generous than the nationally set MIG figure, and is consulting on whether to stop doing so. Whether this text appears in the final policy is subject to the outcome of the consultation.

Adults will be encouraged to set up a standing order to pay their contribution or alternatively will receive an invoice on a 4 weekly basis in arrears.

Where an adult has capital in excess of the upper capital limit and is therefore required to meet the full costs of their care, they are still entitled to request that NELC arrange their services. NELC will charge an annual fee for arranging services. See 4.6 below.

4.5 Disability Related Expenditure (DRE)

The Council understands from the Care Act's statutory guidance that DRE can be defined as relating to:

- needs not met by the Council
- reasonable additional costs directly related to a person's disability, or necessitated by their disability.

Adults in receipt of care outside of a residential setting (care or nursing home) and are in receipt of disability benefits (Attendance Allowance/Disability Living Allowance and Personal Independence Payment), will be asked whether they want any relevant expenditure to be considered as DRE. Agreed DRE is taken into account as part of the financial assessment.

When considering what to allow as DRE, the Council will use the adult's care plan as a starting point. It can be difficult to quantify the additional costs directly related to a person's disability in the context of expenses which many people meet, regardless of whether they have a disability. NELC has largely adopted the guidance set out by the National Association of Financial Assessment Officers (NAFAO) in developing an approach to DRE. This can be found at []. With regard to the following common expenses, NELC anticipates that reasonable additional costs directly related to the person's disability can be met within the following limits:

- social activities up to a maximum of £50 per week
- gardening up to a maximum of £15 per week
- window cleaning up to a maximum of once per month.

The above figures are those which NELC has calculated are sufficient to meet the majority of requests for DRE allowances in respect of social activities and gardening. Higher claims must be accompanied by a clear rationale as to why this is justified (by reference to the factors set out within legislation, guidance, and the Micro-commissioning Policy), and submitted to the Appeal Panel (see 4.10 below). There

is no intention to set arbitrary limits, but rather to ensure that all appropriate matters have been taken into account before apparently costlier claims are endorsed.

Note to reader: the text in red is subject to consultation. NELC does not currently set limits on amounts for DRE for social activities, gardening and window cleaning, and is consulting on whether to start doing so. Whether this text appears in the final policy is subject to the outcome of the consultation.

NELC **will generally** not allow DRE where:

- a reasonable alternative is available at lesser cost. For example, an individual funding a private day care placement at a higher cost than NELC's day care provision **will only be allowed DRE to the value of NELC's provision**
- costs should be met by other agencies, such as the NHS. This applies to therapies such as physiotherapy, chiropody and incontinence pads.

NELC retains flexibility to take into account individual need. It will consider DRE allowances outside of this policy where individual circumstances may warrant departure from it, via its Appeal Panel (see 4.10 below).

DRE will only be allowed if the adult is in receipt of a qualifying benefit and receipts are provided to evidence expenditure.

Any private care or support that is put forward as part of an adult's DRE must be identified on the care and support plan.

Only costs incurred by the adult will be considered as part of the assessment as allowable disability related expenditure.

4.6 **Charging for support to carers**

NELC does not currently charge carers for any support they receive as it recognises the vast contribution carers make towards sustaining the health and social care system.

4.7 **Requesting Council support to meet eligible needs**

The Care Act allows local authorities to charge an administration fee for arranging care and support for someone in their own home when they have capital above the upper capital limit.

NELC charges an administration fee, which is due for payment when the care and support package has been arranged. This fee is to cover the costs involved in arranging care and support. **An ongoing administration fee of the same amount is payable annually thereafter, at the time of the individual's financial assessment. This fee is charged every year regardless of changes to the care and support received.**

Fees will be reviewed on an annual basis. **The current fee can be viewed at Appendix D.**

Note to reader: the text in red is linked to the consultation. NELC currently charges an administration fee of £50, and is consulting on increasing the charge to £170 per annum. The text that appears in the final policy is subject to the outcome of the consultation.

4.8 **Deprivation of assets (deprivation of capital and/ or income)**

Deprivation of assets is the disposal of income and/ or capital (property and investments) in order to avoid or reduce care charges. Disposal can take the form of transfer of ownership or conversion of an asset into a different type of asset that is disregarded as part of a financial assessment. In all cases, it is up to the individual to prove to NELC that they no longer possess the asset.

NELC will determine whether to conduct an investigation into whether deprivation of assets has occurred. Following the investigation, where NELC decides that an adult has deliberately deprived themselves of an asset in order to avoid or reduce a charge for care and support, NELC will charge the adult as though they still owned the asset or income. NELC will require evidence to satisfy it that any transfer of assets was not a deprivation of assets.

NELC recommends that any adult wishing to dispose of an asset seeks legal advice before doing so in order to avoid any financial implications relating to care and support charges.

4.9 **Recovery of Debt**

The Care Act consolidates local authorities' powers to recover money owed for arranging care and support for an adult. These powers can be exercised where an adult refuses to pay the amount they have been assessed as being able to pay, or have been asked to pay (where the cost of care and support is less than their assessed contribution).

The powers granted to local authorities for the recovery of debt extend to the adult or their representative, where they have misrepresented or have failed to disclose (whether fraudulently or otherwise) information relevant to the assessment of what the adult can afford to pay.

NELC is committed to recovering all monies owed to it in order to maximise income to sustain services for the local community.

NELC will approach the recovery of debt reasonably and sensitively and will only take court action as a last resort. The financial assessment team will work with adults and/ or their representatives to prevent debts from occurring. NELC's debt recovery process for recovering monies due for care and support costs can be found at Annex C.

All debt that arises from 1st April 2015 must be recovered within 6 years from when the sum became due to NELC.

4.10 **The Appeal Panel**

The Appeal Panel considers appeals from adults or their representatives against charges, formal complaints relating to charging, or regarding decisions of the Risk and Quality Panel. The Appeal Panel comprises a CCG financial representative, a charging policy expert, and representatives of both adult social care and customer care teams. The Appeal Panel uses generic guidance from the Local Government Ombudsman and Parliamentary and Health Service Ombudsman when considering its responses to appeals, complaints and decisions. The Appeal Panel's Terms of Reference can be found towards the end of the list of documents on the CCG's publications page: <https://www.northeastlincolnshireccg.nhs.uk/publications/>

Note to reader: information about the appeal panel is a new addition. The panel has been around for some time, but we thought people would like to know more about it.

5. Summary of Publications

The following publications have been referred to in the compilation of this policy:

The Care Act 2014

The Care Act 2014 Regulations

The Care Act 2014 Care and Support Statutory Guidance

The Mental Capacity Act 2005

Micro-Commissioning in Adult Social Care, Continuing Healthcare and Funded Nursing Care: principles of consistent, pragmatic, and ethical decision making – local policy

Mental Capacity Act 2005 and Deprivation of Liberty Policy – local policy

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North East Lincolnshire Council

Direct Payments Policy for Adult Care and Support Services

**THIS POLICY IS UNDER REVIEW; IT
DOES NOT FORM PART OF THE
CURRENT CONSULTATION**

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1. Introduction

1.1 Direct payments are monetary payments for people to meet some or all of their eligible care and support needs. The legislative context for direct payments is set out in The Care Act 2014, Sections 31 to 33, Mental Health Act Section 117 (2C) and Care and Support (Direct Payments) Regulations 2014.

2. Making direct payments available

2.1 North East Lincolnshire Clinical Commissioning Group (CCG) has a key role in ensuring that people are provided with relevant and timely information about direct payments, so that they can decide whether to request direct payments to fund their care and support costs.

2.2 Information will be made available during the support planning stage setting out the following:

- What direct payments are
- How to request a direct payment, including the use of nominated and authorised persons to manage the payment
- Explanation of the direct payment agreement
- The responsibilities involved in managing a direct payment and being an employer
- Making arrangements with social care providers
- Signposting to local organisations, and support organisations who can offer advice and support about employing staff
- The requirements of keeping accurate records and monitoring arrangements

2.3 People that wish to receive some or all of their personal budget via direct payments must request to do so. Direct payments are the Governments' preferred method of administering care and support costs. The worker will encourage people to consider direct payments, and how they could be used to meet needs. No one will be forced to take a direct payment but will be informed of all of the choices available to them, following an assessment of their eligibility for care and support.

2.4 Where a person requests a direct payment after the support planning stage or between care and support reviews, then the review will be brought forward to accommodate the request for a direct payment.

2.5 It must be determined that a person has the capacity to request direct payments, or whether a person's capacity is likely to fluctuate. Where a person lacks capacity to request a direct payment, an authorised person can request the direct payment on their behalf. Capacity decisions should be recorded in the assessment or support plan.

2.6 The following terms will be used as follows:

- Nominated Person is anyone who agrees to manage a direct payment on behalf of the person with care and support needs
- Authorised Person is someone who agrees to manage a direct payment for a person who lacks capacity according to the Mental Capacity Act 2005.

3. Assessing capacity and making direct payments available to a person with and without capacity

3.1 Where a person requests a direct payment, then an assessment of capacity must be made on a case by case basis. An individual will not be assumed to have or to lack capacity because they have a particular condition or illness.

3.2 Direct payments will be made to a nominated person specifically where requested by the person with care and support needs, and where the person has capacity. Where this is the case, the nominated person should be involved at any appropriate stage of the support planning. The nominated person should receive information and advice regarding direct payments and the additional legal obligations and responsibilities in acting in the person's best interests.

3.3 Where it is deemed that a person has capacity to request a direct payment, The Care Act 2014 states that consideration should be given to each of the following conditions. A failure of one of the

conditions would result in the direct payment being declined. The conditions are:

- The person has capacity to request a direct payment and where there is a nominated person, that person agrees to receive payments
- There is no prohibition by regulations under section 33 from meeting the person's needs by making direct payments to the person or nominated person
- It is determined that the person or nominated person is capable of managing direct payments on their own, or with whatever support they can access
- It is determined that making direct payments to the person or nominated person is an appropriate way to meet the needs in question.

3.4 In cases where the person requiring care and support lacks capacity to request direct payments, an authorised person can request a direct payment on their behalf. There are five conditions that must be satisfied as laid out in The Care Act 2014, section 32. Failure to meet any of the conditions would result in the request being declined. The conditions are:

- Where an authorised person is **not** authorised to act under the Mental Capacity Act 2005, but there is at least one person who is authorised under the Mental Capacity Act 2005, that person **must** support the authorised person's request
- There is no prohibition by regulations under Section 33 from meeting the person's needs by making direct payments to the authorised person

- It is expected that the authorised person will act in the person's best interests in arranging for the provision of care and support for which direct payments would be used
- It is determined that the authorised person is capable of managing direct payments by himself or herself, or with whatever support they will need to access
- It is deemed that making direct payments to the authorised person is an appropriate way to meet the needs in question.

3.5 Where a direct payment is provided, this will be recorded in the person's support plan. Where a direct payment request is refused, the person making the request will be provided with an explanation in writing, setting out the rationale behind the decision and how the person making the request can appeal. The decision should refer to the relevant conditions within the Care Act 2014 that have not been met. The support planning process should continue to ensure that the person's needs are being and continue to be met.

3.6 Where requests are made to support aftercare under section 117 of the Mental Health Act 1983, full consideration must be given as to whether direct payments are the most appropriate way to meet those needs.

3.7 It must also be determined that the person, authorised or nominated person, is able to manage the direct payment, with whatever support is deemed necessary. Information on organisations and sources of support to assist in the management of direct payments will be provided.

4. Administering direct payments, monitoring and reconciliation

4.1 It must be determined that the direct payment is being used to meet eligible care and support costs. Direct payments must be administered within the terms and conditions of the DP1 agreement under which direct payments are made. Care management will review direct payments initially at the 6-8 week review and then at least annually.

4.2 Any 'on-costs' associated with employment, such as recruitment, training, and employers liability insurance will be included in the amount paid as a direct payment. The Individual will then become the employer and responsible for the payment of employment costs. These may be paid as one off payments or incorporated into the regular monthly payment.

4.3 Where redundancy costs arise, these will be approved through the Risk and Quality panel and paid by the CCG.

4.4 Direct payments will be paid net of any client contribution. Where the person has been advised that they have to contribute towards their care and support through their direct payment, then the person should arrange to make this payment into the direct payment account on a weekly or monthly basis.

Individuals who receive a direct payment so that they can arrange their own care and support will receive 'net' payments into their direct payment account 4 weekly in advance. Individuals must pay their assessed contributions to the direct payment account, so that when the direct payment amount and the individual's assessed contribution are added together, they provide enough money to meet the needs set out in the individual's care plan. A direct payment may be suspended or terminated and commissioned services provided if the individual does not pay their contribution to their direct payment account. Non-payment of assessed contributions to the direct payment account may also result in the Council initiating debt-recovery processes. Relocated from charging policy.

4.5 The direct payments allocation will be paid into a bank account. This must be a separate account for the sole purposes of administering the direct payment. All direct payment accounts (including third party supported accounts) will be monitored and reconciled during regular financial audits.

4.6 The monitoring of accounts will ensure that where the person has employment responsibility and liabilities such as tax and national insurance, that these costs are being met from the direct payment.

4.7 The purpose of reconciling the direct payment account is to ensure that there are sufficient funds available to meet the person's care and support needs and that the funds have been spent appropriately in meeting those needs. It is intended that the monitoring and reconciliation of accounts is as unobtrusive as possible.

4.8 Where it is identified that the direct payment has been misused or misappropriated, action will be taken to recover the funds. If fraud is suspected, the matter will be reported to the police for investigation.

4.9 Where a person has not fully used their direct payment money, or has purchased services that meet their care and support needs at an advantageous cost, the CCG retains the right to reclaim any excess amount. The person will be notified in advance of any amount identified, which will then be reclaimed.

4.10 Where funding from other public bodies is agreed, such as the NHS, then integrated budgets paid to and managed through a single account, will be monitored by the CCG.

5. Using direct payments

5.1 Direct payments are intended to be used flexibly and innovatively, and no unreasonable restriction should be placed on the use of the payment, as long as it is used to meet eligible care and support needs, detailed in the support plan.

5.2 Direct payments can be used for the purchase of short stays in residential care providing that the stay does not exceed a period of four consecutive weeks (28 days) in any 12 month period.

5.3 Regulations specify that where direct payments are used to purchase short breaks

in residential care, and where the interim period between two stays is less than four weeks, then these two stays should be added together. The total of these stays should also not exceed four weeks. In both cases, no further residential care can be purchased using direct payments until 12 months have elapsed since the start of the four week period. Alternative funding arrangements would need to be agreed at this time.

5.4 Regulations do allow direct payments to be used to purchase short breaks in residential care where stays are four weeks and less, and are separated by four weeks, and do not exceed four weeks when added together. In this case, a person can use their direct payment to purchase short breaks in residential care throughout the year.

5.5 Direct payments may be considered for people requiring non-residential care services that live permanently in a care home. Similarly a person may have temporary access to direct payments to try independent living.

