

CABINET

DATE	15/02/2022
REPORT OF	Councillor Stan Shreeve, Portfolio Holder for Health, Wellbeing and Adult Social Care
RESPONSIBLE OFFICER	Simon Galczynski, Director of Adult Social Services
SUBJECT	Adult social care charging for short term stays in a care home (respite)
STATUS	Open
FORWARD PLAN REF NO.	CB 02/23/04

CONTRIBUTION TO OUR AIMS

Reviewing, and revising its approach to adult social care charging where necessary, contributes to the aims of stronger economy and stronger communities.

EXECUTIVE SUMMARY

The Council has significant discretion regarding its approach to charging for adult social care. Any charges levied must be managed in accordance with the Care Act 2014 and its accompanying statutory guidance and regulations.

Respite is a short-term placement in a residential care home which can last anything from one night to eight weeks. Following a review of its approach to charging, the Council consulted on a proposed change to it between October and December 2022. A report on the outcome of the consultation (Appendix A) and impact assessment (Appendix B) will inform decision making on whether to adopt a revised approach, from the new financial year onwards (commencing 27th March 2023).

This report was considered by Health and Adult Social Care Scrutiny on 1st February 2023

RECOMMENDATIONS

It is recommended that Cabinet:

- (1) Adopts the proposed approach to respite, for implementation from 27th March 2023.
- (2) Delegates authority to the Director of Adult Social Services (DASS) in consultation with the portfolio holder for health, wellbeing and adult social care, to revise the charging policy for the financial year 2023/24 and thereafter enable the portfolio holder for health, wellbeing and adult social care to make minor modifications periodically as may be required in accordance with the constitutional responsibility afforded to that office.

REASONS FOR DECISION

Cabinet is asked to decide:

- whether to adopt a revised approach to charging for respite care, and update its current adult social care charging policy accordingly ('the Policy').

Cabinet is asked to do so because:

- It is required to consider the Policy periodically
- It has conducted a consultation on the way in which it might revise the Policy
- Having conducted a consultation, it must now ensure that the learning from it, in conjunction with the impact assessment, it utilised when considering whether to revise the Policy.

1. BACKGROUND AND ISSUES

1.1 Devising a lawful approach to charging

Different adult social care charging rules apply, depending on whether an individual is supported inside or outside of a residential care home.

Although respite is delivered *in* a care home, local authorities (LAs) may decide to charge short term residents based on rules *outside of* a care home. Such an approach recognises the short-term nature of a respite stay in a care home. This is because individuals intending to return home will remain liable for ongoing expenses at home, whilst temporarily absent.

Although LAs have some discretion to create their own approach to charging for respite, such discretion must take into account the charging principles in the Care Act 2014 statutory guidance. These are that the approach to charging should:

- a) ensure that people are not charged more than it is reasonably practicable for them to pay
- b) be comprehensive, to reduce variation in the way people are assessed and charged
- c) be clear and transparent, so people know what they will be charged
- d) promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control
- e) support carers to look after their own health and wellbeing and to care effectively and safely
- f) be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs
- g) apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings
- h) encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so
- i) be sustainable for LAs in the long-term.

1.2 The Council's current approach to charging for respite

The current approach to charging for respite has subsisted since before the introduction of the Care Act. The Council offers four flat fee bands which have not increased for some years. The weekly band rates are currently as follows:

Savings/ income received	Amount to pay
Savings over £23,250	FULL cost of service
Savings between £14,250 and £23,249	£115
Savings below £14,250 and not in receipt any of Pension Credit Guaranteed, or Income Support or Employment and Support Allowance or Universal Credit	£90
Savings below £14,250 and in receipt of any of Pension Credit Guaranteed or Income Support or Employment and Support Allowance or Universal Credit	£70

Note: £23,250 is the nationally set upper capital limit and £14,250 is the nationally set lower capital limit. Those with assets above the upper capital limit pay the full cost of their care. Those with assets below the lower capital limit make no contribution from capital to the cost of their care, but may contribute from their income. Those with assets between the lower and upper capital limits make a proportionate contribution, subject to financial assessment. The lower and upper capital limits are subject to change by the government.

In broad terms, the key issues with NEL's current approach are –

- a) **Affordability.** Whilst the Care Act appears to impose no explicit bar on charging flat fees, all charges – including flat fees – must accord with the law, which states that LAs must establish a) an individual's level of resources and b) what they can afford to pay. There are numerous references in the Care Act to LAs being satisfied by reference to evidence that the person can afford, and will continue to be able to afford, the charges due
- b) **Evidence and the right to a financial assessment.** Local practice is to ask individuals to identify which of the four flat fee bands they fall into. Evidence is not routinely collected. This may not adequately constitute even a light touch financial assessment, as set out in the Care Act statutory guidance
- c) **Defensibility.** It not clear that the banded rates have a sound foundation. The rates were developed by reference to benefit rules in place some years ago, which no longer subsist. If the Council's approach was challenged, it may be difficult to offer a robust defence of it. Other LAs with similar approaches have been criticised by the Local Government Ombudsman.

1.3 The approach taken by other LAs

Prior to proposing a revised approach, the membership of NAFAO (the National Association of Financial Assessment Officers) was canvassed regarding approaches to respite. Fifty-five responses were received indicating that:

- around 44% charge for respite based on the rules for care outside of a care home (see Option A, appendix C);
- around 36% charge for respite based on the residential care rules (see Option B, appendix C); and

- 20% on the basis of a range of individually LA-devised variables, a small number of which may roughly reflect the approach taken by the Council.

1.4 The proposed approach to charging for respite

Following consideration of a range of approaches to charging for respite, a single option was selected for consultation (see Appendix C, Option A for more detail).

The recommend option is to remove the flat fee band rates and charge for respite based on rules for care outside of a care home. This will mean that:

- respite is no longer considered in isolation from charges for other services, such as care at home
- individuals are financially assessed to establish what they can afford to pay. An assessment will take account of their relevant circumstances, including what they may already contribute to the cost of other care services, when deciding if they can afford to contribute to the cost of respite
- most people who use respite also have other care services, and already have a yearly financial assessment, so will not need an assessment just for respite
- people who don't have any other care services from the Council will need a new financial assessment to check what they can afford
- people who can afford to pay the full cost of their respite will still do so. They will not be affected by the proposal.

The greatest advantage of the proposal for respite users may be that it removes the risk of “double charging”. It is the only option that does so. Currently, if an individual accesses respite mid-week, they may already have paid their affordable contribution to their care at home for the week. The current system requires them to make an additional payment for respite, i.e., they may be charged twice in one week for two separate services (care at home, *and* respite). This may leave them with less than the minimum amount required by law.

The proposal is recommended because:

- It may offer the best reflection of Care Act charging principles listed at 1.1.
- It addresses the key issues highlighted at 1.2 (affordability, evidence and defensibility)
- In respect of less well-off respite users, it may offer greater support in the context of the cost-of-living crisis
- In offering greater support to at least some service users, it may also better support informal carers, whose ability to take a break from their caring role may be reliant on access to respite
- It reflects the approach taken by the majority of councils, as noted at 1.3.

The proposed approach also offers the best opportunity to align with proposals for charging reforms, which although delayed beyond the intended start date of October 2023, are still expected to come into effect in future. When implemented, the reforms will mean that each individual's contribution to the costs of their *care* will count towards the ‘care cap’. This includes the costs of care when in respite, but not the ‘hotel’ costs (food and accommodation) or ‘daily living costs’ levied there. If the proposed approach were adopted from the start of the new financial year 2023, this could more easily be tailored to align with reforms in future (see Appendix C, Option E). Note: given that reform has been delayed, some detail is outstanding, and therefore adoption of Option E is not recommended before detailed requirements are clear.

1.5 Previous consultation on the Council’s approach to charging for respite

In Autumn 2019, Health and Adult Social Care Scrutiny members contributed to a task and finish group to consider a range of options for amendment to the adult social care charging 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. One of those options consulted on related to charging for respite.

Due to Covid-19, the decision-making timetable was delayed, and a revised policy comprising some of the consulted upon options was not implemented until April 2021. The revised policy did NOT include the respite option consulted on. Broadly, that option was to increase existing flat rate banded charges to ‘catch up and keep up’ with inflationary costs, introduced over a two or three-year period. Consultation feedback indicated net agreement with the proposal of 38% and net disagreement of 44%. Members agreed that further work would be undertaken to consider the local approach to respite. That work was concluded and culminated in a consultation between October and December 2022.

1.6 Recent consultation and its outcome

Following discussion with Scrutiny, the targeted eight-week consultation included:

- direct mailouts to the most likely to be affected service users (i.e., those who are known to have accessed respite within the last year and those who access respite within the consultation period, rather than all users of adult social care not already living in a care home)
- wider circulation of an online version of the mailout, shared via usual Council consultation mechanisms, the membership and stakeholders of NEL Integrated Care Board’s ‘ACCORD’ group, and actively promoted by Healthwatch and others.
- a targeted face to face discussion with carers, via the Carers’ Support Service. Carers registered with the Carers’ Support Service were alerted to the consultation via direct text to their mobile phone
- promotion via social media including Facebook, Twitter and other platforms.

The targeted questionnaires produced a response rate of around 18%. The consultation report provides some positive reading, in that the proposal for change met with majority approval from consultees. However, a significant number were opposed to it or unsure; this may be because consultees were unclear how it might affect them or their loved one individually. Other consultees appeared to feel that reducing charges for many may be “too good to be true” and that negative impacts could result, such as reducing the number of care homes offering respite or the number of times it can be accessed.