5.6 Direct payments cannot be used to pay for care and support provided by the Council/ CCG. There may be cases however, where the person wishes to make a one-off purchase of care or support from the Council / CCG (such as short break). In these circumstances, it would be appropriate for the person to use their direct payment for this purpose.

6. Discontinuation and termination of direct payments

6.1 People entering hospital should consider how best to use their direct payment at that time, especially where they are an employer and suspension of the direct payment could necessitate a break in the employment contract. The person should explore how their care and support needs as well as their health needs are met at this time. They may discuss with the hospital, the possibility of the personal assistants visiting the person in hospital to help with personal care matters.

6.2 Where the nominated or authorised person requires a hospital stay, then it must be ensured that the person continues to have their care and support needs met. This may be through a temporary nominated or authorised person, or through short term commissioned care and support.

6.3 Where a person, nominated or authorised person decides that they no longer wish to receive a direct payment, it must be determined that no outstanding liabilities remain before terminating the agreement. Where contracts of employment require terminating, then this should be done in a timely manner to avoid additional costs. A review of alternative care and support provision would be arranged

6.4 The direct payments must cease where a person advises, or no longer appears capable of managing them with necessary support.

6.5 The direct payments must cease where the person no longer needs the care and support for which the payment was made available.

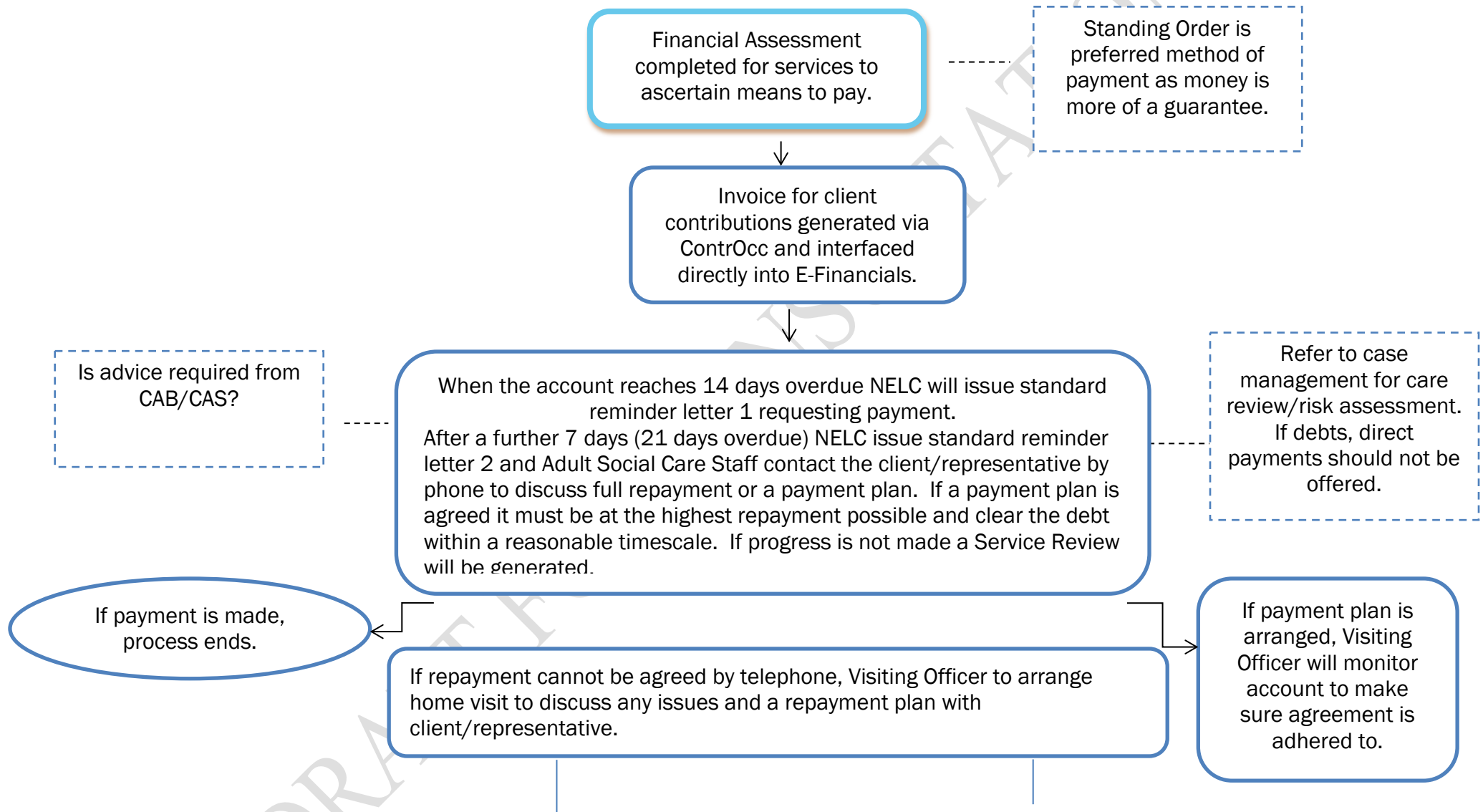
6.6 The direct payments must cease where the person, nominated or authorised person fails to comply with the any of the terms and conditions of use.

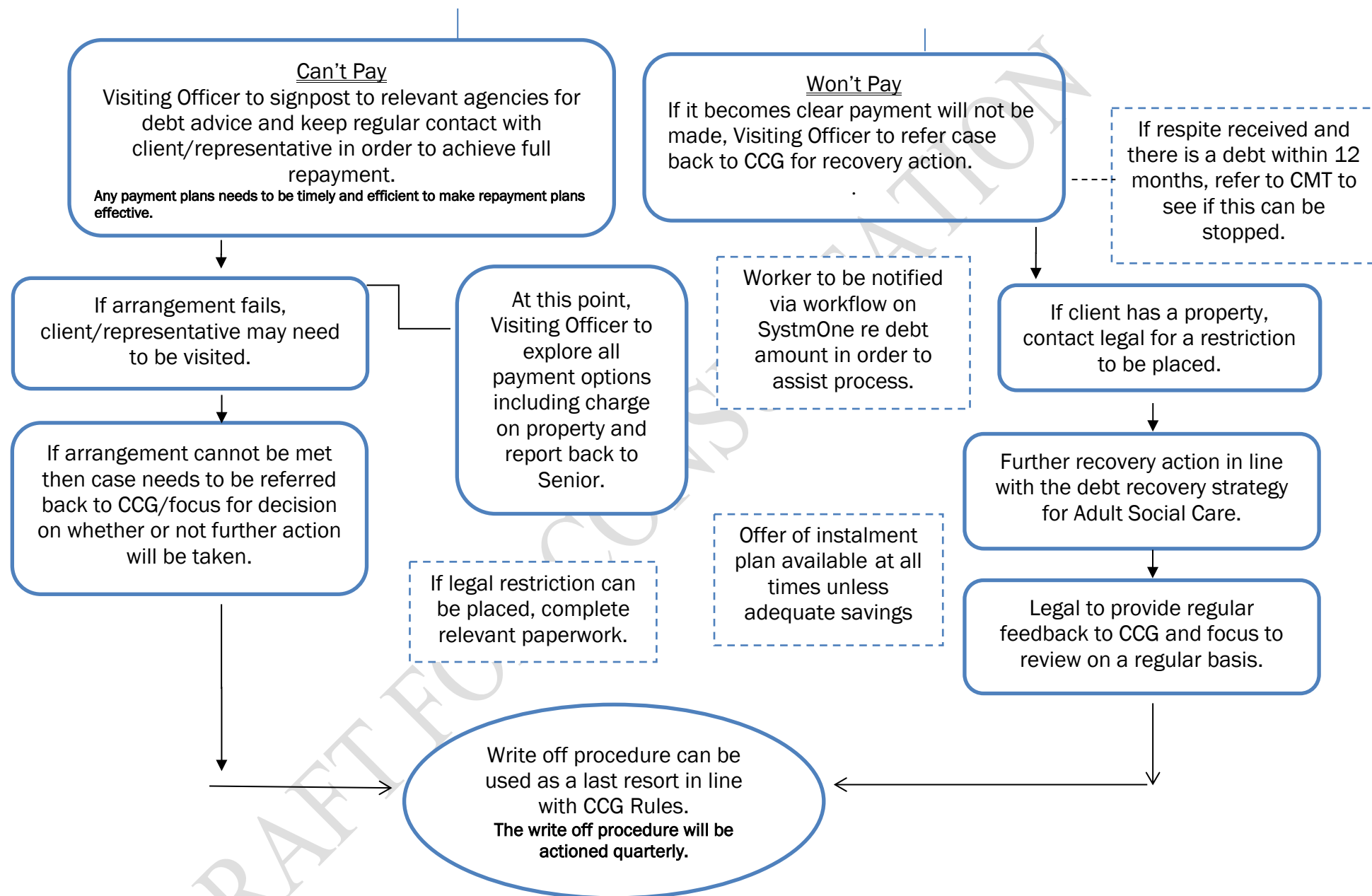
6.7 The direct payments will cease where a person, nominated or authorised person loses capacity to consent. If the loss of capacity is considered temporary then payment can continue providing someone is willing to continue managing the payment on their behalf. The situation will be closely monitored and capacity will be reviewed before discontinuing payment or entering into an agreement with another person.

6.8 The direct payment will cease if the person receiving it dies.

6.9 When the direct payment ceases, an exit audit will be undertaken; all information and paperwork relating to the direct payment account must be made available to the finance team. Once all outstanding expenses have been determined and paid, any money remaining in the direct payment account must be returned to the CCG.

DEBT RECOVERY FOR ADULT SOCIAL CARE





Annex C - Disability Related Expenditure

NAFAO GUIDE TO DISABILITY RELATED EXPENDITURE 2019/20

Item	Amount	Evidence
All fuel	<p>Difference between actual annual bill and figures given below (which represent “normal costs”), divided by 52</p> <ul style="list-style-type: none"> • Single in flat and terraced £1421.11 • Couple in flat and terraced £1873.02 • Single in semi-detached £1509.43 • Couple in semi-detached £1987.72 • Single in detached £1835.18 • Couple in detached £2418.99 	Last 4 quarterly bills for all types of fuel
<p>Notes:</p> <p>If bills not retained, copies to be provided within 28 days. If not provided within this timescale the allowance will apply from the date that the evidence is provided. Winter Fuel and Cold Weather Payments should not be taken into account.</p>		
Community or Personal Alarm	Actual cost unless included in Housing Benefit or Supporting People Grant	Bills from provider
<p>Notes:</p> <p>For couples where only 1 service user still allow actual cost</p>		
Communication Aids		Reference in the Support Plan to communication needs

Privately arranged care	Actual cost (up to a maximum of £14.64 per hour) if Social Worker confirms requirement as part of the Support Plan and Council supported care is reduced accordingly	Signed receipts, for at least 4 weeks using a proper receipt book
Private Domestic Help	Actual cost (up to a maximum of £14.64 per hour) if Social Worker confirms requirement as part of the Support Plan and Council supported care is reduced accordingly	Signed receipts, for at least 4 weeks using a proper receipt book
Notes: Allowances will not normally be given in relation to care or domestic assistance provided by spouse or partner, other close relative or anyone else living in the same household. A close relative is defined as parent, parent-in-law, aunt, uncle, grandparent, son, daughter, son-in-law, daughter-in-law, step-son, step-daughter, brother, sister or spouse or partner of any of these.		
Laundry / Specialist Washing Powder	£3.85 per week	Support Plan will have identified an incontinence problem. Identify more than 4 loads per week
Bedding	Continence service may provide Protective mattress Covers – check local provision	Receipts for a minimum 6 month period
Dietary	Discretionary as special dietary needs may not be more expensive than normal	Details of special purchases
Clothes or Shoes		Reference within the Support Plan to abnormal wear and tear of clothing or need for specialist clothing.

Gardening	Discretionary based on individual costs of garden maintenance. <i>Note local policy – costs only allowable once per month – subject to outcome of consultation</i>	Signed receipts, for at least 4 weeks using a proper receipt book
Notes: Allowances will not normally be given in relation to redecoration or gardening provided by spouse or partner, other close relative or anyone else living in the same household. A close relative is defined as parent, parent-in-law, aunt, uncle, grandparent, son, daughter, son-in-law, daughter-in-law, step-son, step-daughter, brother, sister or spouse or partner of any of these.		
Wheelchair	Actual costs divided by 500 (10 year life) up to a maximum of £4.01 per week manual Up to a maximum of £9.74 per week powered	Evidence of purchase. No allowance if equipment provided free of charge
Powered Bed	Actual costs divided by 500 (10 year life) up to maximum of £4.43 per week	Evidence of purchase if available
Turning Bed	Actual costs divided by 500 up to a maximum of £7.76 per week	Evidence of purchase if available
Powered reclining chair	Actual costs divided by 500 up to a maximum of £3.52 per week input	Evidence of purchase if available
Stair lift	Actual costs divided by 500 up to a maximum of £6.27 per week	Evidence of purchase without DFG input
Hoist	Actual cost divided by 500 up to a maximum of £3.07 per week	Evidence of purchase without DFG input

<p>Notes:</p> <ul style="list-style-type: none"> • Allowance based on purchase costs over average life expectancy • Other specialist equipment should be supported by Support Plan, receipt or estimate provided and referred to the Charging Appeal Panel for a decision • Disabled Facilities Grant (DFG) 		
Transport	Discretionary based on costs that are greater than those incurred by an able bodied person	Evidence in the Support Plan of the need for specialist transport
<p>Notes: Mobility Allowance cannot be included in the normal financial assessment as an income, but the statutory guidance states that transport costs should be allowed if necessitated by illness or disability, including costs of transport to Day Centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs. This implies that transport costs do not need to be allowed if Mobility Allowance is considered available to meet such costs.</p>		

Appendix D – schedule of costs for 2020-2021

Standard rate for residential care – **AT LEAST** £491.75

Short or temporary residential stay **AT LEAST** –

Lower rate - £83.02

Mid rate - £105.84

Higher rate - £135.24

Day care full day – **AT LEAST** £32.16

Day care half day – **AT LEAST** £16.08

Transport per journey – **AT LEAST** £5.36

Laundry per week – **AT LEAST** £5.24

Administration fee for arranging care and support for someone in their own home when they have capital above the upper capital limit - £170 per annum.

Note to reader – all of the above items in red text are subject to consultation. The text and figures that appears in the final policy are subject to the outcome of the consultation. The figures preceded by the words ‘at least’ will not be known until after the consultation closes (April 2020). These fees will be increased by the current rate of inflation which is relevant at that time – the Council does not know what the rate of inflation will be at the time that a revised policy is likely to come into effect (June 2020) and so these figures are indicative only.

This page was subject to minor amendment/ clarification on 04 02 2020.

A Rapid Health Impact Assessment of COVID19 in North East Lincolnshire

September 2020

NELC Public Health Team and

Commissioning and Strategic Support Unit

Contents

- Background and Summary
- COVID19 Health Impacts
 - Primary Care
 - Secondary Care
 - Social Care
 - Mental Health
 - Screening and Immunisations
 - Substance Misuse
 - Lifestyle
 - Sexual Health

Background and Summary

On the 31st December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan, Hubei Province, China.

On the 12th January 2020, it was revealed that a novel coronavirus (severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2)) had been identified from patient samples.

On the 11th February 2020, the WHO announced that the syndrome caused by this novel coronavirus had been named COVID19 (Coronavirus Disease 2019).

Coronaviruses are a large family of viruses, and we know from other coronaviruses that they are mainly transmitted by respiratory droplets and direct or indirect contact with infected secretions.

The COVID19 pandemic has disrupted the life of everyone in North East Lincolnshire. The pandemic is an unparalleled public health emergency and is a challenge that our local population and economy has not experienced before.

This impact assessment aims to summarise some of the key information available on the short-term and long-term impacts of COVID19 on the North East Lincolnshire population. A modular approach has been taken to explore the impacts on a range of public health topics across the life course. We have utilised national and local evidence, that was readily available from literature, organisations, and services, and supplemented this with local anecdotal insight. We have also been particularly mindful of the impact on health inequalities, and on those who are clinically extremely vulnerable to COVID19 i.e. shielding patients, of whom there are around 6,400 in North East Lincolnshire. The assessment highlights particular issues and is to be used alongside other sources of information to inform our recovery planning.

Background and Summary

At the time of writing, over 300 North East Lincolnshire residents have received a positive test result for COVID19, with the cumulative rate being the lowest of any upper tier local authority in England. This lower rate could be due to a variety of factors such as our demographics, geography, and the timing of the national lockdown. However, again at the time of writing, we are currently seeing a considerable rise in the number of new positive tests. Whilst the direct impact so far may be lower in comparison to neighbouring areas, COVID19 has still had an impact on the morbidity and mortality of the local population. There is likely to be substantial under-reporting of cases, which could be for a variety of reasons, for example people with milder symptoms, or perhaps an association with insecure employment. The constraints on testing are also another factor because only a proportion of the number of true cases will have been tested.

The government introduced social distancing and lockdown measures to control the spread of COVID19 at the end of March 2020. A furlough scheme to support people who could not do their jobs was introduced to prevent employers making large scale redundancies, and which affected over 17,000 workers in North East Lincolnshire. These lockdown and social distancing measures have severely restricted social and economic activity, and have in turn had a substantial and uneven impact on individuals, households, and communities, with wider impacts in addition to health on employment, income, education, social care, and mental wellbeing.

The COVID19 pandemic is having a major impact on how services manage their workload, particularly regarding their mode of delivery, with a significant digital shift, telephone triaging, and limiting face to face contacts where possible.

Background and Summary

As the pandemic progresses, the consequences of disruption are likely to impact some groups and communities more than others, and this will likely exacerbate existing health inequalities. The young and low earners appear to be most impacted regarding employment. It is likely that the most vulnerable individuals and the most deprived communities will be at most risk from changes in financial circumstances. Older people are at most risk of serious illness from COVID19. Social isolation and loneliness will have affected many, which again may disproportionately have affected the elderly and those who were under the strictest lockdown e.g. shielding patients. A range of targeted support will be required to help those disproportionately affected by the pandemic, which will need to be wider than solely health related but encompass other issues, such as the financial challenges that many households will now face. We should not however forget the positive impacts that have been seen during our response to the pandemic, such as increased civic participation and some communities coming together.

The future remains very uncertain with many unknowns, including those around the pattern and scale of future infection, treatment developments, service demand, financial instability, and the wider impacts that seem to be affecting every aspect of life for people across the life course. Much evidence is emerging regarding the direct impact of COVID19, how the pandemic is transforming service delivery, and the many factors which will influence the capacity of individuals, households, and communities to recover. Recovery will be complex and long-term.

Health impacts of COVID19 on primary care

COVID19 health impacts – primary care

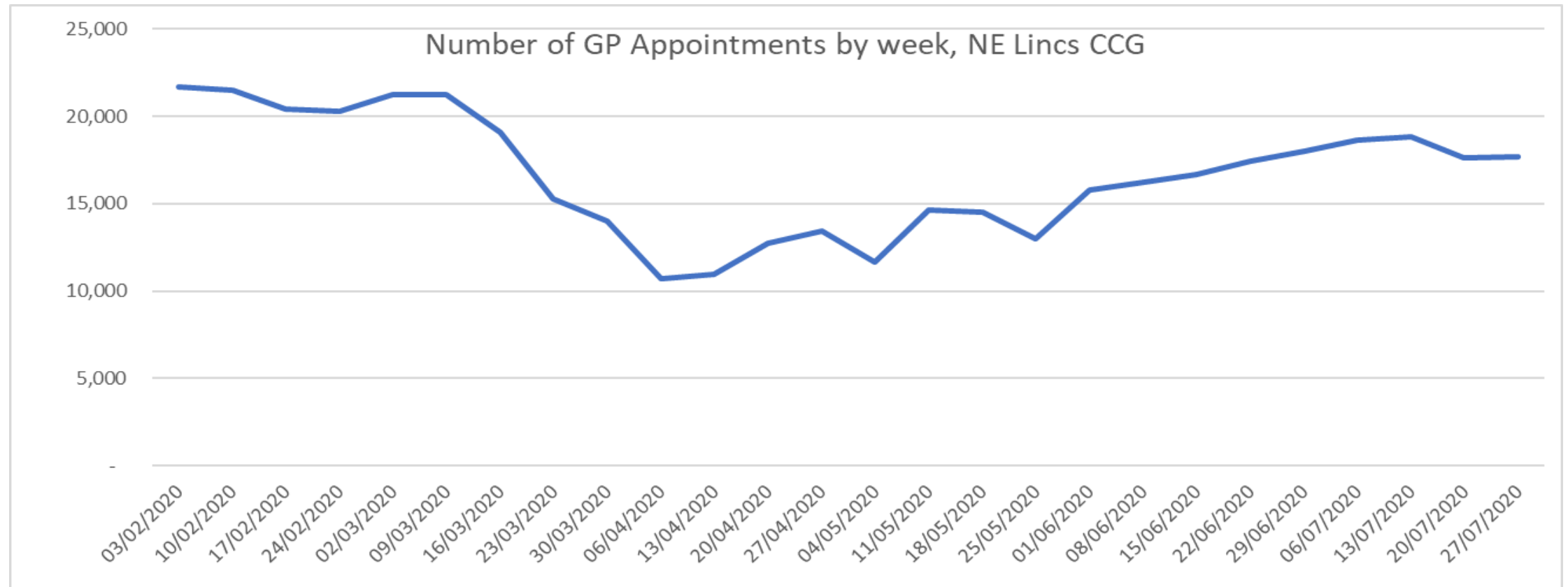
- The COVID19 pandemic is having major effects on how GP practices manage their workload.
- Guidance from the Royal College of General Practitioners (RCGP) and NHSE resulted in primary care adopting a telephone triage model at the start of the pandemic.
- General Practice continued to operate throughout, albeit with considerable disruption and a changed mode of delivery.
- The provision of essential services was maintained i.e. services that if not in place throughout this period then there would be a reasonable chance that people would come to significant harm.
- Initially patients were not presenting because a key issue was the willingness of patients to attend for appointments or surgery. This was addressed by repeated communications and a subsequent increase was evident.
- Disruption to routine healthcare could lead to delays and missed diagnoses.
- Although screening was not officially stopped in England, the move to having the majority of GP appointments delivered online plus lack of local lab capacity meant that many appointments were cancelled or invitations not sent.
- Primary care continue to support the suppression of the spread of COVID19 by limiting face to face contact wherever possible. Digital primary care development may build resilience to any future waves of COVID19.
- NHS 111 telephone service continued to operate for people seeking medical advice.
- Initial reduction in community pharmacy opening hours to process the surge in demand.
- Supporting the development of critical care and acute care capability to respond to a COVID19 surge in demand.

Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term	<p>There is no evidence that pregnant women are more likely to get seriously ill from COVID19, however they are on the list of people at moderate risk (clinically vulnerable) as a precaution. <i>Source: www.nhs.uk</i></p> <p>Some pregnancy appointments online. During lockdown pregnant women had to attend scans on their own. <i>Source: FSRH</i></p> <p>Some service disruption e.g. health visitors, and breastfeeding support.</p>	<p>Increase in negative health behaviours and increase in anxiety and low mood as a result of disruption and social distancing. Risk of increased inactivity. <i>Source: the Children's Society</i></p> <p>Programmes paused e.g. NCMP. <i>Source: NHS Digital</i></p>	<p>Services paused e.g. NHS health checks and routine medical reviews. Increase in negative health behaviours e.g. alcohol, substance misuse, and poor diet. LARC fits paused and contraception changed to progesterone only pill. <i>Source: NELC</i></p>	<p>Risk of serious illness from COVID19. Services paused e.g. over 75 health checks, annual, frailty and medication reviews. Potential for unmet care needs due to service disruption. Older People reduced their contact with GPs and were self-medicating more or putting up with health issues, as they were nervous about going out. <i>Source: NELCCG</i></p>
Long term	<p>Infant routine immunisations catch up. Potential for longer term shift of some support delivered via phone/video to reduce the number of clinic visits. Potential increase in unplanned pregnancies.</p>	<p>Risk of missed vaccinations, therefore an extensive catch up of school based immunisations is planned over the next year. <i>Source: NELC</i></p>	<p>An increase in health problems as a result of the negative health behaviours detailed above. <i>Source: LIMU</i></p>	<p>Issues around access to or skills to use technology to be able to receive digital or remote services, which are likely to be more prevalent. A telephone appointment may not be as complete as a video call.</p>
Health inequalities	<p>Patients with LTCs are at increased risk of serious illness from COVID19 particularly those with multiple conditions. Potential disruption for patients with LTCs e.g. routine care reviews. Risk of LTCs not being managed. District nurses continued to operate but with disruption and focussing on highest priority patients. Digital exclusion due to emerging technology and modes of appointment which may be age, skill, or income related. Consequential access, quality of care, and patient experience issues.</p>			
Shielding patients	<p>Shielding patients are particularly at risk of COVID19 exacerbation and other risks such as social isolation and loneliness. Limited physical activity due to not leaving the household. Need to understand shielding patients access to technology and associated skills to better support their healthcare. <i>Source: NELCCG</i> National pharmacy medicine delivery service between April and July 2020. <i>Source: www.gov.uk</i></p>			

Effect of lockdown on activity

COVID19 has led to different models of working particularly around the mode of appointments. There was an initial reduction in the number of appointments and changes in the pattern regarding reasons for attendance.

Prior to COVID19, the CCG averaged just over 20,000 appointments a week in General Practice, however activity dropped to half this number in early April and then steadily increased through to July to an average around 85% of the pre-COVID rates.



Effect of lockdown on activity

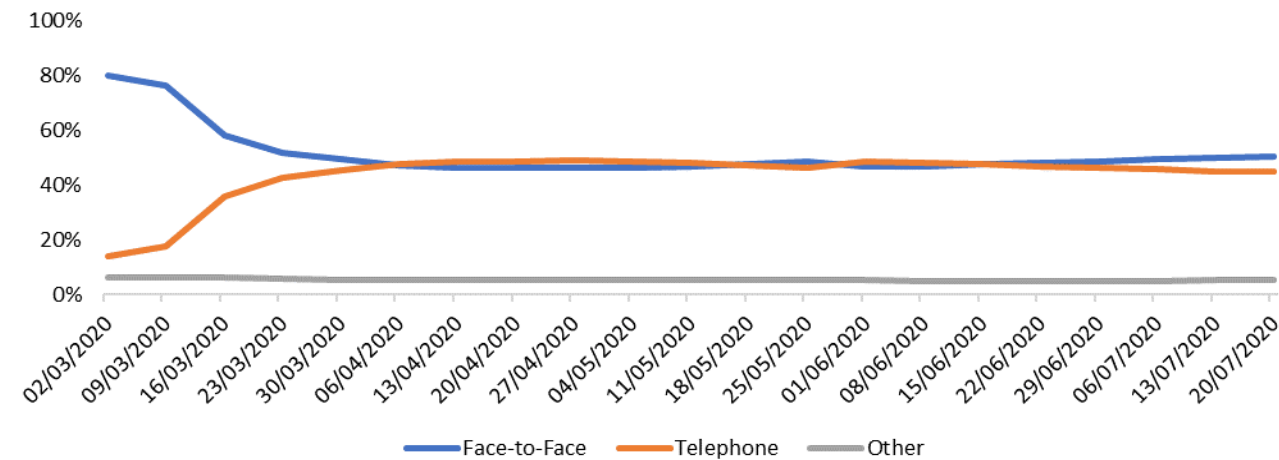
COVID19 has led to different models of working particularly around the mode of appointments. There was an initial reduction in the number of appointments and changes in the pattern regarding reasons for attendance.

Prior to COVID19, just under 40% of Roxton Practice appointments were face to face but this had reduced to around 5% by the end of May 2020.



Nationally, the proportion of telephone appointments is now similar to the proportion of those face to face. The RCGP predict that whilst face to face appointments will rise again, they are unlikely to ever reach pre-lockdown levels.

Appointments by week, England



There was initially a considerable reduction in the number of GP referrals. There were 407 referrals from NELC to NLAG in the first week of April 2020 which is only 34% of the average weekly number. Referrals have subsequently increased but since the beginning of July until early September have stabilised at around 70% of the pre-COVID19 rate.