The responses are summarised below (please see the report at Appendix A for full details):

Consultation question posed	Response options:		
	Yes	No	Don’t know
“Do you agree with the Council’s idea to stop	59%	23%	19%

charging flat rates for respite and instead charge what each individual can afford to contribute?”

2. RISKS AND OPPORTUNITIES

2.1 impact on opportunity for cost recovery against respite charges

Having established that its current approach to respite charging is not optimal, there is risk to the Council in not revising it (as set out at 1.2 above). However, adoption of the proposed approach will impact on the Council’s levels of cost recovery against respite charges.

The Council generally pays care home providers £566.44 per week (in the current financial year), per resident. What an individual contributes to this cost should reflect how much they can afford. By more accurately assessing individual affordability, fewer individuals may make a contribution, and/ or more individuals may contribute at a lower rate. Lower contributions from individuals means proportionately higher costs for the Council. Any loss in respite cost recovery must be met from other budgetary resources.

Other options (see Appendix C, Options B and C) could increase the opportunity for cost recovery. However, if charges levied are not affordable in practice, individuals may not pay them. The result would be a worsening of the Council’s bad debt position rather than improved cost recovery.

The amount the Council pays to providers of respite rises each year, to reflect inflationary increases. This may increase the amount that individuals contribute to the costs of respite, although it should be noted that very few users currently contribute at the highest band rates.

2.2 impact on individuals

In the region of 200 – 300 individuals may access respite each year, some of them on more than one occasion across the year.

Precisely how each individual who accesses respite is affected by any change to charges will not be known until the time of their individual financial assessment and/ or the point at which they access respite, depending on which event happens soonest. Individual circumstances will be taken into account at the time of the assessment/ point of accessing respite, and explanations sensitively provided.

Appendix B offers a more detailed impact assessment including cases studies based on real individuals, setting out how they might be affected by the proposal.

Needs are high in NEL, and people generally have less money to contribute to the costs of their adult social care. Most are likely to pay less for respite if the proposal is adopted, and most notably those with the lowest level of assets. However, those with a higher level of assets may end up paying more for respite, if the proposal is adopted. How many might be affected in this way, and to what degree, is not possible to identify with precision, in the absence of further/ actual financial assessment.

Most are likely to be worse off if other options are adopted. The impact of increasing respite charges in the context of the cost-of-living crisis is likely to be particularly unwelcome, not only for those accessing respite, but also for their informal carers. The Council has consistently recognised the contribution local carers make to the health and care system by opting not to charge for carers' support services. The Council may feel equally reluctant to adopt options most likely to negatively impact carers. If cared for persons feel that the cost of respite is prohibitive, carers may be denied a much-needed break from caring. Were carers to decide that their caring burden had become unsustainable, the cost to the Council in replacing that care is likely to be substantial. As one consultee noted: *"Most carers who have respite really need the break. If they do not get it, they will end up ill themselves and then the council will have to take over. Therefore I think all respite should be free"*.

2.3 impact on staff

The proposals will increase the number of financial assessments currently carried out by the Community Care Finance (CCF) Team. At the moment, around one third of individuals who access respite receive no other services, and therefore they are not included in the standard approach to financial assessments. Each additional financial assessment carries with it the requirement to analyse sometimes complex information, and to secure an appropriate level of evidence in support of the assessment's contents. Many such assessments are conducted face to face. The CCF Team's capacity is being considered holistically, in light of competing demands and preparation for charging reforms (currently delayed). A substantial programme of work is required to make ready for the reforms. IT changes are in development which are intended to support delivery of the reforms. These IT changes may serve to mitigate impact on team capacity, although the degree to which such changes may save time is unclear.

3. OTHER OPTIONS CONSIDERED

A wider range of proposals for charging for respite was initially considered by Scrutiny. Following discussion with Scrutiny, a single proposal (the recommended option) was put forward for consultation.

Please see Appendix C for further details on other options.

4. REPUTATION AND COMMUNICATIONS CONSIDERATIONS

4.1 Reputation

Charging for adult social care is a contentious topic which should be approached sensitively. Sensitivity is likely to be crucial given current levels of community anxiety around the cost-of-living crisis.

Any intimation of change to charges is known to create anxiety for individuals using services, and for their carers. Carers feel under particular pressure at the moment; informal care delivery is known to have increased during the pandemic, as care from other sources reduced. Many carers have shared that they are exhausted, which may reduce their feelings of resilience. As one consultee noted: *"The worry of being unable to afford care for their loved ones adds to the mental health of the carers. [...] My position is. I have a husband with dementia. I care for him. I'm an unpaid carer because I have a pension. We have promised him he won't be going into a home. But we don't know how this is gonna go. If he has to. The worry is what am I gonna live on. So, it's a strain on both sides. I've heard all sorts of horror stories. This*

change that your proposing is a start. But more much more has to be done”.

As already noted, most are likely to have to pay less if the proposed approach is adopted, and therefore such change is likely to be welcome to many. The benefit of subjecting charges to individual financial assessment, is that no one is charged more than the law says they can afford. However, the proposed approach may mean that some will be worse off. Those who are asked to pay more may assert that regardless of what the law assesses them as able to afford, they do not feel able to afford more than before. Requiring higher contributions to care costs carries some reputational risk for the Council, at a time of national economic concern. As one consultee noted: *“I agree that the full outgoings of a person should be considered, as long as this is done with the best interests of that person in mind. It should not be used as a means of increasing pressure on people to reduce the Council's costs”.*

4.2 Communication

A targeted consultation has been concluded. The outcome report and impact assessment will be published on the Council and/ or the CCG's website (in the 'have your say' area). In addition to publication of the resulting Cabinet 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 around 4 weeks prior to the change (if adopted, the change will apply from 27th March 2023). 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.

5. FINANCIAL CONSIDERATIONS

In the previous financial year, the Council recovered around £183,000 in contributions to the costs of respite that year. This was around 2% of the overall sum the Council recovered in contributions to the cost of care. It is difficult to establish how much of this respite cost recovery sum could be lost if the proposal were adopted because a) financial information is not held for all individuals who access respite, b) even where information is held, the number of factors which impact on the outcome of a financial assessment are significant. An accurate estimate of the impact could not be established without re-running hundreds of existing financial assessments on a revised basis or carrying out mock assessments on a revised basis for those individuals not already subject to assessment. Staff resources will not allow for this.

It should also be noted that the cohort accessing respite changes continually as individuals move into and out of service. Calculations on the basis of one year's cohort may be different from those relevant in a future year. Changeability is particularly apparent as covid continues to impact on the number of individuals accessing a service. Over the last year or so, the number of individuals accessing respite may be lower than what might ordinarily have been expected, pre covid.

Whilst there are some financial implications for the Council in adopting the proposed option, consideration of such must be balanced against the risks of continuing with the current approach to respite (key issues are outlined at 1.2 above).

6. CHILDREN AND YOUNG PEOPLE IMPLICATIONS

This report relates to charging for adult social care. There are no known implications arising from this report for children and young people, excepting that young people with needs may become adults, who could then be subject to any revised approach to respite charging set out in this report.

7. CLIMATE CHANGE AND ENVIRONMENTAL IMPLICATIONS

There are no direct environmental implications.

8. CONSULTATION WITH SCRUTINY

Scrutiny was involved in considering changes to the Council's approach to charging for respite prior to consultation and following consultation (at its meeting of 1st February 2022). Scrutiny's input has been referenced throughout this report where relevant and available.

9. FINANCIAL IMPLICATIONS

The reviewing and setting of adult social care fees is a sensitive subject which needs to follow core principles of legality, defensibility and best practice. The report and supporting documents outline options and comments on these. The recommended option adheres to the principles outlined above.

It is difficult to quantify the precise financial impact of adopting this option, due to the changing user cohort but the option hopefully strikes a fair balance of charges to be levied.

10. LEGAL IMPLICATIONS

The legal implications have been covered off in the above report.

11. HUMAN RESOURCES IMPLICATIONS

There are no known human resources implications.

12. WARD IMPLICATIONS

All wards with users of social care are affected. The impact assessment at Appendix B shows the wards in which respite users are located.

13. BACKGROUND PAPERS

- The impact assessment associated with the wider adult social care charging policy devised in November 2020 and updated in February 2022.
- The report submitted to Health and Adult Social Care Scrutiny on 5th October 2022.

14. CONTACT OFFICER(S)

Katie Brown (katie.brown76@nhs.net) and Emma Overton (emmaoverton@nhs.net / 0300 3000 662).

COUNCILLOR STAN SHREEVE
PORTFOLIO HOLDER HEALTH, WELLBEING AND ADULT SOCIAL CARE

Changing our approach to charging for short stays in a care home (‘respite’)

Consultation 21st October to 16th December 2022
Report



With help from Healthwatch

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Introduction

Background

North East Lincolnshire Council, in conjunction with the NHS Integrated Care Board (ICB) and Focus Independent Adult Social Work, has been considering the fairest way to charge for respite care. Respite is a short-term placement in a residential care home, which can last anything from one night to eight weeks.

Each year, between 200 - 300 adults in North East Lincolnshire access respite, some of them on more than one occasion. On accessing respite, adults are charged one of four flat fee bands, depending on their level of savings and which benefits they receive. The fee bands are: the full cost of care, £115, £90 and £70 per week. These have not increased for some years.