Health impacts of COVID19 on secondary care

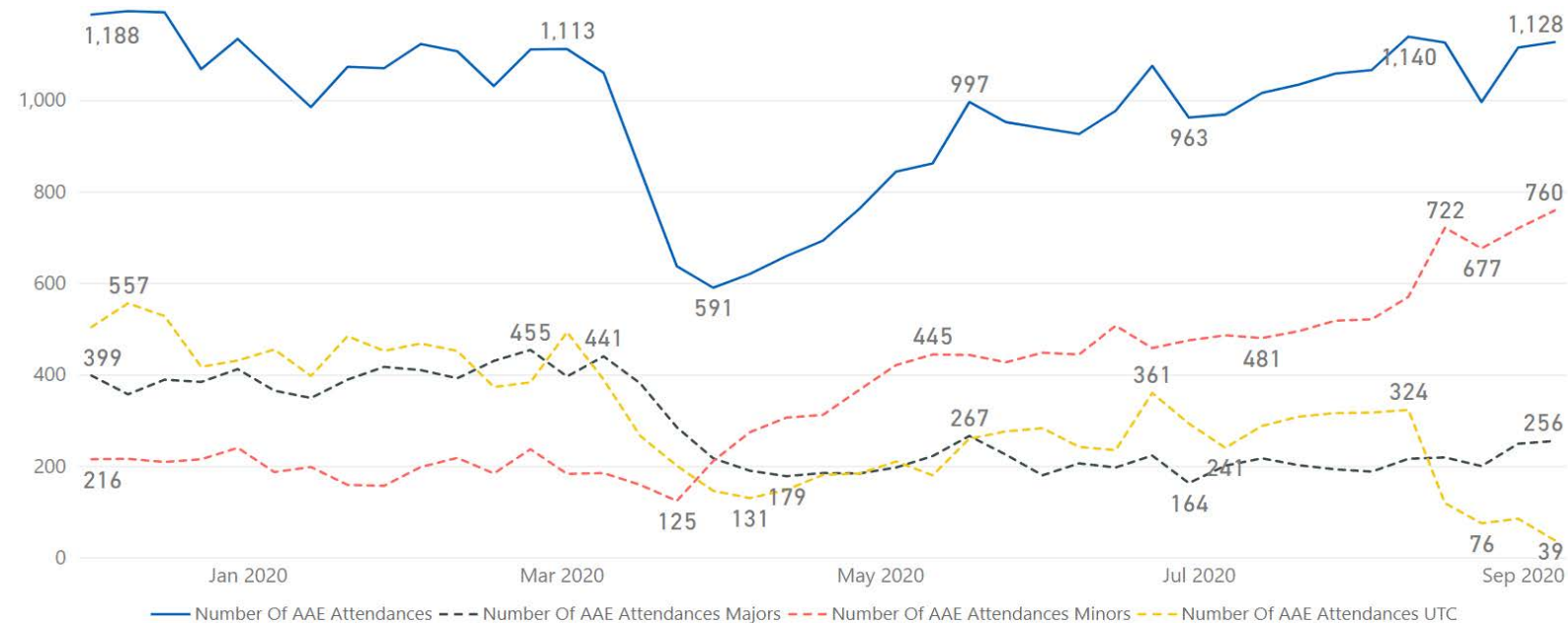
COVID19 health impacts - secondary and emergency care

Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term	Midwifery appointments usually take place face to face in children’s centres; however, these centres have been closed therefore the majority of appointments have been done over the phone. Due to staff absences continuity teams have not been able to provide continuity of care to pregnant women. Lack of tongue tie support has impacted on mums breastfeeding babies with tongue tie.	A&E attendances for both minors (non-critical/ life threatening) and majors (acute care) dropped by half at the beginning of lockdown, attendances for majors has remained low whilst the number of people attending minors has risen to more than twice the numbers attending in January and February.		
		Referrals to all specialities within the Trust have dropped and have not risen to previous numbers yet.		
		Speech and Language services have used mainly video appointments which can be hard for some children to engage, face to face appointments require masks to be worn, making communication more difficult.		Older people are significantly more likely to become more seriously ill and require treatment in hospital if they acquire COVID19.
Long term	Fathers have been unable to attend scan appointments or stay for longer than 6 hours after the birth of their babies, this could impact on fathers bonding with their babies, additionally mothers have felt anxious about attending scans and appointments alone and worry about managing without their partners in hospital.	With schools being closed, referrals to speech and language services have significantly dropped, this could lead to a surge in referrals when schools reopen, also some children’s needs may be missed.	Delayed cancer diagnoses could lead to a surge in demand in the later stages of the pandemic. The number of cancer related deaths could also increase (Liverpool John Moores University, 2020).	
			Indirect morbidity and mortality is increased because non-urgent treatment or prevention is put off or people do not get seen for treatment (Gresham College, 2020).	
			The Centre for Aging Better found that 20% of people surveyed said they had a hospital appointment cancelled leading to a decline in their physical health, additionally 5% said they had an operation cancelled and worried about the impact of this on their long term health (The Centre for Ageing Better, 2020).	
Health inequalities	Excess mortality and morbidity if interventions lead to increased deprivation. Deprivation and ill health are strongly linked (Gresham College, 2020).			
	PHE research has found that nationally, death rates from COVID19 are higher than expected among Black and Asian ethnic groups compared to White ethnic groups.			
Shielding patients	For people with LTCs there are concerns that their needs may not have been met over lockdown and consequently their physical health could have worsened (Liverpool John Moores University, 2020).			

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NLaG hospital activity data

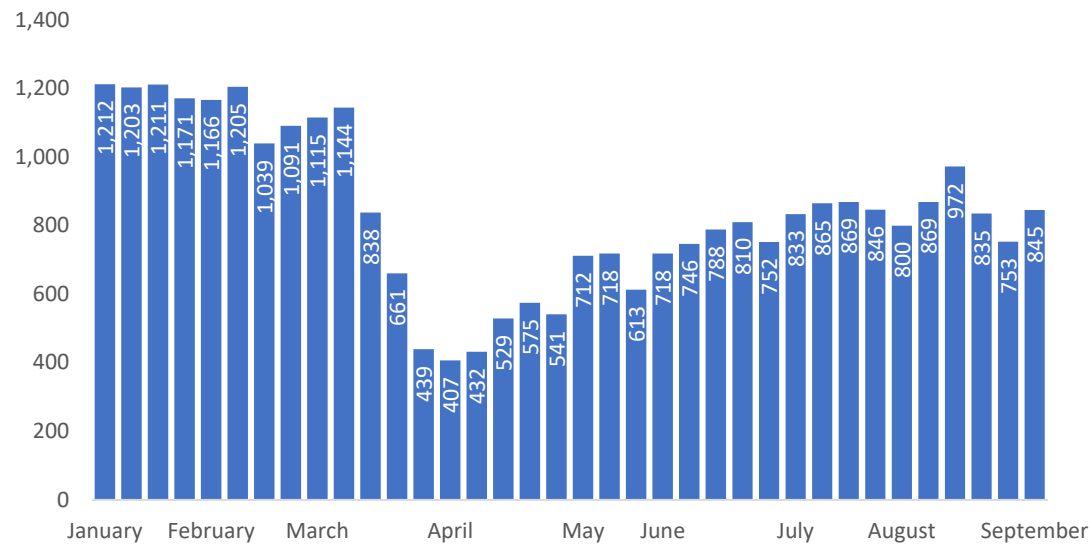
A&E attendances by week, January – September 7th 2020



The total number of A&E attendances started to drop from W/C 16th March and by 30th March dropped to almost half the usual number. The numbers remained low in April and steadily began to rise throughout May. The most recent week shows that the number of A&E attendances at DPOW are the same as they were the first week in January.

The main difference is the large increase in minors which have more than doubled since the start of the year, the number of majors has remained low even after the lockdown restrictions were lifted.

Referrals by week, January – 7th September 2020



Health impacts of COVID19 on social care

COVID19 health impacts - social care

Impacts	Pregnancy and early years	Children and young people	Adults	Older People
Short term	<p>Potential hidden safeguarding issues since access to the safety net of support and supervision of professionals has been reduced since most contacts take place virtually (Liverpool John Moores University, 2020).</p> <p>Vulnerable children and families are likely to be missing out on support and child abuse may be going unreported (Liverpool John Moores University, 2020).</p> <p>Ability of services to support children and families have been seriously affected (Children's Commissioner, 2020) .</p> <p>The number of contacts to Children's Social Care and Early Help dropped in April 2020 and have subsequently risen each month.</p> <p>The majority of social care referrals usually come via schools, while schools have been closed there has been a decline in referrals from schools but an increase in referrals from the Police and local authority services.</p> <p>Children's centres remain closed across NEL.</p>		<p>Many families suspended home care and provided care themselves.</p> <p>There has been an increase in intensive support for adults with disabilities who have struggled with the lockdown.</p> <p>Social care workers are an occupational group at high risk of COVID19 mortality and morbidity.</p>	<p>People in care homes have not been able to have visits from family and friends.</p> <p>Care availability and quality has been impacted. Many unpaid carers providing more care (Carers UK, 2020).</p> <p>Care homes have been particularly vulnerable to COVID19 outbreaks with large numbers of excess deaths reported nationally (The Health Foundation, 2020).</p>
Long term		When schools reopen it is anticipated that there may be an increase in referrals to children's social care.		It is expected that there will be an increase in falls amongst older people this coming autumn and winter. During the pandemic, all services have mostly been put on hold, additionally, many older people have decreased levels of physical activity leading to loss of muscle strength and postural stability (British Geriatrics Society, 2020).
Health inequalities	<p>Young carers will now have significantly increased responsibilities, as parents who are unwell or have underlying conditions are unable to leave the house. Additionally, they may not be attending school or support groups which can offer respite (Children's Commissioner, 2020).</p> <p>Children with SEND have been offered a place at school during the time that schools have been closed, however the majority of children have remained at home. Caring for and educating a child with additional needs at home can place more pressure on families, especially if they are not supported to do so (Children's Commissioner, 2020).</p> <p>Children in care most likely will not have been able to maintain face to face contact with family members during lockdown, additionally for those who have experienced trauma, their access to therapy may have been effected (Children's Commissioner, 2020).</p> <p>The pandemic has exacerbated many of the longstanding issues within social care, such as funding, staffing, and a complex and fragmented organisational structure (The Health Foundation, 2020).</p>			
Shielding patients	<p>Extra pressure has been put on some carers who have not been able to have their usual respite as the person they care for have not been able to go to day centres or short-term respite care (Carers UK, 2020).</p> <p>Additionally, those who are shielding may feel more socially isolated while their social interaction has been reduced.</p>			

Health impacts of COVID19 on mental health

Short term impacts on mental health

Pregnancy and early years	Children and young people	Adults	Older people
<p>NEL Maternity services report distress among local pregnant women that their partners cannot attend appointments and scans. This may impact on bonding between father and baby before birth.</p> <p>Isolation is reported among some pregnant ladies. Those who experienced prior mental health issues or a previous loss or traumatic experience, have found lockdown particularly difficult (NEL Maternity services).</p> <p>Since maternity and health visiting services are seeing mothers virtually, mental health issues of new mums may not be picked up.</p> <p>There are concerns that developmental/behavioural issues are not being picked up locally as health visitors are not doing their 2 – 2.5-year check. This is likely to impact more on children from deprived communities.</p> <p>Normal face to face contact is not available in services, so babies could be living in harmful situations with physical/ mental health needs left unaddressed (2).</p>	<p>Increase in NEL young people aged < 25 presenting with anxiety/ stress and self-harm/suicidal thoughts when accessing Kooth online service between 1st March - 31st May in comparison to last year. Kooth also saw increased demand for therapeutic support via chat sessions and therapeutic messaging locally during lockdown.</p> <p>Grimsby Institute for Further Education report 16-18-year-old learners withdrawing with emotional issues, mostly young males.</p> <p>Children's services experienced a 43% increase in monthly referrals around domestic abuse during lockdown and report anecdotal evidence of increased seriousness of some domestic abuse incidents, which inevitably will have an emotional impact on the children.</p> <p>In a national survey of over 250 young carers, 70% reported that lockdown has made their mental health worse (Channel 4 News, 2020).</p> <p>The pandemic has had mixed effects on local looked after children but the full effect will be seen when children go back to school.</p>	<p>Care home staff experienced much anxiety, stress, and fear over the pandemic. The balance between encouraging staff to be vigilant without creating fear has been difficult. Those working in care homes experiencing outbreaks found the experience especially difficult. Staff have not understood a lot of the national guidance (such as around PPE). When the infection, prevention and control team went to physically support staff with guidance, this helped to remove fear (Bruce Bradshaw).</p> <p>An estimated 1,741 – 6,415 (17-63%) of NEL healthcare workers could develop mild to severe mental health conditions during the pandemic (Navigo).</p> <p>Navigo predicts that 7567 NEL parents could develop PTSD symptoms because of the lockdown. Nationally many single parents have experienced anxiety, loneliness, hopelessness and 'not coping well' (4).</p>	<p>Loneliness and social isolation are the biggest mental health issues affecting older people during lockdown, with distress caused from not seeing family and friends (9).</p> <p>Many older people fear going out and are confused by the messaging around what they can/ cannot do (9).</p> <p>Those who were previously active and independent were most emotionally affected by lockdown (9).</p> <p>There are concerns over care home residents deteriorating due to lack of family and activity coordinator visits. A possible resurgence in the use of antipsychotic medicine has been reflected, which may in part be due to lack of face to face assessments (Bruce Bradshaw).</p>

Pregnancy and early years	Children and young people	Adults	Older people
<p>It is also reported locally that numbers of children returning to early years settings are particularly low in disadvantaged communities (Early years providers meeting, NELC Public health).</p> <p>Also, speech and language services report that referrals to them have dropped as schools have closed and health visitors are not doing their checks. It is therefore likely that many children with speech and language issues have been missed and are not getting the support they need, which will impact on health inequalities including their mental health. Local speech and language services are carrying out their session with families through video, which works for some children but not others.</p>	<p>Increased referrals to the Bereavement partnership through Young Minds Matter and children’s services. Referrals have also come in from students returning from University who are worried and unclear what the future holds. (Bereavement partnership).</p> <p>NEL Young Minds Matter referrals dropped at the beginning of lockdown but then returned to normal. They report more complex, and less low-level cases, a worsening of Obsessive-compulsive disorder (OCD) symptoms, increased social and health anxiety, and increased eating disorder referrals.</p> <p>Nationally, Kooth has reported a steep increase during March-May in the number of BAME young people under 18 seeking help for anxiety, stress, suicidal thoughts, self-harm, and depression (4). Locally, due to such low numbers of new registrations within the BAME community, it is difficult to draw any conclusions into how they have been affected during the lockdown period (Kooth).</p> <p>In a national Young Minds survey, many young people aged 4-10 years have had increased emotional, behavioural and attention difficulties (4) Children from disadvantaged communities are likely to experience increased impact by school closures as they are more likely to live in circumstances which make home schooling and enjoyable free time challenging (8).</p>	<p>Citizens Advice NEL reports increased mental health issues locally (stress, anxiety, and depression) linked to uncertainty from issues such as being furloughed, facing threat of redundancy, and concern over tenure security when the restrictions covering eviction by landlords lifts. Demand for debt advice decreased to worryingly low levels at the beginning of lockdown but have now increased to worryingly high levels; enquiries which are often accompanied by mental health issues.</p> <p>Additional stress has been placed on local asylum seekers during the pandemic and poor mental health is being made even worse. Decisions from the home office are on hold, and there has been anxiety around getting housing situations/ benefits arranged in time due to the agencies being closed. Services such as voluntary sector care and support, drop-in centres and ESOL classes have all been closed, causing lack of social integration and care. Also, families with children feel frustration over school closures, since home schooling can be difficult in a second language (some cannot speak English) and feeding children on a low income and with a lack of free school meals is also difficult.</p> <p>The Carers centre report increased impact of isolation on the mental health of local carers, especially those caring for people with dementia or mental health issues, as support groups and face to face appointments are not available.</p> <p>Older adults and those with multimorbidity’s may be particularly affected by issues (i.e. isolation, loneliness, end of life care, and bereavement) perhaps exacerbated by the ‘digital divide’ (1).</p>	

Pregnancy and early years	Children and young people	Adults	Older people
	<p>Child abuse and neglect within the home are anticipated consequences of quarantine and risk factors for mental health issues (1).</p> <p>Reported child abuse has risen nationally during school closures (5).</p> <p>Children of parents experiencing mental health issues during the pandemic are also likely to be affected mentally (4).</p>	<p>Local acute admissions inpatients to Navigo are presenting as increasingly unwell and length of stay is increasing. Referrals were suppressed during lockdown but are expected to surge as restrictions ease. In a survey of 555 Navigo service users, 55% feel like COVID19 has impacted on their mental health (mainly anxiety, depression, loneliness, and stress).</p> <p>This year the number of suspected suicides in NEL have increased (11 between 1 Jan - 7 July, 7 which occurred during lockdown). The proportion of female suicides (5 females (45%), 4 which occurred during lockdown) is significantly higher than any previous year since data collection began in 2017. Of the 11 NEL suspected suicides in 2020, 4 individuals had a diagnosed mental health condition which they were prescribed medication for, and 3 of those died by overdose using that medication (Real-time surveillance of suspected suicides in North East Lincolnshire).</p> <p>Between 2nd April - 27th May over half of all calls to the wellbeing centre were directly due to COVID19 and restrictions. Anxiety, low mood, depression, and loneliness/isolation were common. Issues included worries over physical health, financial worries, relationship breakdown, and caring responsibilities.</p> <p>Most services by 'Mind' have been working virtually. Service users report isolation and a desire for a choice of both face to face and virtual support. Some do not have internet access.</p> <p>Many recipients of Support at Home have experienced fear of contracting COVID19 from a member of staff, leading them to cancel calls. In many situations this has escalated to crisis and hospital admission (Anecdotal Information from Bruce Bradshaw, CCG).</p> <p>Police data has shown a general increase in domestic abuse investigations, with increased percentage of high-risk cases. Increased referrals to Women's Aid also occurred since lockdown began (from Helen Cordell's trend analysis) which will inevitably impact on mental health.</p> <p>BAME communities are overrepresented in critical care/ mortality statistics, so will likely be over-represented in PTSD statistics in case of a second peak (4). Those from BAME backgrounds have a greater risk of loneliness which may be exacerbated with current restrictions (7). Ethnic minority groups may face stigma and/or find it harder to access support (5)</p>	

Pregnancy and early years	Children and young people	Adults	Older people
		Few Bereavement partnership referrals have been specifically linked to COVID19 deaths, but a majority have involved the pandemic’s impact on bereavement experiences . For some, prior grief re-emerged during lockdown. Social isolation has led to some local bereaved individuals wishing to take their life. There has been increased extreme anxiety and re-emergence of OCD symptoms . Feelings of unfairness and inequity were reported as restrictions regarding funeral attendance have changed and eased. (Bereavement Partnership).	
	The 24/7 all age mental health helpline is acting as a preventative measure to ensure early support. It is advised that funding for this needs to continue to prevent pressure build up in all mental health Services, ensuring sufficient capacity (Navigo).		
	Neurological symptoms of COVID19 are reported to be common and often severe (1). Locally, psychotic symptoms known as ‘Covid delirium’ have been reported . Navigo has seen an increase in 1st episode of psychosis presentations in NEL (although not all directly because of COVID19).		
	Navigo, the Carers Centre, and ‘We are with You’ report more pronounced alcohol and substance issues during lockdown and associated mental health issues such as suicidal thoughts .		
	Those who have previously suffered distressing experiences, such as abuse, neglect, discrimination, and oppression, are at higher risk of psychological harm and trauma from the adversity the pandemic brings (3).		
	Some local people with learning disabilities struggled to deal with restrictions (i.e. reduced opportunities for normal routine). As restrictions eased, rules became more confusing creating anxiety and fear. In addition, some moving plans have been delayed (i.e. from an inpatient setting to complex supported care) and social care services were adversely impacted by closure of day care services (Leigh Holton, The Autism Forum).		
	Socially isolated people for whatever reason (for example living alone or shielding) are likely to suffer more from mental health issues (1)		
	Public health / crisis/ management staff particularly those dealing with suicide and mental health issues may require support .		
Those who have their IVF treatment disrupted are likely to be in distress and require support.			
Members of support groups/ places of worship are likely to experience more social isolation and loneliness.			
Impact on widening of mental health inequalities , since the burden of risk factors for poor mental health during the pandemic falls most heavily on disadvantaged groups, such as those from racial and ethnic minorities, people living in poverty, and those with physical disabilities and mental illness (3)(8).			
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Long term impacts on mental health

Pregnancy and early years	Children and young people	Adults	Older people
<p>Maternity services/ health visitors/ perinatal mental health teams are doing much of their work over the phone, and report that this may be masking issues which are predicted to become evident further down the line.</p> <p>A baby's attachment to mother and long-term psychological development may be affected by maternal mental health issues such as post-natal depression, which are more likely during lockdown and less likely to be picked up by professionals.</p> <p>If fathers cannot attend scans and maternity appointments this may also impact on baby-father attachment and the baby's psychological development.</p> <p>The first 3 years of life are most important for a range of long term outcomes so if a baby/young child is living in stressful or neglectful situations with physical and mental health needs left unaddressed, this is likely to have long term consequences.</p>	<p>Some children will emerge from lockdown having endured traumatic experiences at home (4). It is anticipated locally that there will be an increase in the number of domestic abuse disclosures once children start returning to school in September. Adverse Childhood Experiences (ACEs) such as these have long term physical and mental health consequences.</p> <p>Adjusting back to school and uncertain futures pose challenges (5).</p>	<p>Navigo expects that 10% of healthcare workers will have high levels of post-traumatic stress in the 3 years post COVID19, with 40% cases persisting longer. Care home workers are also likely to require long term support.</p> <p>An increase in domestic violence and associated mental health issues are being reported in NEL by DWP work coaches, who predict a suppressed demand for domestic violence services as lock down eases.</p>	<p>A loss of confidence has been reported among the elderly, which will affect independence in the long term (NEL voluntary services). This is likely to result in increased long-term social isolation and loneliness.</p>
<p>In the long term it is possible that COVID19 will have persistent neurotoxic effects on the brain however as yet this is unclear (1).</p> <p>Those who are delaying self-referral for physical health conditions during lockdown, are likely to be impacted mentally later.</p> <p>The impact of lockdown may result in an increase in relationship or family breakdown, which is likely to have long term mental and emotional health effects.</p> <p>As people come out of furlough there is likely to be an increase in unemployment locally which will have impacts on mental health.</p> <p>The pandemic has caused an increased demand for emotional / mental health support and more complex mental health cases are being picked up by both children's and adult's mental health services. This is likely to require long term treatment and support. In addition, as Covid-19 cases rise locally we can expect an increase in the number of people at risk of PTSD, as there is a risk of developing PTSD after experiencing intensive care treatment for COVID19 (4). Navigo predict that demand for their service is likely to exceed capacity in the case of a second peak.</p>			
<p>Long term impact on widening of mental health inequalities (3)(8).</p>			

1. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. AMS Position Paper, April 15 2020
2. Babies born during COVID-19 – webinar screen slides – Wendy Thorogood and Lucy Williamson
3. Centre for Mental Health Briefing: Trauma, mental health, and coronavirus: Supporting healing and recovery, May 2020
4. Centre for Mental Health Briefing: Covid-19 and the nation’s mental health. Forecasting needs and risks in the UK: May 2020
5. Emerging evidence: Coronavirus and children and young people’s mental health. Evidence Based Practice Unit (EBPU) 22 May 2020
6. Coronavirus: Impact on young people with mental health needs, Young Minds, March 2020
7. Life after lockdown: Tackling loneliness among those left behind, British Red Cross, June 2020
8. Glasgow centre for population health, Supporting community recovery and resilience in response to the Covid-19 pandemic – a rapid review of evidence, May 2020
9. The impact of Covid-19 and lockdown on older people in North East Lincolnshire Report July 2020

Health impacts of COVID19 on screening and immunisations

Screening and immunisations

	Pregnancy and early years	Children and young people	Adults	Older people
Short term effects	<p>Ante natal and new-born testing has gone ahead however there are backlogs for hearing tests, and risk stratification is taking place so there will be many new-borns who went home without a hearing test.</p> <p>The number of MMR (measles, mumps, and rubella) vaccines delivered in England dropped by 20% during the first three weeks of the lockdown, and by 19% in the Yorkshire and Humber region (1)(3).</p> <p>Nationally, parents have expressed concerns about overburdening the NHS and fear of exposure to COVID19 when attending for vaccination. Of 752 health visitors surveyed by the Institute of Health Visiting in May 2020, over 60% reported contact with families who had considered cancelling or postponing their child’s vaccinations (Institute of Health Visiting) (1). Locally, in the first few weeks of lockdown it was a worry as to whether parents would still take their children for vaccination appointments, but anecdotally, uptake has been good although it is difficult to see the impact yet through data.</p>	<p>School based vaccination programmes had to stop. All year 8 pupils missed their first dose of the HPV immunisation, and half of year 9 (3000 children) missed their vaccination against Meningococcal ACWY and Diphtheria, Tetanus and Polio (school leaver booster). A catch-up programme is ongoing during the summer (drive throughs and walk in community venues across the borough) however this is heavily reliant on parents bringing their children.</p> <p>Young Minds Matter have reported that their Autism and ADHD assessments have stopped due to government instructions, however there is not a big waiting list and they plan to begin again as soon as the government advice changes.</p>	<p>Pregnant women may be tempted to skip vaccinations for fear of contracting COVID19 in clinic.</p>	
			<p>Abdominal aortic aneurysm screening has been put on hold.</p> <p>Bowel, breast, and cervical cancer screening were put on hold. This will mean that more individuals will be living with undiagnosed bowel, breast and cervical cancer and not getting the treatment they need.</p>	
		<p>Diabetic eye screening has only been continued for high risk cases so many individuals will have had this postponed.</p>		
<p>Delivery of routine immunisations will be impacted by factors such as household isolation, COVID19 illness in families with new-born children, vaccine supply disruption, healthcare staffing shortages, and enhanced infection prevention procedures. This will present a challenge for general practitioners (GPs) and community healthcare (2).</p>				

	Pregnancy and early years	Children and young people	Adults	Older people
Long term effects	There could be MMR outbreaks if the vaccinations are not caught up.	As long as schools stay open, no children should miss their vaccines long term as whatever is not done by 2 nd September during the summer catch-up programme will be done in school in the next academic year during an extensive catch up programme running until the end of 2021. The main risk preventing child vaccinations will be if schools close again.	Men who have had abdominal aortic aneurysm screening put on hold run the risk of having a ruptured AAA . A national population-based modelling study published in the Lancet predicts that nationally, we can expect substantial increases in the number of avoidable cancer deaths compared with pre-pandemic figures - between 281 - 344 additional breast cancer deaths (up to year 5 after diagnosis), 1445- 1563 additional colorectal cancer deaths, 1235 – 1372 additional lung cancer deaths, and 330 – 342 additional oesophageal cancer deaths. The total additional years of life lost across these cancers is estimated to be 59 204–63 229 years (4).	
	Anecdotally , as recovery continues providers will have less time and space to proactively address inequalities in relation to screening and immunisations , and there will be challenges (such as providing the full range of venues and appointments) which are likely to result in widening inequalities . Pre-existing inequalities in uptake may also widen if parents from minority ethnic groups feel more vulnerable and avoid healthcare settings (1).			

- (1) Routine vaccination during covid-19 pandemic response, BMJ 2020
- (2) Coronavirus disease (COVID-19) -impact on vaccine preventable diseases
- (3) Early impact of the coronavirus disease (COVID-19) pandemic and physical distancing measures on routine childhood vaccinations in England, January to April 2020.
- (4) The impact of the COVID-19 pandemic on cancer deaths due to delays in diagnosis in England, UK: a national, population-based, modelling study.

Health impacts of COVID19 on substance misuse

- Alcohol use
- Alcohol referrals
- Substance misuse: availability of substances
- Engagement with substance misuse services
- Inpatient admissions for alcohol and substance misuse

Alcohol use

Impacts	Pregnancy and early Years	Children and young people	Adults	Older people
Short term	It has been speculated that a spike in foetal alcohol harm (e.g. foetal alcohol spectrum disorders) could be a consequence of COVID19 due to increased alcohol consumption and reduced access to contraception during lockdown (Sher, 2020).	<p>In a national survey conducted on behalf of Alcohol Change, younger people were more likely to agree than older people that they had drunk more alcohol than usual during lockdown (Alcohol Change, 2020b).</p> <p>Children have been away from school with parents in risky households. There are currently 35 service users in treatment with We Are With You (WAWY) for alcohol (as a primary substance) that have children living with them. However, the number of children living with an alcohol dependent parent (or a non-alcohol dependent parent who is a high risk drinker) in NEL is likely to be substantially higher than this, given that the majority of those with alcohol dependence are not in treatment (Alcohol Change, 2020a).</p>	<p>There is a strong correlation between disasters and increased alcohol use (Galea et al, 2020)), and evidence to suggest an increase in lockdown drinking during the COVID19 pandemic (Knopf, 2020).</p> <p>A national survey conducted on behalf of Alcohol Change found that:</p> <ul style="list-style-type: none"> • More than a quarter (28%) of people agreed that they had drunk more alcohol than usual during lockdown. • Heavier drinkers were more likely to report that they had increased the amount of alcohol they drank during lockdown. 38% of those who typically drank heavily on pre-lockdown drinking days (seven plus units) said they drank more during lockdown, compared to just 23% of those who drank two units or less on a typical drinking day. <p>Reference: (Alcohol Change, 2020b).</p>	
Long term	Effects of foetal alcohol syndromes for affected children, including learning difficulties, behavioural problems, problems at school and mental health issues (Sher, 2020).	There's evidence that parental alcohol dependence/parental high risk drinking can impact negatively on a child's psychological health (Public Health England, 2018). Likewise, children of higher risk alcohol and drug users are more likely to drink alcohol at a younger age, drink more alcohol, use drugs, and develop problematic patterns of use (Public Health England, 2018).		
Health inequalities	<p>A national survey conducted on behalf of Alcohol Change found that:</p> <ul style="list-style-type: none"> • parents of under 18s were more likely to say that they had drunk alcohol during lockdown as a way to handle stress or anxiety (30%) than non-parents (17%) and parents of adult children (11%). • current and former drinkers from Black, Asian and minority ethnic (BAME) backgrounds were more likely than white people to agree that during lockdown they had drunk alcohol as a way to handle stress or anxiety (29% compared to 18%). <p>Reference: (Alcohol Change, 2020b).</p>			
Shielding patients				

Alcohol referrals into We Are With You (WAWY)

- Whilst anecdotally WAWY have been hearing of an increase in alcohol use (including an increase in alcohol use amongst parent carers) during COVID19, referral numbers do not evidence this to date.
- The service saw a drop in the number of referrals (across all substances, including alcohol) from March to May 2020; likely to be influenced by COVID19 restrictions.
- In June, WAWY saw a slight increase in alcohol only referrals; although this is not significant and is still lower than the numbers the service was seeing pre-COVID19.
- National evidence suggests that 4 in 5 of those with alcohol dependence were not receiving treatment pre-COVID19 (Alcohol Change, 2020a). It can be speculated that COVID19 could have increased this unmet need.