A public consultation on this approach to charging for respite ran from 21st October to 16th December 2022. The consultation asked for respondents' views on replacing the flat fee bands with individualised contributions, based on what each can afford. This means that each adult accessing respite would receive an individual financial assessment to identify what they can afford to pay, using the assessment rules for charging for care at home, as set out in the Care Act 2014. Respondents were asked to agree or disagree with the proposal, or select the 'don't know' option.

The views of given by respondents will be used by the Council's Cabinet to decide whether to make any changes to the way it charges for respite, from the start of the new financial year 2023.

Adults who access respite: a user profile

During the consultation period, records held on SystemOne and Controc (adult social care client record systems) indicated the following:

1. The largest number of respite users are older adults (aged over 65)
2. A significantly smaller number of respite users, primarily those with a learning disability, are younger adults (aged under 65)
3. An even smaller number of respite users are mental health clients
4. A majority of those accessing respite are doing so to give their carer a break and/ or avoid carer breakdown*. Other reasons include supporting the respite users' recovery or recuperation from accident or illness.

**Whilst not themselves accessing respite, carers are often direct or indirect beneficiaries of it, as they are able to take a break whilst their cared for person is supported in respite.*

Definitions

1. Adult means any a person aged 18 years or over who has needs for care and support, and in this context specifically, may access respite to enable needs to be met
2. Carer means any person aged 18 years or over who offers informal care to a person aged 18 years or over. Carers may have their own needs for support, to enable them to continue with their caring role
3. Representative means a person who provides the adult with help relevant to accessing respite, for example acting as their attorney or benefits appointee, or as their informal carer
4. Stakeholder means any of the following
 - a) Any individual not already defined above
 - b) A staff member of a health/ care organisation supporting respite users or carers
 - c) A member of the public. This includes members or organisations such as Healthwatch and ACCORD.

Note: these definitions are somewhat fluid, and individuals may identify themselves in more than one way (particularly in respect of definitions two and three).

Report Structure and Consultation Approach

This report includes headline findings from the consultation setting out an option for changing the local approach to respite charging. Qualitative themes from questionnaire respondents, and from attendees at a carers' consultation event, are used to illuminate findings where available.

Where results are discussed within the report, percentages are rounded up or down to the nearest one per cent (%). Therefore, occasionally figures may add up to 101% or 99%.

Consultation methodology

The consultation was designed to be inclusive. A range of methodologies were used to ensure those directly affected by the proposals, as well as stakeholders, were given sufficient opportunity to provide their opinion. The approach was as follows:

a) Adult respite users

Adults who may be directly affected by the proposal were invited to participate in the research primarily via a postal questionnaire. This included those who were known to have accessed respite in the current and preceding year, or who accessed respite during the consultation period. A single, 'easy read style' of questionnaire was utilised for all. The questionnaire was designed by colleagues across the Council, ICB, and Focus. Design support was also provided by the Accessible Information Officer at Care Plus Group.

Care was taken to ensure the questionnaire was written in plain English. Additional feedback on an initial draft questionnaire was provided by Healthwatch, to ensure accessibility and readability. A copy of the final version of the questionnaire can be found in the appendices.

A total of 217 paper questionnaires were issued. Around 151 questionnaires were posted to adults who use respite, or their representatives. A further 66 were provided to those who accessed respite during the consultation. Recipients were provided with the opportunity to complete the questionnaire online via a dedicated page, if preferred:

<https://www.northeastlincolnshireccg.nhs.uk/review-of-adult-social-care-charging-for-respite/>.

b) Carers

The Carers' Support Service directly texted 2,116 carers registered with them, to alert them to the consultation, and provide a link to the online version of the consultation (see above link). The consultation was also promoted via the Carers' Support Services' "Caring Times" sent directly to carers and stakeholders.

The opportunity to attend a carer-focused face-to-face consultation discussion was offered via the Carers' Support Service, on Friday 25th November. Only six carers attended.

c) Stakeholders

To understand the opinions of wider stakeholders, links to the online questionnaire were promoted via Council and ICB internal and external mailing lists as well as social media streams (including Facebook and Twitter), directing them to a dedicated page on the NHS Clinical Commissioning Group's website (see link at a) above). The mailing list of the ICB's membership body ACCORD was also used to raise awareness of the consultation and invite online responses via the dedicated page.

d) Support from Healthwatch

Within the paper questionnaires, and on the dedicated consultation page, Healthwatch contact details were provided for those needing additional support with completion, or questions. Healthwatch acted as point of contact throughout the consultation period.

Healthwatch also promoted the consultation via their membership.

Sample

Of the 217 paper questionnaires provided directly to adults who use respite (or their representative), 40 were returned – a response rate of around 18%. The response rate may have been impacted by postal strikes during the consultation period.

A higher number of responses were received via the online questionnaire - 57 answers to the consultation's primary question were received (some respondents did not answer the consultation question, but did offer information about themselves).

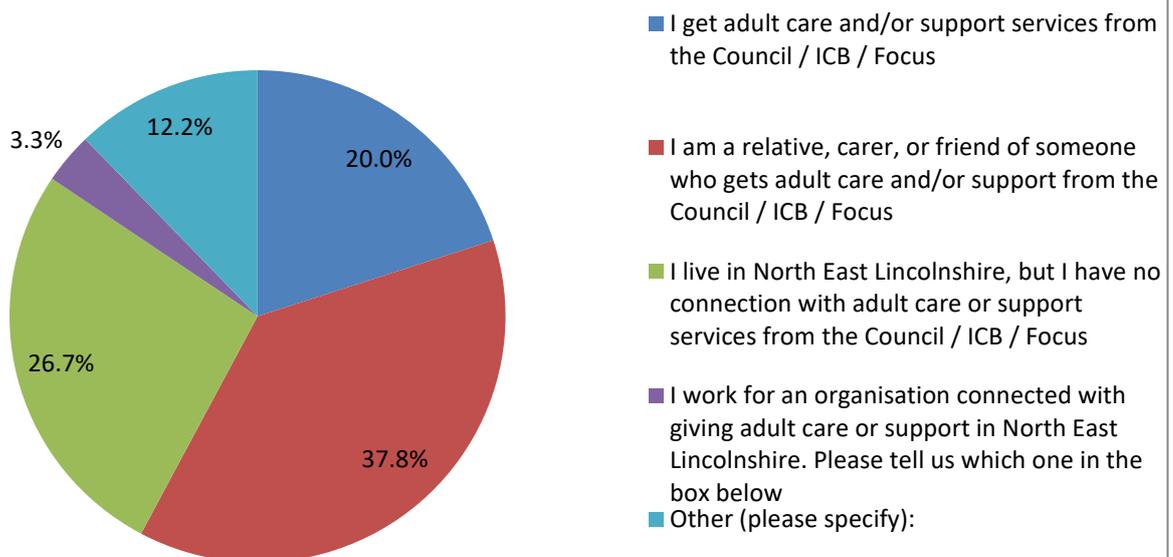
The table below displays the breakdown of responses by methodology:

Methodology	Number	%
Postal questionnaire	40	41%
Online questionnaire	57	59%
Total	97	100%

How respondents to the consultation identified themselves

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. The table below shows that a majority of responses came from carers, relatives or friends of the adult respite user (38%).

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



A majority selecting 'other' revealed in the narrative they gave that they were carers.

It is clear from the responses to the paper consultations in particular that there was some difference in approach to answering the questionnaire. Some answered the questionnaire entirely as, or as if they were, the adult respite user, some entirely as a representative (often selecting the relative, carer or friend option above), and others as a combination of the adult/ representative. Some identified themselves in multiple ways. It is therefore difficult to create fully accurate comparisons which (for example) show whether some cohorts of respondents were more or less favourably disposed to the proposal, or expect to be more/ less impacted by it, than others.

Similarly, whilst information regarding the Equality Act 2010's protected characteristics was sought, it is not always clear whether responses relate to the adult respite user or their representative (relative, carer, friend etc). Note all respondents chose to give this information about themselves. A breakdown of the responses given can be found at Appendix Two.