Table 1: Alcohol referrals into We Are With You (WAWY), January-June 2020

Month (2020)	Number of alcohol referrals in WAWY
January	37
February	19
March	18
April	10
May	11
June	14

Substance misuse: availability of substances

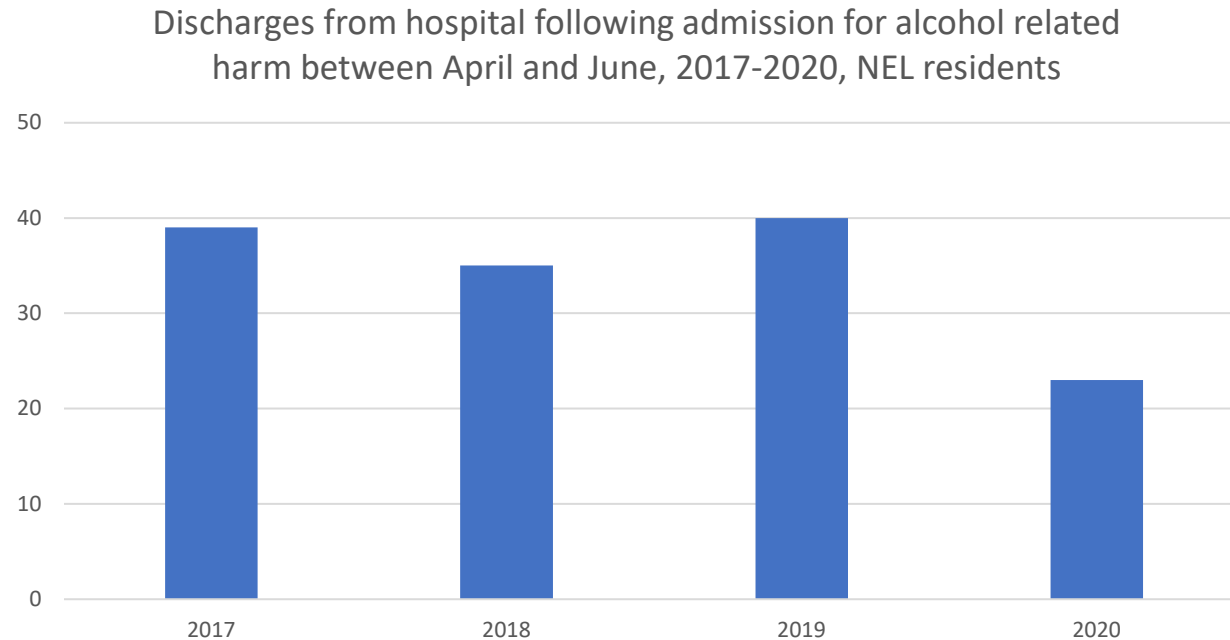
Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term		<p>Anecdotal evidence (WAWY) suggests that some young people have stopped using drugs and alcohol throughout COVID-19 due to restrictions on spending time with peers, and more time spent in the home, etc.</p> <p>However, there is a risk of lapse/relapse for this cohort with some young people planning a 'blow out', risks of related harm, overdose and possible increased experimental/risk taking behaviours (Insight from WAWY).</p>	<p>Service users in Opioid Substitution Therapy (OST) have had significant changes to prescribing regimes; anecdotal information suggests although some have found the easing of regimes positive, others have found the change in structure/routine difficult to manage (WAWY).</p> <p>WAWY and GPIP have had reports of illicit benzodiazepine use in the area and reports of strong batches, however, it is difficult to determine whether this is different to, or as a result of COVID-19. GPIP have also had reports of stronger heroin use during Covid-19.</p> <p>Due to changes in OST and prescribing regimes, there is likely to be a higher amount of illicit, street bought methadone available (insight from WAWY).</p> <p>The cost of most drugs increased during lockdown and there were some changes in patterns of supply/purchasing for example offers of '2 for 1' or buying larger amounts at once as this is more cost effective (insight from WAWY).</p> <p>GPIP noted that there had been a 'verbal' decline in the use of 'Spice' by patients but the service also found a rise in use of some drugs (such as pregabalin) in toxicology reports when testing patients commencing or dropping out of treatment.</p> <p>Anecdotal evidence suggests that people are choosing alternative drugs or going to different dealers as their regular ones are not always available. It has been reported that there is one substance on the market which is keeping people awake for 9 days.</p>	

Engagement with substance misuse services

Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term		<p>WAWY have noticed an impact on engagement with the service by some young people who find it difficult to engage with interventions by telephone appointments.</p>	<p>A reported backlog in the court system has impacted the number of referrals into service for those whose offending is linked to substance misuse. For example, during Q1 of 2020/21 WAWY had no new Drug Rehabilitation Requirement (DRR) or Alcohol Treatment Requirement (ATR) orders commence.</p> <p>As of mid-July 2020, engagement and attendance for 1-1 appointments with WAWY has increased since the start of the year by 10%. It is suspected that this is due to the ease and accessibility of telephone appointments vs. face to face appointments in the service.</p> <p>During the pandemic, there have been a lot of new referrals to the Carers Support Service for those caring for people with alcohol or substance misuse issues. Many of those cared for have been more chaotic in terms of their alcohol and drug use, whilst others have gone the other way and stopped use immediately, causing dangerous adverse effects such as hallucinations (insight from the Carers Support Service).</p>	

Inpatient admissions

- There seems to have been a decrease in alcohol inpatient admissions during April-June 2020 compared to same period in previous years.



Source: HES

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- Alcohol Change., (2020b). Research: drinking in the UK during lockdown and beyond [online]. *Alcohol Change*. Available from: <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond>
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Health impacts of COVID19 on Lifestyles

- Smoking:
 - Wellbeing Service referrals
- Physical activity
- Diet
 - Grocery purchasing during lockdown
- Weight
- Sleep
- Gambling

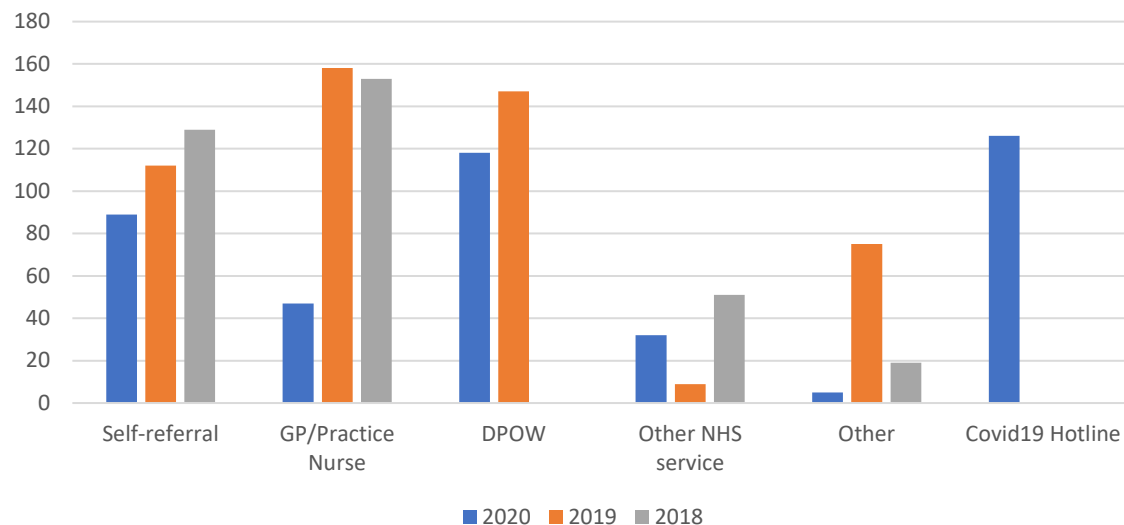
Smoking

Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term	<p>Evidence from the YouGov Covid tracker suggests lockdown left more children exposed to second-hand smoke (Action on Smoking and Health, 2020b).</p> <p>During the lockdown, smoking cessation support for pregnant women was delivered virtually rather than face-to-face,. Referral data for the Wellbeing Service in general shows a decrease in DNAs (Did Not Attend) during lockdown compared to the same period in previous years. However, national evidence suggests that families have responded differently to remote support, and that whilst for some new and expectant parents it has been easier to attend virtual appointments, those experiencing poverty and/or those with chaotic home lives have been disadvantaged, often lacking devices, data, Wi-Fi and/or a safe, calm space to engage (Best Beginnings, Home-Start UK, and the Parent-Infant Foundation, 2020).</p>	<p>Evidence from the YouGov Covid tracker suggests lockdown left more children exposed to second-hand smoke. (Action on Smoking and Health, 2020b).</p>	<p>Whilst national evidence suggests more people are quitting smoking in response to Covid (Action on Smoking and Health, 2020a), there is no evidence that this has been the case locally. The Wellbeing Service did not see an increase in people seeking smoking cessation support during lockdown.</p>	
Long term	<p>Increased risk of respiratory problems for children exposed to second-hand smoke in the home during lockdown (RCPCH and Royal College of Physicians, 2020).</p> <p>SATOD (Smoking at the time of delivery) rate remains high.</p>	<p>Increased risk of respiratory problems for children exposed to second-hand smoke in the home during lockdown (RCPCH and Royal College of Physicians, 2020).</p>		
Health inequalities				
Shielding patients				

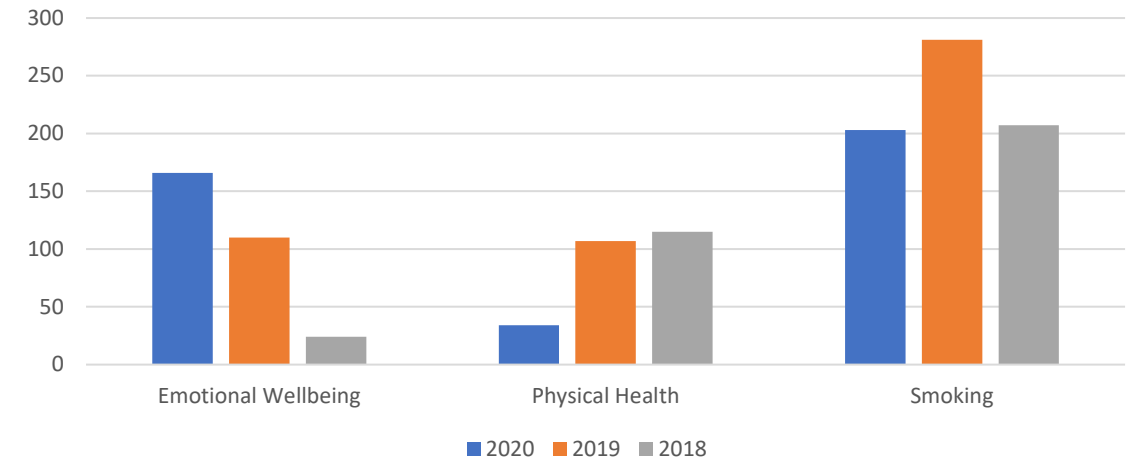
Wellbeing Service referrals

- Self-referrals into the Wellbeing Service were down slightly during the period 23rd March to 31st May 2020 compared to the same period in the previous two years. National evidence suggests that during lockdown some individuals were not accessing health and wellbeing services for fear of exposure to the virus (Green et al, 2020).
- GP/Nurse referrals into the service were also significantly reduced (which was expected since Primary Care was not operating as normal)
- In response to Covid, the service moved from face to face to telephone/virtual support appointments and the proportion of DNAs (Did Not Attend) decreased compared to the same period in previous years.
- Anecdotal insight from wellbeing workers suggests that the DNA rate is creeping up again now that lockdown restrictions have eased
- The service saw a spike in emotional wellbeing referrals during the period 23rd March to 31st May 2020, compared to the same period in previous years. The majority of referrals from the Covid-19 hotline related to emotional wellbeing.

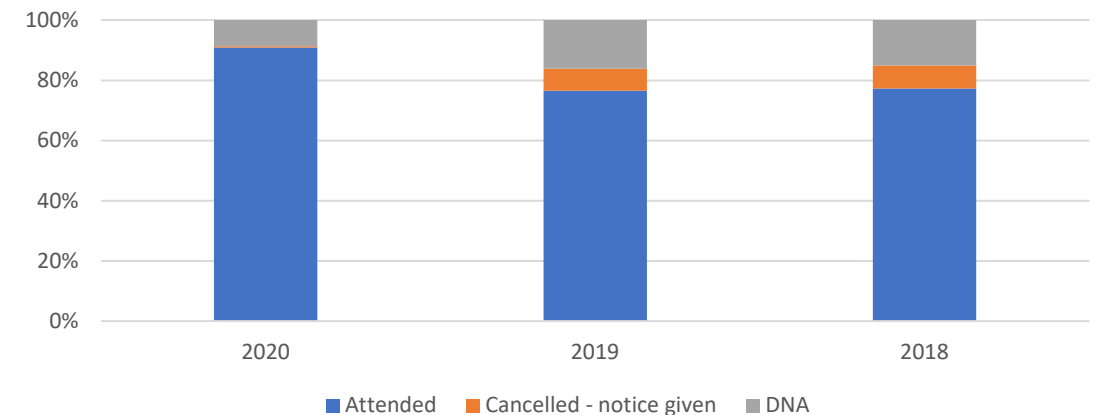
Sources of referrals into NEL Wellbeing Service during the period 23rd March - 31st May, 2018-2020



Referrals into NEL Wellbeing Service during the period 23rd March - 31st May, 2018-2020



Proportion of sessions which clients attended, cancelled and DNA during the period 23rd March - 31st May, 2018-2020