Outcome of Consultation

Headline Findings

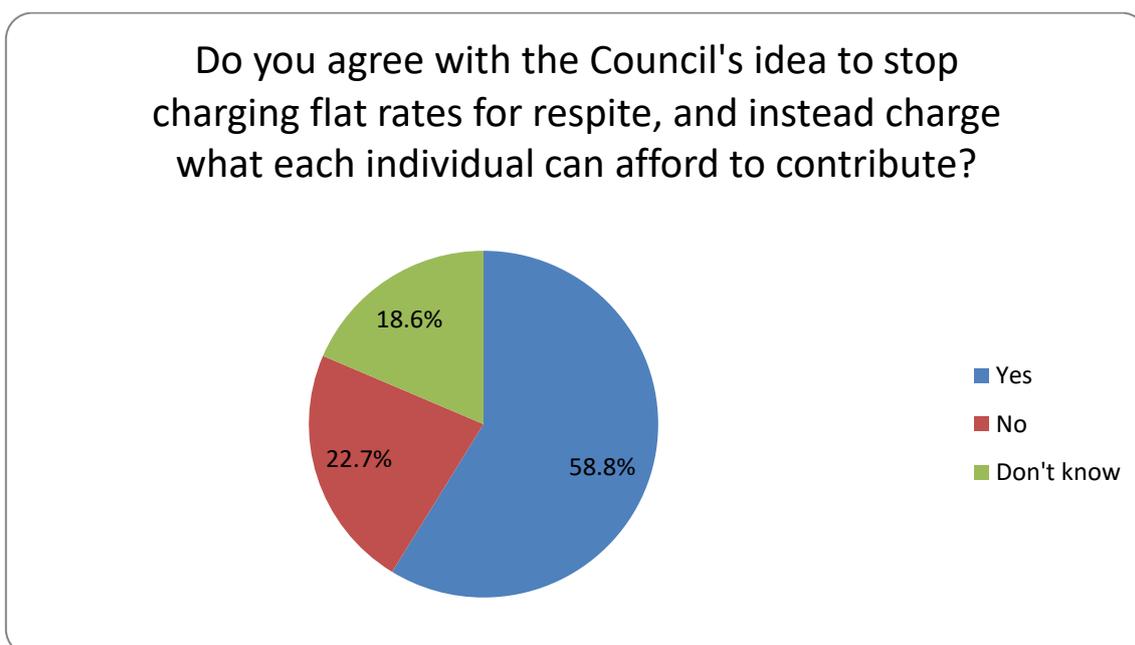
Consultees were asked to respond to the following question with “yes”, “no” or “don’t know”: “do you agree with the Council’s idea to stop charging flat rates for respite and instead charge what each individual can afford to contribute?”

The chart below displays the overall net levels of agreement and disagreement, as well as those who answered “don’t know”.

A majority were in favour of the proposal (59%), although a sizeable number disagreed (23%) or were unsure (19%).

As already noted, because of the variable ways in which respondents described themselves, fully accurate comparisons between cohorts of respondents are not possible. However, based on the information available, the largest number of positive responses were received from those identifying themselves as a carer, relative or friend of someone receiving adult social care and those selecting ‘other’ (in their supporting narrative, many who selected ‘other’ identified as carers). In these cohorts, respectively 67% and 73% of respondents agreed with the proposal. This compares with 53% of adult respite users who were in favour of the proposal. Adult respite users’ responses were at a level similar to those living locally but with no connection to delivery of care and support (55%), and significantly higher than those identifying as working for an organisation connected with local care and support (33%).

Headline findings: chart showing overall responses



Reasoning behind the findings

Respondents were asked to use a free text box to say anything else they wanted to, about charging for respite. Key themes included:

- Some scepticism that an apparently beneficial change for many may turn out not to be positive (for example if off-setting cuts were made to other services), or that the administration/ complexity of the proposed change could outweigh any benefits
- A sense of unfairness that health services are free at the point of access and social care support is not. A number commented that those who have saved or worked hard should not be 'penalised' by having to pay for care, although there was also some feeling that those who could afford to pay should do so
- Anxiety about what the proposed change could mean individually, and amongst carers in particular, that it might reduce the ability to access much-valued respite. Some carers noted that they felt under-supported, and feared that the change might make that worse.

The sample below is indicative of some of the themes raised by recipients. All comments can be viewed at Appendix One.

Respondents said, in their own words:

1. *If this is a cynical way to charge more then NO I don't agree but if as it is written it is a way to stop charging people twice for the same period then I agree. My mum can only afford the minimum £70 contribution but has to pay this on top of the £78 she pays for care provider/ week even if they only do half an hour that week of care!!! WTF*
2. *I would have to see how this worked in practice. You say many people, but not all, would pay less, some would pay more. I am concerned about the proportions of these groups and those who have to pay more, whether they will be able to continue with respite if the cost goes up.*
3. *If you don't have set prices, how will you know what to charge for emergency respite? Sounds like a plan to increase charges to me. Need more information and examples.*
4. *I am unsure from the description what the difference is. A financial assessment with evidence is already given and the flat rate already has 3 rates. I do believe everyone should get help regardless of saving amount.*
5. *Should be no charges you don't get charged for being in hospital and we carers have been forgotten and ignored through th[e] past two years. We've done all the hard work through the pandemic with no time off and no help from you. Dealing with dementia is no joke*
6. *I think you should not be charging at all when you care for someone seven days a week and don't get any money when you are saving the government hundreds of pounds*

7. *It's a good idea. Poor people against the rich. People with a good income should pay more.*
8. *People have different priorities. Some have not considered the care they may require, thinking-believing it will be free*
9. *If it is based on the individual's own contributions and NOT on a third party it would be a lot fairer to some who are struggling to get a break as it is. We only have the two family members to care for [...]. [O]ne gave up work to look after relative so only one wage, it a struggle to pay for a break but having to pay as a third party is just another bill so I think next year we may not be able to have respite*
10. *If you charge what people can afford less people will go into respite and this will be very hard on family carers who need the break as much as the user themselves if not more. If carers go in to crisis far more resource will be required*

Additional comments

Towards the end of the questionnaire a free text box was provided for respondents to comment on any experiences where their interaction with services had been positively or negatively affected because of protected characteristics (age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation). Although some did make characteristic-related comments, more respondents used this as a further opportunity to comment on care and support generally or respite specifically.

The sample below is indicative of some of the themes raised by recipients. All comments can be viewed at Appendix One.

Respondents said, in their own words:

1. *As a male carer, I find it hard to talk about my mum and deal with people as [I] swear in normal conversation, as well as being a biker, I feel that cos I'm covered in tats and have long hair I'm not taken serious and some people look down their noses at me cos of my life style and don't take into account I look after my housebound mum on my own*
2. *Our young people with LD should not be placed in care homes. It is not appropriate for anybody*
3. *Age. Feel elderly in NEL are very neglected. During covid LA phoned vulnerable to see if ok. Why can't this be done all of the time?*
4. *Respite availability is poor. Standard of care in homes is poor. Care homes are poor quality for service/ prisoners treat better!*
5. *But care providers (the private care companies) ARE USELESS!! They require micro-managing and will cut corners at every opportunity they can create. Services should be totally council run not privatised companies*

6. *Everyone has explained fully what care and cost has been provided. due to advice I am now in receipt of attendance allowance myself*

Summary

1. A majority are in favour of the proposed change.
2. There is some anxiety about individual impact and application of the proposed change.
3. Respondents considered that the quality of, or access to, respite wasn't always as good as desired. However, access to respite is viewed as an essential tool for adults with needs and for their carers, which can enable them to feel at least somewhat supported, and able to continue their caring role.

Appendix One: narrative contributions from respondents

All narrative contributions received appear below. This includes those shared

- via paper questionnaires
- via online online questionnaires
- at the carers' consultation discussion.

Note: comments are replicated in their entirety, including those already featured in the preceding report. Occasionally some written comments were illegible and have not been included. Some small omissions have also been made to preserve anonymity.

Views on proposed change

1. Should be no charges you don't get charged for being in hospital and we carers have been forgotten and ignored through th[e] past two years. We've done all the hard work through the pandemic with no time off and no help from you. Dealing with dementia is no joke
2. If it is based on the individual's own contributions and NOT on a third party it would be a lot fairer to some who are struggling to get a break as it is. We only have the two family members to care for or relative as one gave up work to look after relative so only one wage, it a struggle to pay for a break but having to pay as a third party is just another bill so I think next year we may not be able to have respite
3. I am unsure from the description what the difference is. A financial assessment with evidence is already given and the flat rate already has 3 rates. I do believe everyone should get help regardless of saving amount.
4. If you charge what people can afford less people will go into respite and this will be very hard on family carers who need the break as much as the user themselves if not more. If carers go in to crisis far more resource will be required
5. If you don't have set prices, how will you know what to charge for emergency respite? Sounds like a plan to increase charges to me. Need more information and examples.
6. If this is a cynical way to charge more then NO I don't agree but if as it is written it is a way to stop charging people twice for the same period then I agree. My mum can only afford the minimum £70 contribution but has to pay this on top of the £78 she pays for care provider/ week even if they only do half an hour that week of care!!! WTF
7. It's a good idea. Poor people against the rich. People with a good income should pay more.
8. Ask for a donation if no charge is required it may help OAPs to feel more comfortable
9. People have different priorities. Some have not considered the care they may require, thinking-believing it will be free
10. Young people should not be placed in care homes for respite. Care was appalling - never again. Care homes are not appropriate for our young people with LD
11. I think you should not be charging at all when you care for someone seven days a week and don't get any money when you are saving the government hundreds of pounds
12. It is very important to give respite care because it helps to prevent the carers being burnt out. Then needing care themselves. So costly in human terms and financial ones too if not given on a regular basis.
13. I would have to see how this worked in practice. You say many people, but not all, would pay less, some would pay more. I am concerned about the proportions of these groups and those who have to pay more, whether they will be able to continue with respite if the cost goes up.

14. Assess everyone fairly.
15. People in respite care are usually vulnerable and need help, they should not worry be required to answer questions about their savings nor should they be charged for receiving it. Some will not get the help they need because they are confused or frightened about their savings being taken from them.
16. What about those on benefits, will they be forced to contribute.
17. Though I do agree with having a financial assessment, I worry about the financial assessment taking place at a time somebody is supposed to be in 'respite' ie resting for what ever reason or to give a care giver rest. Financial assessments are not the easiest things to collate evidence within a few weeks let alone at a time of weakness. They're stressful. Trying to remember items that would come under DRE is not easy as every council varies and once disabled or elderly for some time
18. How will those with terminal life challenging conditions be assessed ? Surely if some on is in terminal care end off life care they should be allowed periods of free care within the system for the relief of their family partners etc who are providing often 25/7 care and for their own health need a break . This is not noted or accounted for in the proposal and perhaps should be seen as a different circumstance. Ie the last year of life or estimated within that time due to the persons diagnosis should allow for a set amount of respite availability. Not everyone seems to qualify for cancer / hospice care or dementia care . This applies to many conditions and all age groups.
19. Respite care is very valuable but I don't know who is able to access it, where it is provided and what level of care is provided. Where would the extra money needed come from?
20. Will you be taking into account continuing healthcare funding in this new scheme.
21. Think respite should not be means tested at all because it's not fair that if somebody has worked and saved all their life the have to pay full costs for everything. Then somebody who has maybe claimed benefits or not saved money can get more help financially. It makes me think why bother saving money for your older years you might as well just spend it
22. I have just had an account for over £350 which includes 6 days respite and twice weekly attendance for non-residential services, last month's account was only just over £138 and did not include 6 days respite but the previous month was again over £260 including respite. My loved one goes into rolling respite every two months which is sorely needed.
23. I was looking after my partner for 9 years and was really poorly before I was offered respite. I had no idea it was available to me. I think carers need care and help before they get to the state I was in.
24. I imagine doing the assessments will take more time and resources from people who already don't have time to do their job. There is already enough options for charging based on income and savings, there's even different rates of pay per week so really don't think this change is necessary.
25. I can only speak of my experience and am on the verge of needing respite for my husband. I get 279 a month for caring for him. We have no savings and I've had to pay for things he needs. I have three hours a week break and spend it asleep on a friend's sofa if I don't need to be doing anything else. When I can no longer carry on a few days break will cost my months pay. My husband worked all his life.
26. I think respite and of course permanent care should be free. Many People struggle as it is. In the case of a man and wife. The spouse has to have enough to live on. There are many people who have had to sell they're houses etc. which is absolutely disgraceful. I do think the people with money should pay as this is nothing to them. The worry of being unable to afford care.for they're loved ones adds to the mental health of the carers. The prices of care homes are extortionate. And a money making racket in my opinion. Years ago. Care

homes were on the nhs. Now I'm having my say I'm not on my own in thinking this. . Care homes provide food. A room and care. From a carer who gets minimum wage. How do they get these prices for the homes. It beggars belief. Knowone I know earns that kind of money. The pensioners get a rough deal in this country as it is. My position is. I have a husband with dementia. I care for him. I'm an unpaid carer because I have a pension. We have promised him he won't be going into a home. But we don't know how this is gonna go. If he has to. The worry is what am I gonna live on. So it's a strain on both sides. I've heard all sorts of horror stories. This change that your proposing is a start. But more much more has to be done. It's a known fact this country does not look after it's pensioners.

27. Most carers who have respite really need the break. If they do not get it they will end up ill themselves and then the council will have to take over. Therefore I think all respite should be free. I'm sure a lot of tax payers money is totally wasted by the council. Therefore put its where it is needed and not on most of the rubbish that the council waste.
28. There should be a cap on charges and a disregard of property assets.
29. This seems to be a fairer way of paying for care.
30. I agree that the full outgoings of a person should be considered, as long as this is done with the best interests of that person in mind. It should not be used as a means of increasing pressure on people to reduce the Council's costs.
31. There are enough unnecessary, even frivolous uses of budget that could be diverted towards all social care needs. Charging flat rates without assessments based on income & savings is civilised but, the only alternative apparently presented here is an increase in a council tax that's already extortionate for many who are on bare minimum budgets.
32. I think that the flat rate allows for people to know what they will pay for respite before they have the service. If the flat rate is removed, people should know what the fee will be in advance of having the respite.
33. There should be no charge levied.
34. Concerned about mention of also contributing from income as well as assessment, sounds dodgy to me.
35. I think I am correct that hospital patients aren't asked to contribute until they have been there 6 weeks. If, to free up beds at hospital I think the same should apply to respite care. There are areas the council should recoup the money from!
36. Why is it always the people that worked and saved for their old age that pay more .People should be assessed on what they have earned not what they've saved.
37. It should gone on what money you coming in and not were it comes from.
38. A lot of people have saved money for there children to help there mum and dad later on in life.
39. More complicated, more effort to administer resulting in a poorer service for those that need support. The numbers requiring this support are relatively low. Given the poor state of other adult social care and Children Services in the area, you have bigger battles to fight.
40. How will the loss of income be funded? How likely is it that Cabinet will agree?
41. People will worry it'll affect rolling respite i.e. if some get respite for free, does that mean everyone gets less of it?
42. It's good that those who can't afford to pay won't but I'd be concerned if that means those paying more are subsidising others
43. I'm concerned choice could be impacted i.e. those paying less will only be able to go into certain care homes
44. Carers need to have confidence in the respite facilities that they use
45. People often aren't happy with care at home
46. Care can be reduced because its at the discretion of the social worker; this has happened to my grandson within the last six months

47. I'm concerned that it'll work for the first year, and the council will not want to follow through in the second year due to what it costs
48. Will things be reviewed to see if its working?
49. Carers will worry what it means next year. It sounds good but change is stressful. The current system has the benefit of simplicity/ clarity. I won't know what I'll have to pay under the new system.

Comments made in response to a request for experiences connected with having protected characteristics:

1. As a male carer, I find it hard to talk about my mum and deal with people as [I] swear in normal conversation, as well as being a biker, I feel that cos I'm covered in tats and have long hair I'm not taken serious and some people look down their noses at me cos of my life style and don't take into account I look after my housebound mum on my own
2. Respite availability is poor. Standard of care in homes is poor. Care homes are poor quality for service/ prisoners treat better!
3. Everyone has explained fully what care and cost has been provided. due to advice I am now in receipt of attendance allowance myself
4. Age. Feel elderly in NEL are very neglected. during covid LA phoned vulnerable to see if ok. Why can't this be done all of the time?
5. But care providers (the private care companies) ARE USELESS!! They require micro managing and will cut corners at every opportunity they can create. Services should be totally council run not privatised companies
6. Our young people with LD should not be placed in care homes. It is not appropriate for anybody
7. Disjointed one side doesn't know what the others doing
8. Because I have worked all my life.
9. NAVIGO are the ones that have given most help and Admiral nurse
10. The Carers association are my support as I am scared of the future. They are always there for me. I'm hoping I don't have to have any experience with respite as our family are pulling together at moment. It's a big worry for me and adds to the stress of being an unpaid carer.
11. What is the point in putting my opinion forward as you take no notice and just do as you like.
12. I do not think any of these facets have impacted my help/ service with the external aids.

Miscellaneous comments:

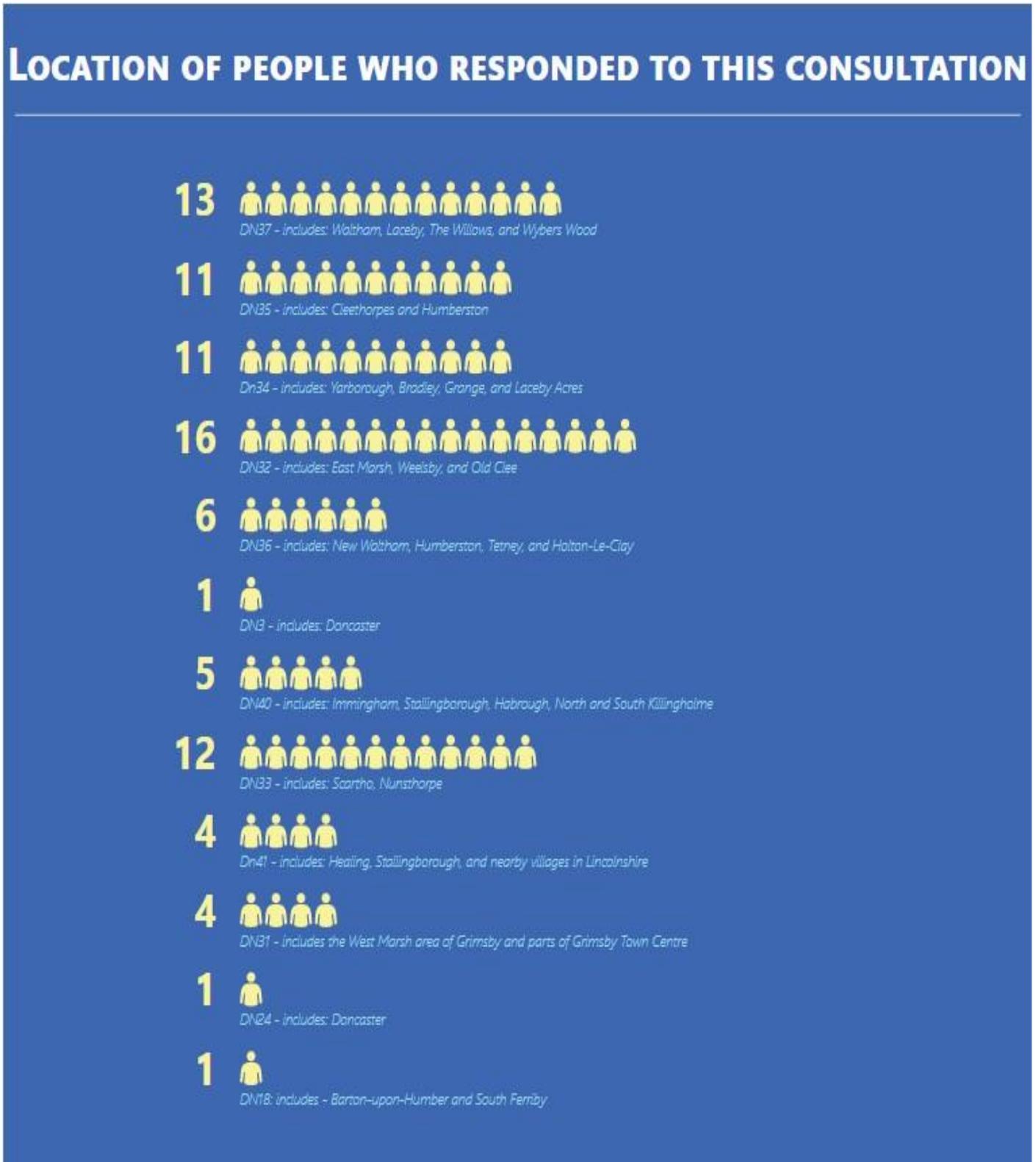
1. Focus have been brilliant with [the person I care for].
2. It's hard if your outcome changes because your social worker does. My previous social worker fought for me and I got it [more help]. The new social worker offered me less
3. Its very hard to have people in your home and answer questions, accepting that staff need to ask questions to make decisions
4. Its important to note that you might be the social worker for my nan, but I'm the person you're going to have contact with the most. Get to know me and my situation. We know you need to ask questions but think about how you ask them, and ask sensitively.
5. There's a reluctance on the part of social care to undertake CHC assessments.