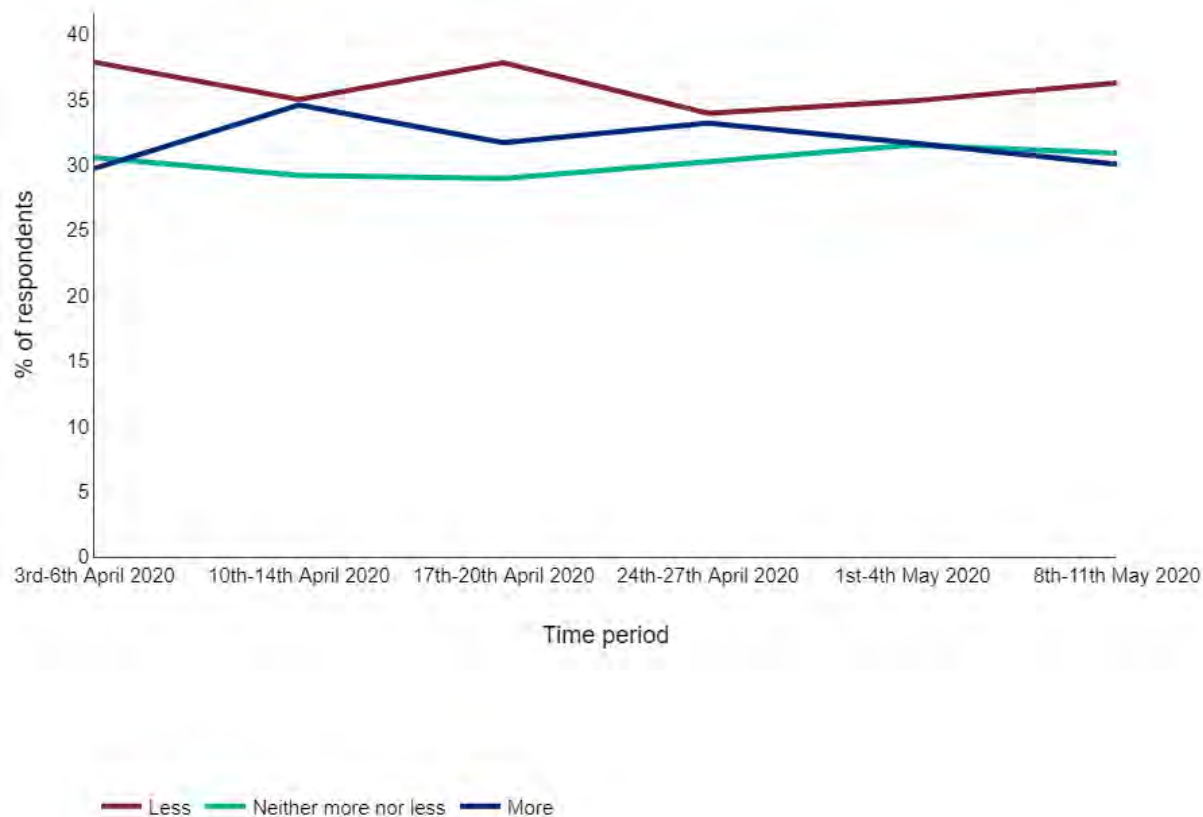


Physical activity

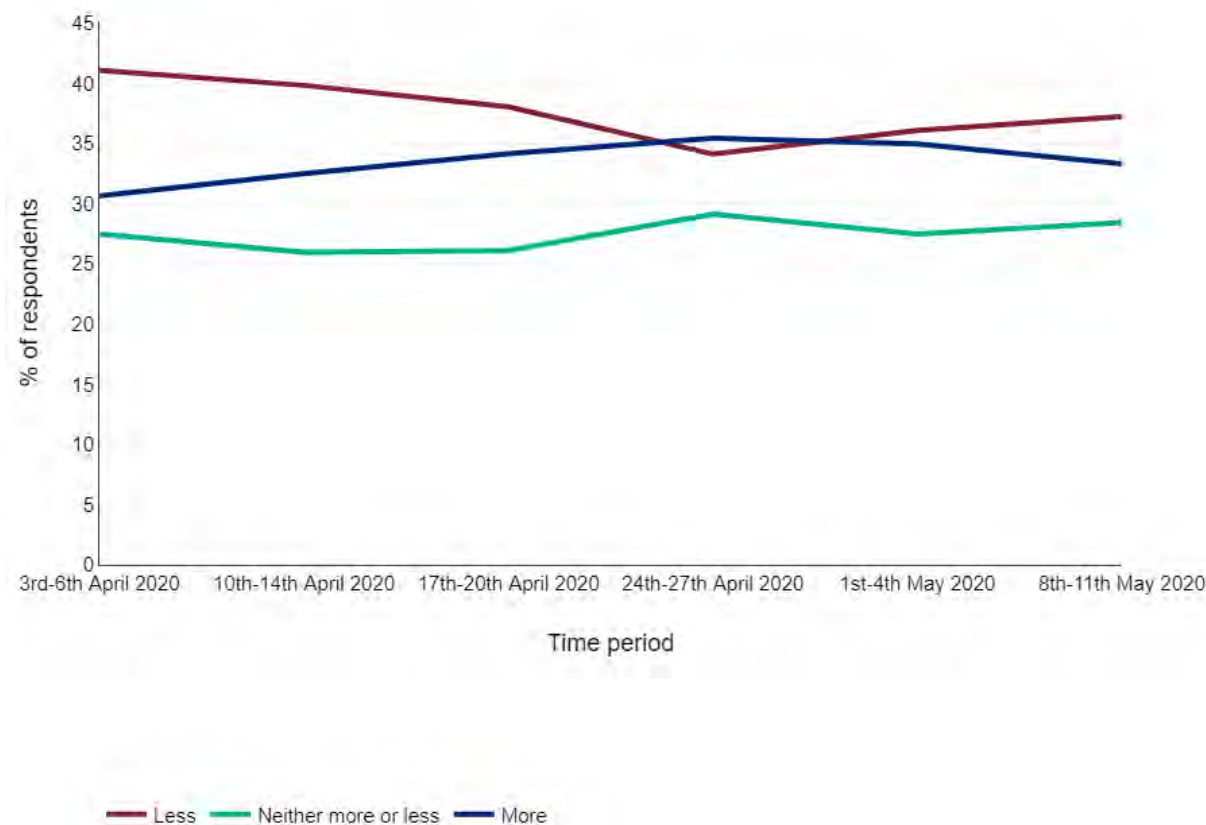
Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term		<p>Sport England surveyed physical activity attitudes and behaviours of adults during lockdown. Throughout the course of the survey, a greater percentage of adults with children reported that their child(ren) were exercising less than before the coronavirus outbreak, than reported their child(ren) were exercising more or that their child(ren)'s exercise habits remained unchanged (Sport England, 2020).</p> <p>9,913 DofE participants aged 14-25 were surveyed in April 2020 and 53% were worried about the effect of the lockdown on their physical health and fitness (The Duke of Edinburgh's Award, 2020).</p>	<p>Sport England surveyed physical activity attitudes and behaviours of adults during lockdown. For the majority of the time period covered by the survey, a greater proportion of adults reported that they were exercising less than before the coronavirus outbreak, than reported that they were exercising more or that their exercise habits remained unchanged (Sport England, 2020).</p> <p>However, this survey also showed that there was continued growth in walking and cycling during lockdown (Sport England, 2020).</p>	<p>Decreased physical activity in older adults could lead to a significant increase in the risk of falls amongst older people and increased demand for falls prevention services in the autumn and winter (De Biase et al, 2020).</p>
Long term				<p>Concerns that low levels of physical activity in older adults will lead to reduced fitness resulting in loss of independence and need for care in the future (Centre for Ageing Better, 2020).</p>
Health inequalities	<ul style="list-style-type: none"> Some demographic groups were finding it much harder to be active during lockdown: older people, people who live alone, people from lower socio-economic groups, people with no access to private outdoor space, people with longstanding conditions or illnesses, and people who are self-isolating because they are at increased risk from Covid due to their health conditions or age (Sport England, 2020) Inequalities exist in access to good quality and safe green space. Likewise, an estimated 12% of households in England had no access to a private or shared garden during lockdown (Health & Equity in Recovery Plans Working Group, 2020). Young people living in low-income areas of England and Wales who before lockdown had been participating in Doorstep Sport (sport in community spaces provided by Locally Trusted Organisations at little or no cost) were surveyed or interviewed in April and May. This research found that 68% of these young people were doing less physical activity in lockdown (StreetGames, 2020). 			
Shielding patients	<p>Sport England's weekly survey of physical activity attitudes and behaviours during the COVID-19 pandemic found that people who were self-isolating because of increased risk from Covid-19 were finding it much harder to be active during lockdown (Sport England, 2020)</p>			

Physical activity

Trend in percentage of children doing more or less physical activity than usual, 3rd April-11th May 2020



Trend in percentage of adults doing more or less physical activity than usual, 3rd April-11th May 2020



Source: Public Health England, Wider Impacts of COVID19 on Health (WICH) monitoring tool

Source: Public Health England, Wider Impacts of COVID19 on Health (WICH) monitoring tool

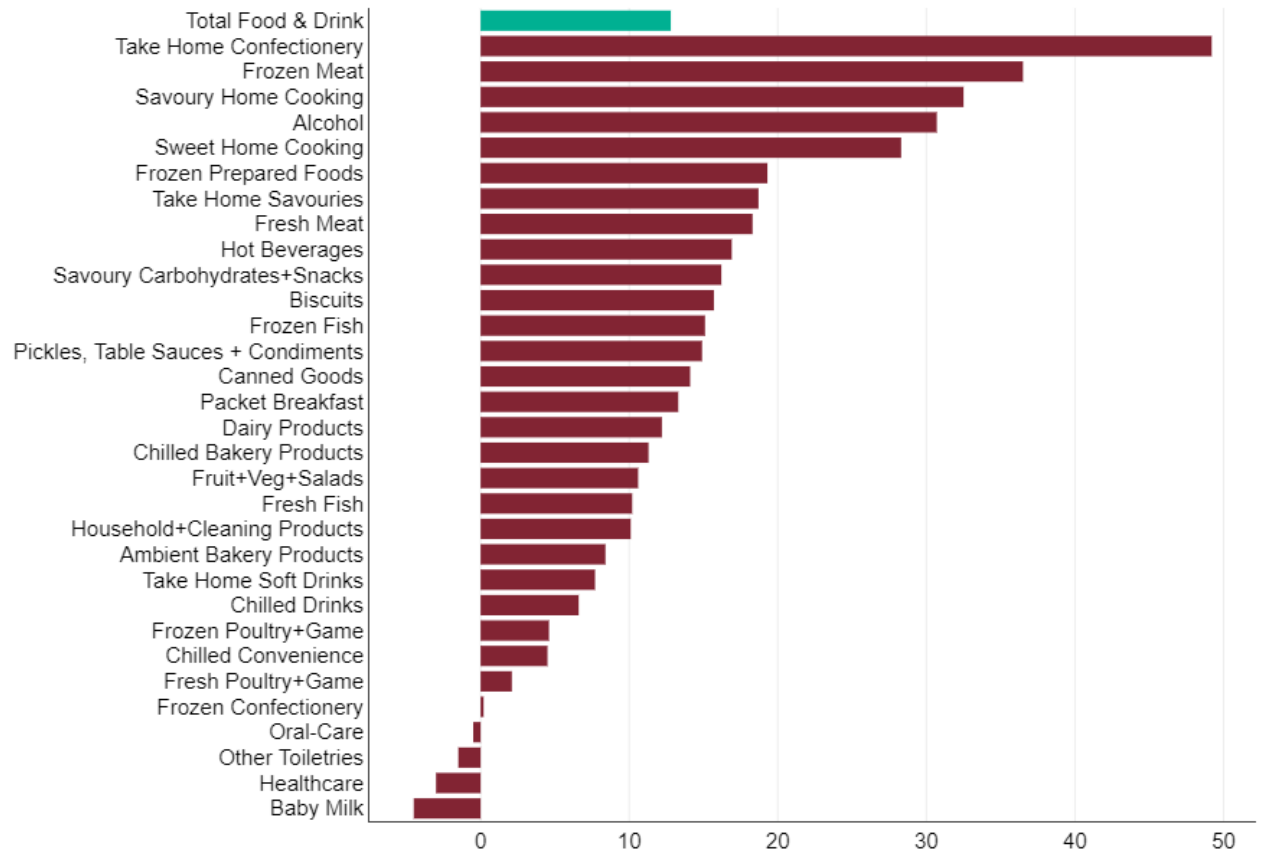
Diet

Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term	A survey of new and expectant parents on their lockdown experiences highlighted concerns around eating a healthy diet – particular for younger respondents, and for respondents in the income bracket £16000 to £30000 pa (Best Beginnings, Home-Start UK, and the Parent-Infant Foundation, 2020).	Bite Back and Livity’s Hungry for Change research into children’s eating habits during lockdown highlighted that young people were snacking more during lockdown and that this was especially the case for children living on lower incomes (Bite Back, Guys & St Thomas Charity, and Livity, 2020).	<p>The results of the UK COVID19 Social Study run by University College London (2020) show that 17% of adults reported eating more than usual during lockdown, and 23% of adults reported eating less healthily than normal during lockdown.</p> <p>Levels of food insecurity rose sharply at the beginning of the pandemic – the Trussell Trust reported an 81% increase in emergency food bank use during the last two weeks of March 2020 compared to the same period in 2019. (Select Committee on Food, Poverty, Health and the Environment, 2020). Likewise, the Hubbub poll (2020) found that 43% of respondents were worried about the extra cost of providing food for their household during lockdown, and that 31% of respondents were not eating as much fresh fruit and vegetables as usual (Defeyter & Mann, 2020).</p>	<p>A survey of 1,000 50-70 year olds living in England during lockdown found that almost three in ten (29%) stated that they had been eating more unhealthy food during lockdown, with women more likely to do so than men (34% versus 25%). However, almost a quarter (24%) of 50-70-year olds surveyed reported eating more healthily over the course of lockdown (Centre for Ageing Better and Ipsos Mori, 2020).</p> <p>Prior to lockdown, it was estimated that there were 1.3 million elderly people (1 in 10 people over the age of 65) who were either malnourished or at risk of malnourishment and there is concern that lockdown increased the risk of malnutrition for elderly people (Age UK).</p>
Long term				Becoming malnourished can have serious health implications for older people. Increasing their risk of infection, worsening any pre-existing health conditions, and increasing their risk of falls (Age UK, 2020).
Health inequalities	<p>A greater proportion of children from lower income backgrounds reported snacking more during lockdown, and children from lower income backgrounds were less likely to be eating fresh fruit and vegetables and more likely to feel they are eating unhealthily (Bite Back, Guys & St Thomas Charity, and Livity, 2020).</p> <p>A study conducted by Northumbria University’s Healthy Living Lab revealed lower fruit and vegetable consumption, and an increase in the consumption of sugar sweetened beverages in children eligible for free school meals during the Covid-19 lockdown (Defeyter & Mann, 2020). In this study, around half of the children who received free school meal vouchers reported a significant drop in their intake of fruit and vegetables during lockdown (Defeyter & Mann, 2020). However, a four-fold increase was reported in the amount of sugar-sweetened drinks consumed, together with a substantial rise in the amount of crisps, chocolates and sweets being eaten. Children’s consumption of unhealthy snacks increased from an average of one over the three days when they were at school to six portions across three days at home during lockdown (Defeyter & Mann, 2020).</p> <p>Food insecurity is a direct result of, and indeed a symptom of, poverty (Select Committee on Food, Poverty, Health and the Environment, 2020). COVID19 is likely to have a significant effect on poverty levels, with national evidence demonstrating that household incomes have fallen particularly amongst the lowest earners (with severe losses for single parents), and that living standards are under the most pressure in lower income households (Health & Equity in Recovery Plans Working Group, 2020).</p>			
Shielding patients				

Grocery purchasing during lockdown

- Some or all of the increases in grocery purchasing will reflect a reduction in food and drink purchased when eating outside of the home (for example in restaurants).
- However, the data shows an average reduction of 0.5% in the volume of purchases of oral care products nationally, when comparing 2019 and 2020 data.
- This may not be indicative of any differences in oral health habits/behaviours. However, oral health programmes such as supervised toothbrushing were suspended in response to Covid-19, and will not restart locally until the autumn, meaning there were missed opportunities for oral health interventions with young children.