Appendix Two: Equality Act 2010 and connected data

1. Postcode

Chart showing respondents postcodes (first part of postcodes only)

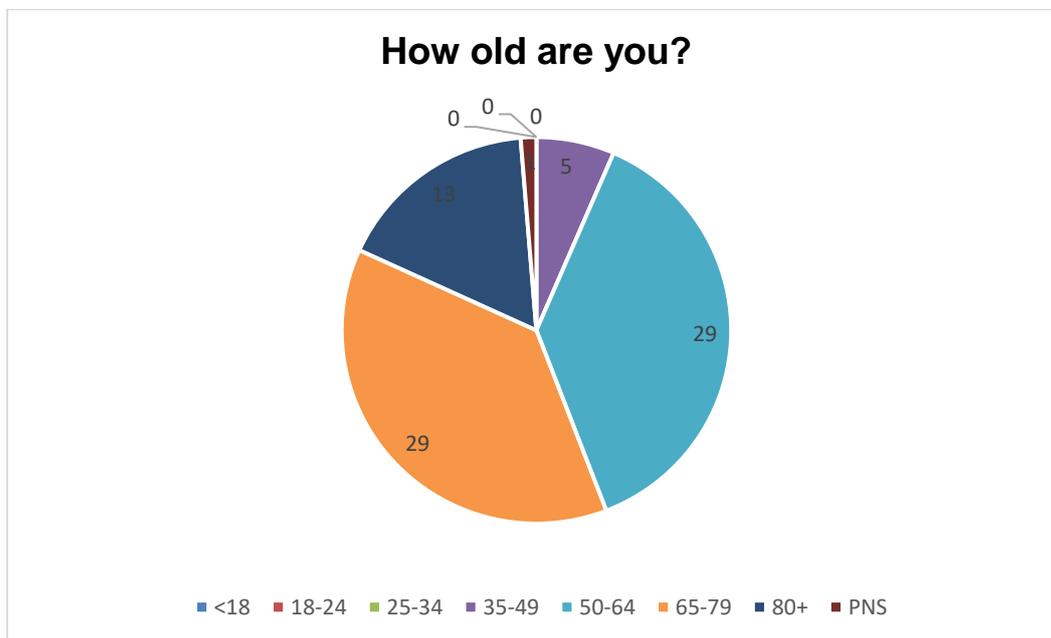
The highest number of responses were from a DN32 postcode.



2. Age

Pie chart showing age of respondents

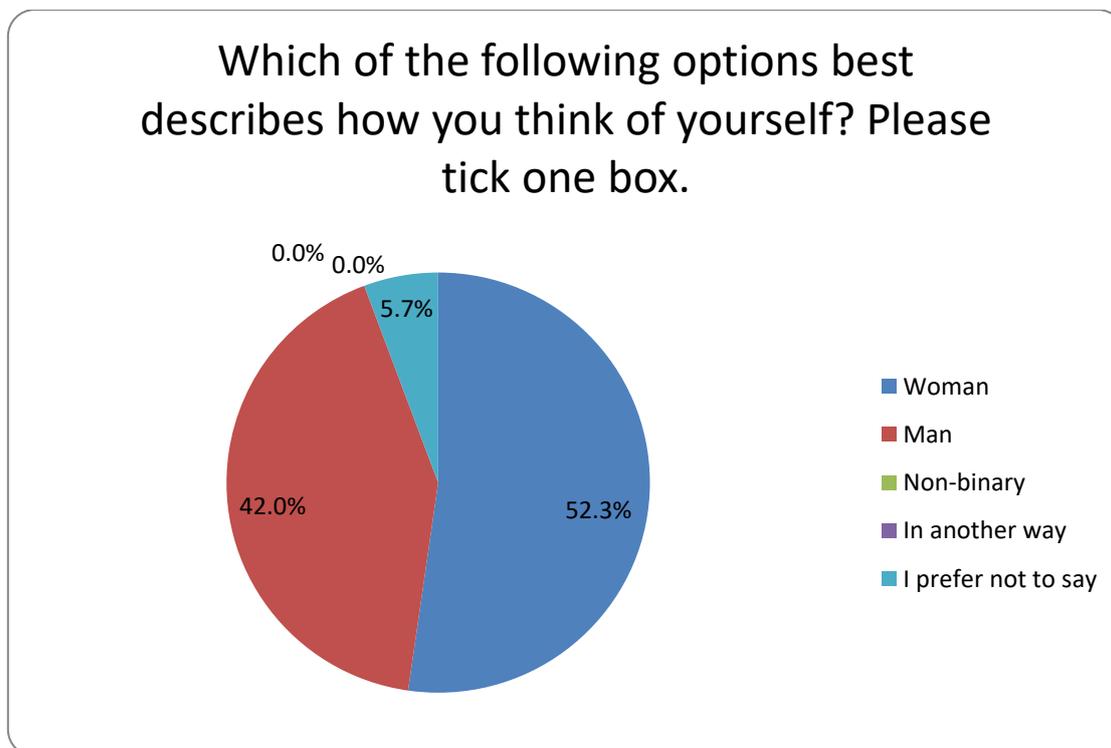
An even number of responses were received from those in the 50 - 64 age bracket and those in the 65 - 79 age bracket.



(PNS = prefer not to say)

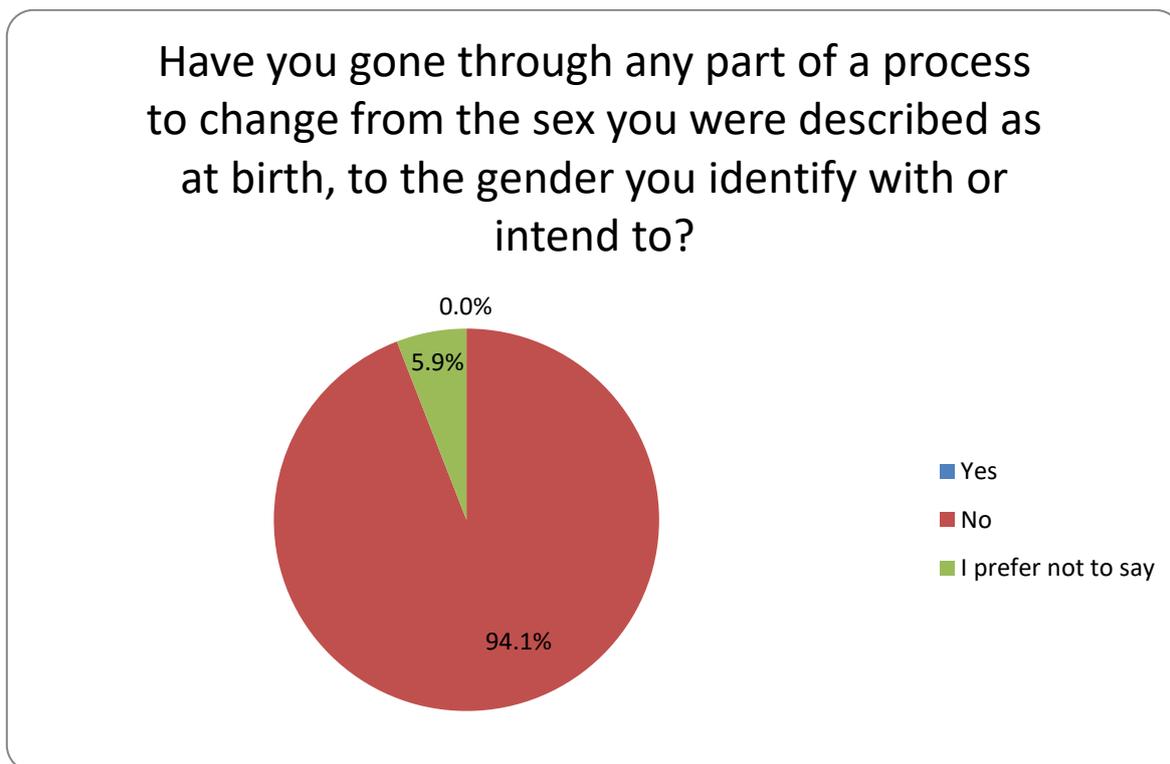
3. Pie chart showing how respondents identified their sex

A small majority of responses (52%) were from women.



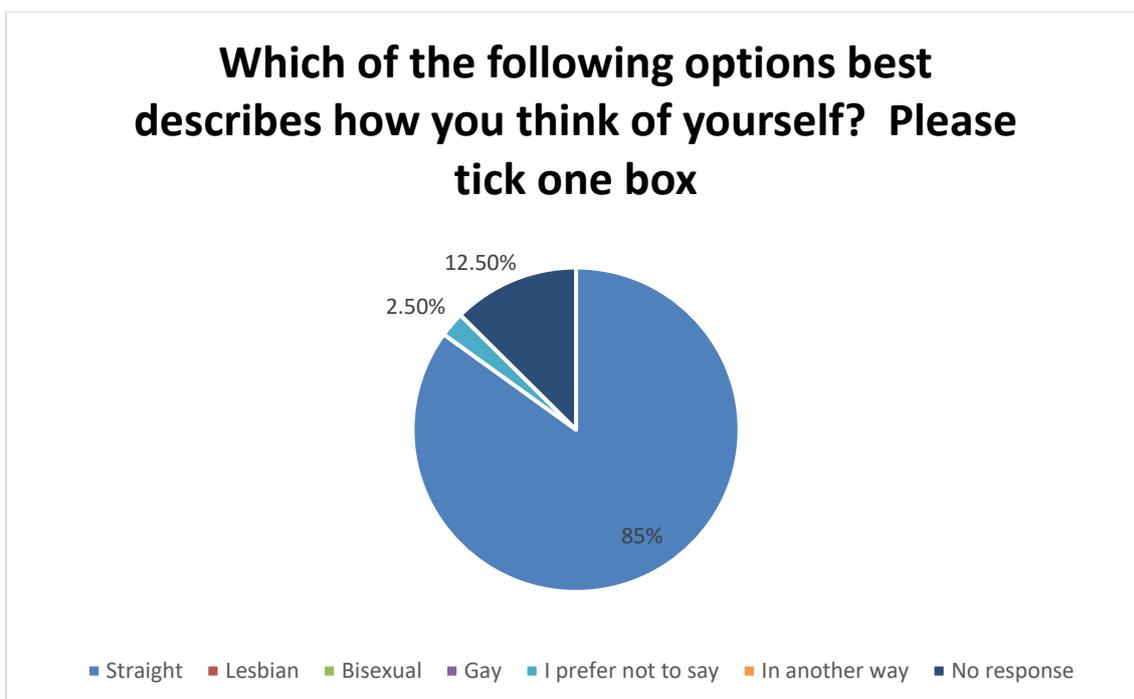
4. Pie chart showing respondents' referenced gender transition

A majority (94%) of respondents had not changed the sex they were described as having at birth.



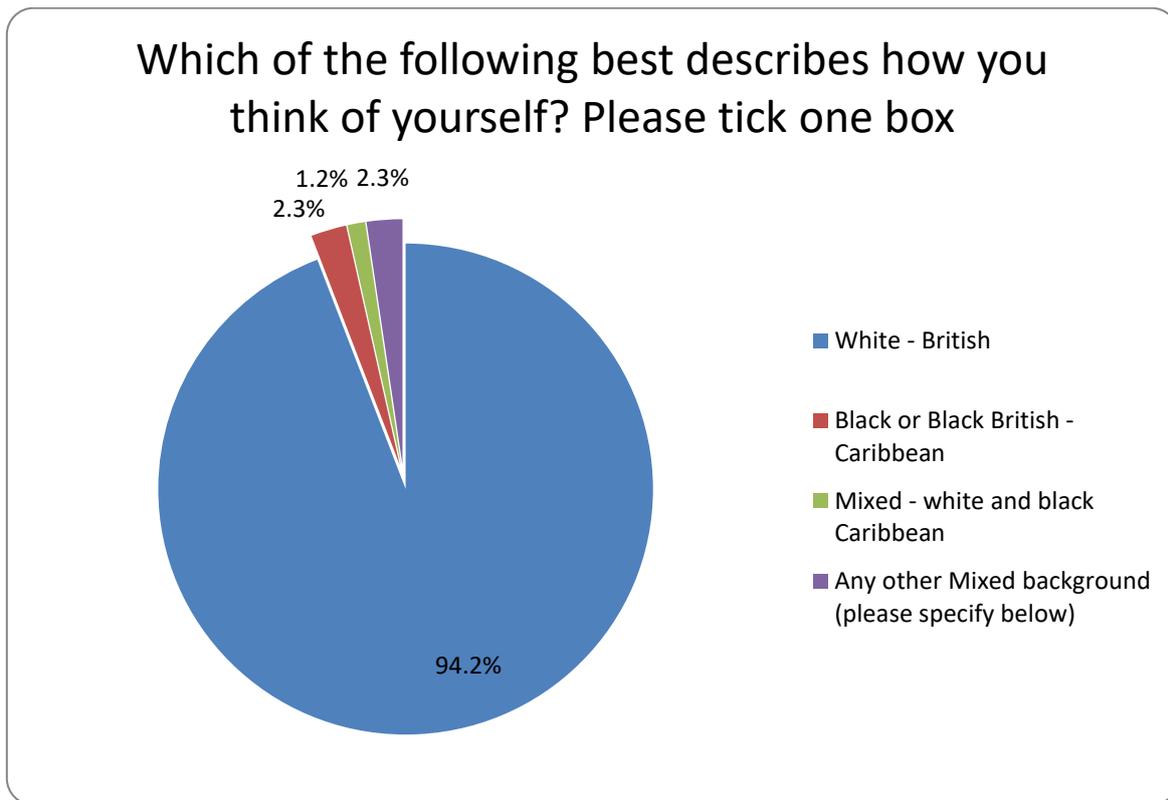
5. Pie chart showing how respondents identified their sexuality

A majority of respondents (85%) described themselves as heterosexual. Please note: due to an administrative error, not all respondents were given the opportunity to answer this question.



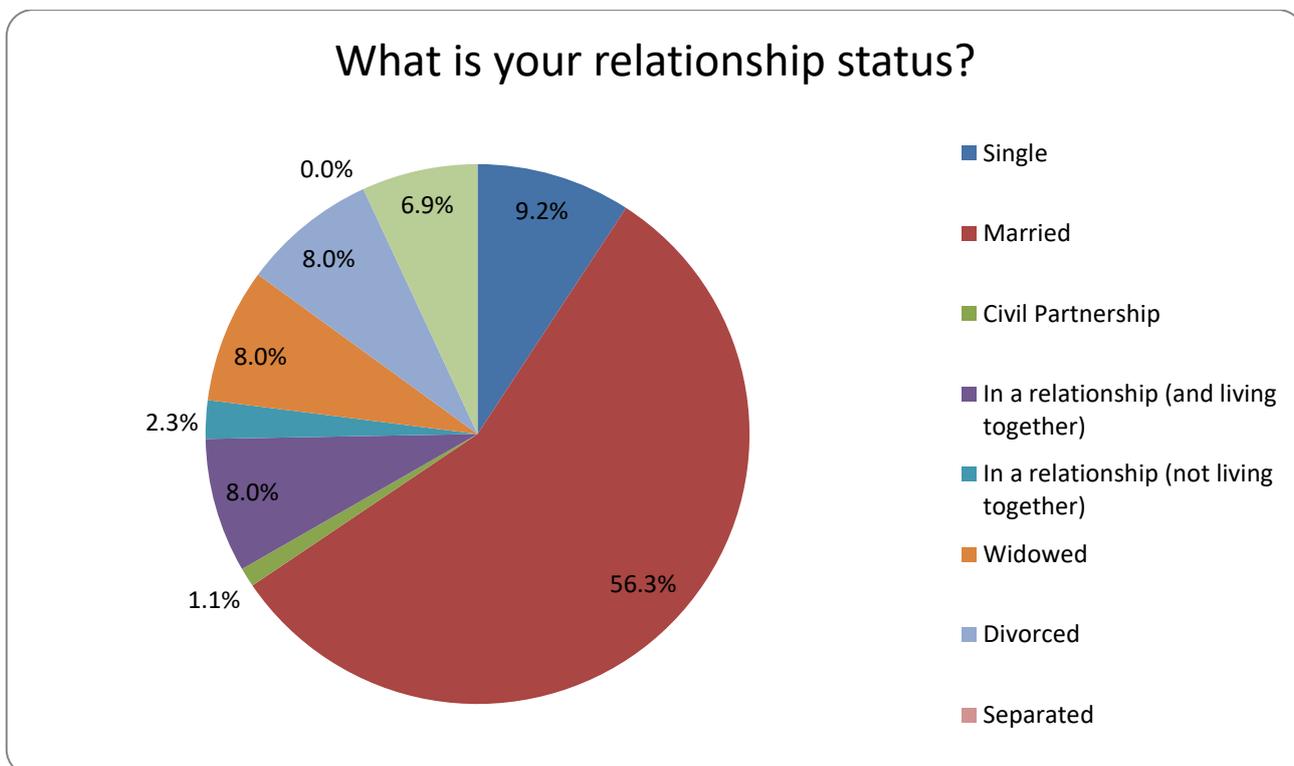
6. Pie chart showing respondents' view of their race

A majority (94%) of respondents described themselves as white British.