4 week average percentage change (19/07/2020 vs 21/07/2019) in volume of national grocery purchasing



Weight

Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term		A longitudinal observational study conducted in Italy suggests that the COVID19 lockdown exacerbated risk factors for weight gain in obese children and adolescents. Specifically, the study found that eating, physical activity, and sleep behaviours of participants changed in an unfavourable direction 3 weeks into the national lockdown (Pietrobelli et al, 2020).	<p>The results of the UK COVID19 Social Study run by University College London (2020) show that 40% of adults reported gaining weight (4% reported gaining lots of weight) during lockdown.</p> <p>It has been speculated that the COVID19 pandemic may increase eating disorder risk (Rodgers et al, 2020).</p>	
Long term		Multiple studies show that obesity experienced in childhood is associated with higher weight in adulthood (Rundle et al, 2020) so it can be speculated that excess weight gained during the lockdown may not be easily reversible and might contribute to excess weight during adulthood (Pietrobelli et al, 2020).	Small changes in weight in relatively short periods can become permanent and lead to substantial weight gain over time (Bhutani & Cooper, 2020).	
Health inequalities	Women and adults who at the beginning of lockdown were already overweight or obese may be at the greatest risk of permanent weight gain (Bhutani & Cooper, 2020).			
Shielding patients				

Sleep

Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term	Changes in their babies' sleep patterns were noted by almost a fifth (19%) of parents surveyed about their lockdown experiences (Best Beginnings, Home-Start UK, and the Parent-Infant Foundation, 2020).	<p>Young people (mostly aged 16-19) living in low-income areas of England and Wales, and staff from Locally Trusted Organisations working with these young people, were surveyed/interviewed in April and May 2020. Both young people and the staff working with them reported that the young people's sleep patterns were disrupted, and sleep was a concern for young people (StreetGames, 2020).</p> <p>A survey of 1,000 14-19 year olds living in England was carried out during May and June 2020, alongside more intensive digital immersion (e.g. video diaries) into a smaller number of children's lives. Many children involved in this research noted a negative shift in their sleep routines, including going to bed later, and sleeping through the morning (Bite Back, Guys & St Thomas Charity, and Livity, 2020).</p>	<p>The National Sleep Survey revealed that, five weeks into lockdown, 46% of respondents found that it was becomingly increasingly more difficult to stay asleep. 43% of respondents were finding it harder to fall asleep, and 77% of respondents said lack of sleep was interfering with their ability to function in the day (The Sleep Council, 2020).</p> <p>A survey conducted by King's College London in partnership with Ipsos Mori in May 2020 found that 6 in 10 people had been experiencing worse sleep since the lockdown was announced. (King's College London and Ipsos Mori, 2020).</p>	
Long term			It is believed that a proportion of those experiencing disrupted sleep during lockdown will go on to develop chronic sleep problems (University of Bristol, 2020).	<p>It is believed that a proportion of those experiencing disrupted sleep during lockdown will go on to develop chronic sleep problems (University of Bristol, 2020).</p> <p>In the longer-term, poor sleep may hasten dementia onset or progression – this risk is likely to be highest in the over 50s (University of Bristol, 2020).</p>
Health inequalities				
Shielding patients				

Gambling

Impacts	Pregnancy and early years	Children and young people	Adults	Older people
Short term		<p>Whilst out of school, children may have had increased screen time and higher exposure to advertising for gaming/gambling.</p> <p>Some experts are concerned that gaming behaviours may socialise children to gambling. The similarities between video games with loot boxes and gambling received attention from the House of Lords during lockdown (Select Committee on the Social and Economic Impact of the Gambling Industry, 2020).</p>	A YouGov survey (conducted from 16 April to 18 June) suggests that the lockdown period did not appear to have attracted many new consumers to gambling but that the lockdown did prompt some people, who were already gambling to try new products. This was especially the case for engaged gamblers (those who had participated in three or more gambling activities in the last four weeks, but not for the first time). Whilst overall survey respondents claimed to be playing products at the same rate or less, the majority of engaged gamblers 68%) claimed to be spending more time or money on at least one gambling activity (Gambling Commission, 2020).	
Long term	Health and wellbeing impacts on children who will have been exposed to household addictions including problem gambling (Gambling Commission, 2018).		Participation in a larger number of gambling activities can correlate to higher levels of moderate-risk and problem gambling (Gambling Commission, 2020).	
Health Inequalities	Younger people aged 18-34 were significantly more likely than average to report increases in time or money spent on at least one gambling activity, or to have taken up new activities (Gambling Commission, 2020). Increases in money or time spent on one or more products was particularly associated with young men, although young women also over-indexed compared to the average (Gambling Commission, 2020).			
Shielding patients				

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Health impacts of COVID19 on sexual health

COVID19 impacts – sexual health

- There is no evidence to indicate that COVID19 is sexually transmissible however intimacy does put you at risk of catching and spreading COVID19.
- With many sexual health and GP services moving online during the COVID19 pandemic, access to contraception has been more difficult for some women (particularly the most vulnerable). During lockdown the local service prioritized the at risk and vulnerable groups.
- Service disruption and the diversion of resources away from sexual and reproductive health care due to prioritising the response to COVID19, could increase the risks of maternal morbidity, unplanned pregnancies, and undiagnosed STIs.
- The local service is still triaging calls prior to an appointment being made, and all services are appointment only.
- The local service is now running extra contraceptive clinics which are extended to all GP practices, to support primary care and to provide extra contraceptive capacity to women who are on their waiting list but unable to get an appointment with the GP or practice nurse.
- Some STI surveillance data has been paused.
- Local services should consider how best to ensure that those individuals at highest risk of unplanned pregnancy have access to the most effective contraception method.
- Local services should ensure people including young people understand how to access sexual and reproductive health care as lockdown eases.

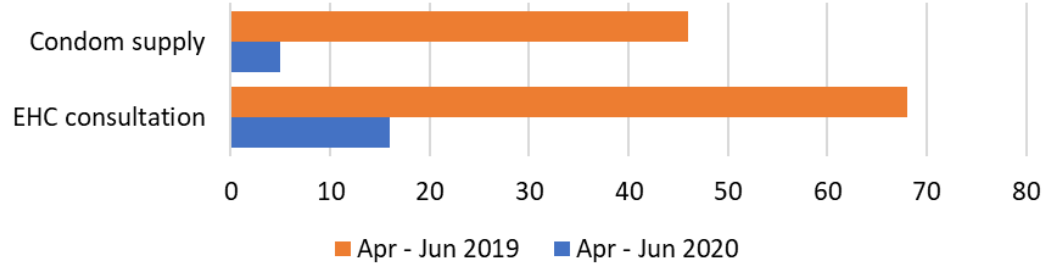
Impacts	Pregnancy and early years	Children and young people	Adults including older people
Short term	<p>There is no evidence to suggest that pregnant women have a higher risk of contracting COVID19 or of becoming seriously ill. <i>Source: IPPF</i></p> <p>Nationally some areas have seen an increase in conceptions and unplanned pregnancies. Locally fewer women have booked pregnancies and terminations compared to previous years. Postnatal contraception has been offered in maternity to capture mothers before they leave maternity services. <i>Source: NLaG</i></p> <p>Potential pregnancy related complications during lockdown <i>Source: The Lancet, April 2020</i></p>	<p>Schools closed or only open to children of key workers, therefore reduced access to school nurses. School nurses and other specialist staff redeployed to COVID19 duties. <i>Source: NELC</i></p> <p>65% reduction in the number of Chlamydia tests (15-24) <i>Source: Virgin Care</i></p> <p>ACT pharmacy 89% condom supply reduction (<20) ACT pharmacy 76% EHC consultation reduction (<20) <i>Source: PharmOutcomes</i></p> <p>Due to the timing of lockdown a cohort may have missed key sexual education. <i>Source: BERA</i></p>	<p>Limited sexual health service with a focus on the most vulnerable clients and high priority cases. 41% decrease in attendances. 92% decrease in LARC fits. 95% decrease in LARC removals. Considerable increase in postal and express testing. Reduced access to contraception of choice. <i>Source: Virgin Care</i></p> <p>Temporary cessation of LARC fits at GP practices. <i>Source: NEL CCG</i></p> <p>ACT pharmacy 77% condom supply reduction (20+) ACT pharmacy 58% EHC consultation reduction (20+) <i>Source: PharmOutcomes</i></p> <p>Various effects of lockdown on sexual behaviour, for example reduced opportunities for certain types of sexual activity and likely fewer partners / casual sex. <i>Source: Perspectives on S&RH, June 2020.</i></p>
Long term	<p>Potential for unplanned pregnancies and terminations to still emerge due to difficulty accessing contraception. <i>Source: NELC</i></p>	<p>Missed screening, e.g. STIs such as Chlamydia can be asymptomatic and untreated infections can have serious negative sequelae. <i>Source: Perspectives on S&RH, June 2020</i></p>	<p>Establish local online EHC/condom offer. Where applicable and while social distancing remains, initial consultations to be done remotely. <i>Source: Virgin Care</i></p>
Inequalities	<p>Difficult to reach local sex workers during lock down with potential pregnancy and STI consequences. <i>Source: Virgin Care</i></p> <p>Sex workers particularly vulnerable to COVID19 transmission and are unable to access wider traditional support. <i>Source: The Lancet, May 2020</i></p> <p>Reduced number of visits to local public sex site during lockdown which tend to serve an older age cohort. <i>Source: Positive Health</i></p> <p>Local pathways for referral for vulnerable groups, including via social services, sexual assault referral centres, and young peoples' outreach, should be maintained/restored. <i>Source: FSRH</i></p> <p>Increased risk of domestic violence if trapped with partner during lockdown. <i>Source: Perspectives on S&RH, June 2020</i></p>		
Shielding patients	<p>People living with HIV in general are not at highest clinical risk of COVID19, however may be added to the list if there are factors such as low CD4 count or multi-morbidity. <i>Source: British HIV Association</i></p> <p>Consider how shielding patients or clients with family members who are shielding, have access to the most effective contraception method. <i>Source: FSRH</i></p>		

Effect of lockdown on activity

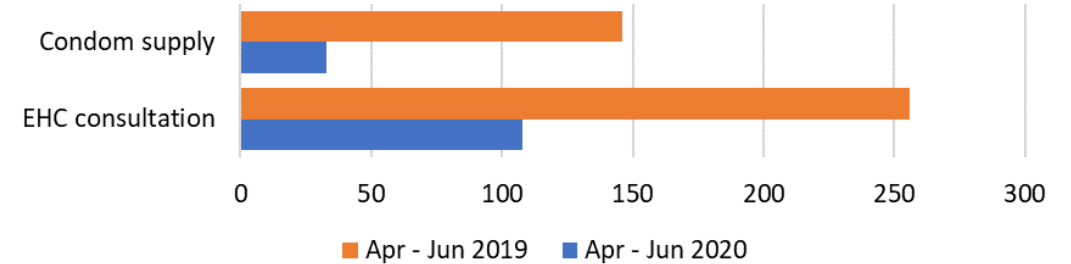
ACT pharmacy 89% condom supply reduction (<20 years)
ACT pharmacy 76% EHC consultation reduction (<20 years)

ACT pharmacy 77% condom supply reduction (20+ years)
ACT pharmacy 58% EHC consultation reduction (20+ years)

ACT Pharmacy Activity - Clients aged <20 years

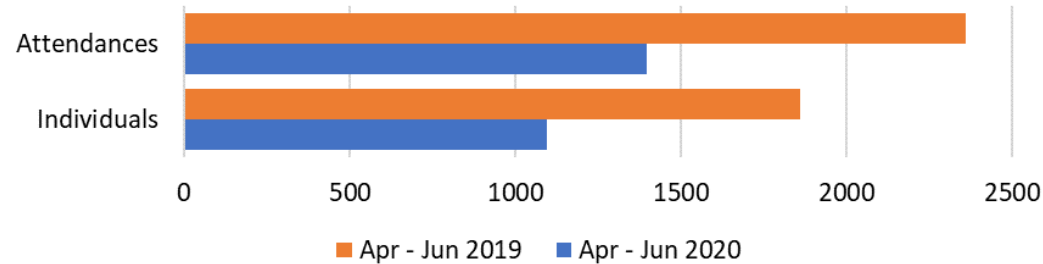


ACT Pharmacy Activity - Clients aged 20+ years



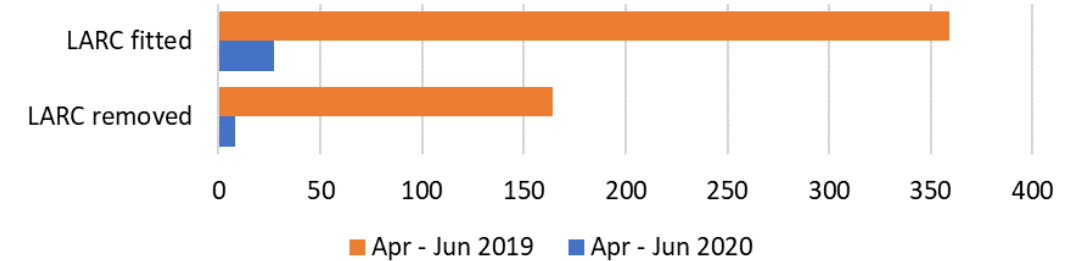
Virgin Care 41% decrease in attendances

Virgin Care Sexual Health Service Activity

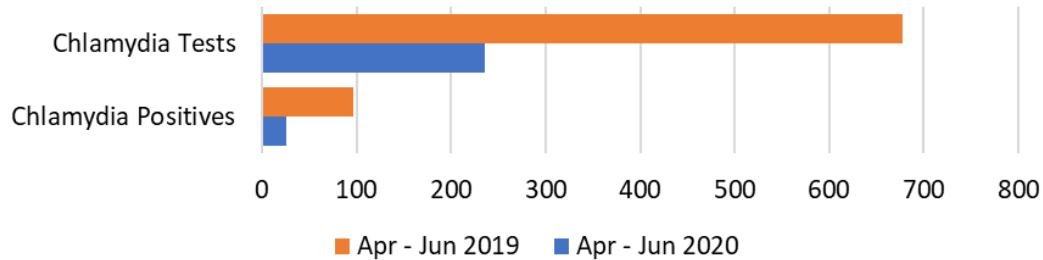


Virgin Care 92% decrease in LARC fits
Virgin Care 95% decrease in LARC removals

Virgin Care Sexual Health Service LARC Activity



Virgin Care Sexual Health Service Chlamydia Activity 15-24 years



Virgin Care 65% decrease of Chlamydia tests (15-24 years)