7. Pie chart showing respondents relationship status

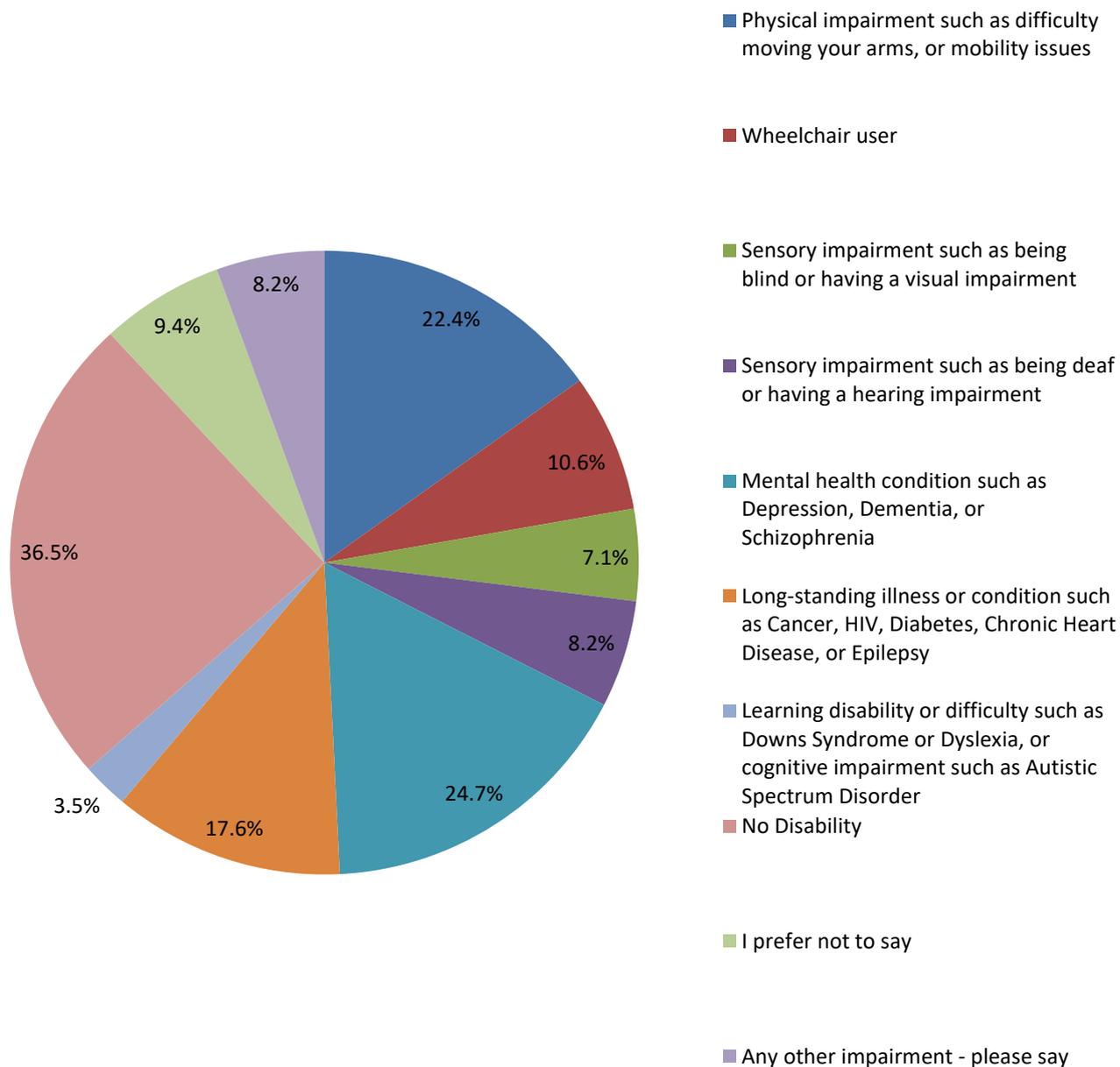
A majority of respondents (56%) were married.



8. Pie chart showing whether respondents think of themselves as having a disability

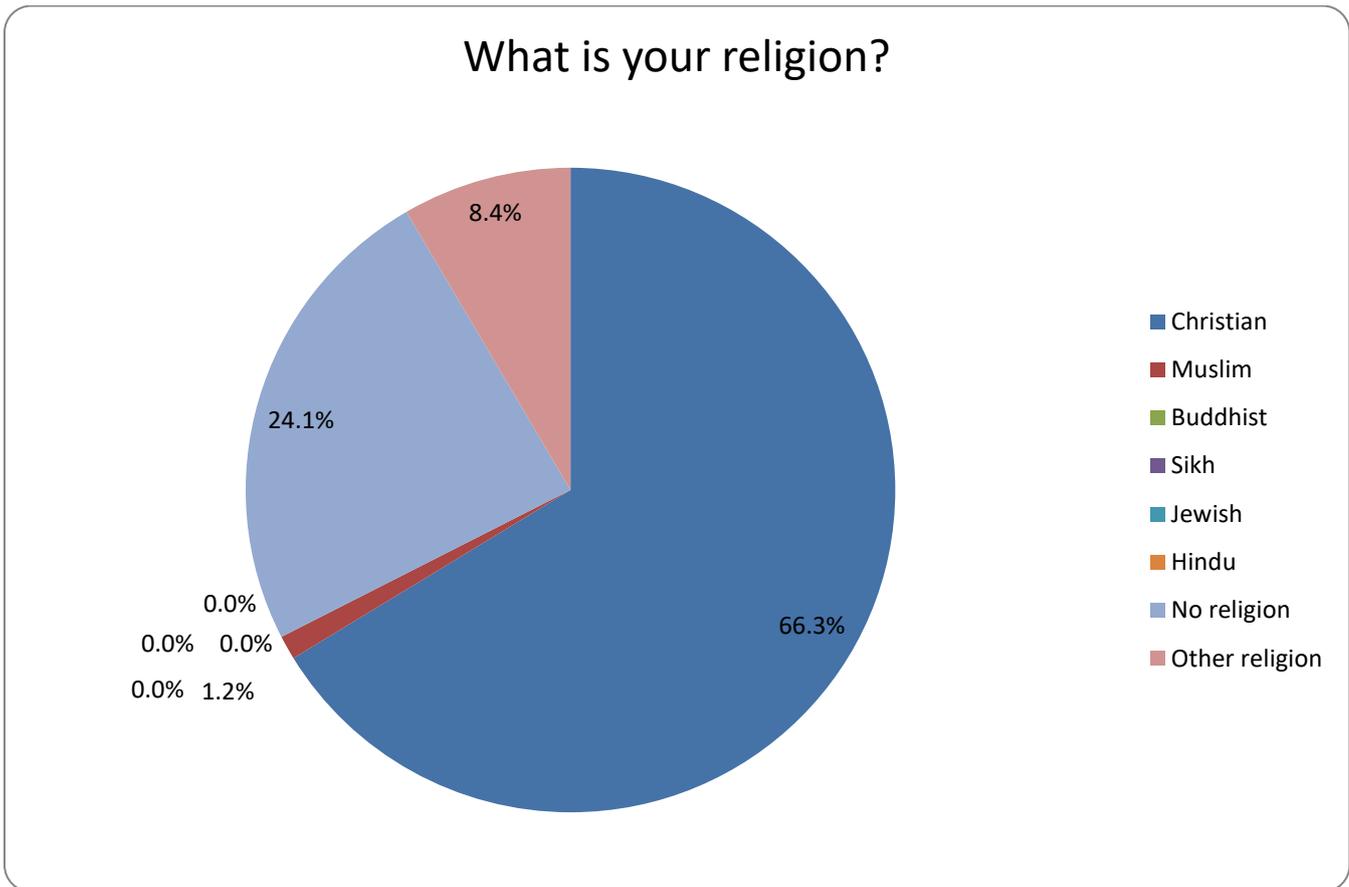
Around 36% did not describe themselves as having a disability. Of those describing themselves as having a disability, the greatest number referenced having a mental health condition such as dementia (24%) or physical impairment (22%).

Do you think of yourself as having a disability?



9. Pie chart showing respondents' religion

A majority of respondents (66%) identified as Christian.



Appendix Three: Questionnaire

Have your say about charges for respite



About 370 adults in North East Lincolnshire had a short stay in a care home last year. A short stay in a care home is often called respite.

The Council is looking at how it charges for respite, and it has an idea for change.



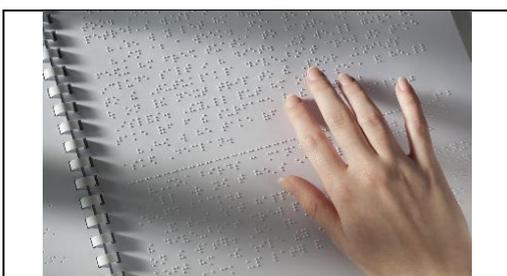
The Council wants to make sure that the way it charges for respite is clear and fair.

It wants to make sure that people are not charged more for respite than the law says they can afford. It has an idea about how it can do this better.



This booklet has been sent to you because records show that you (or someone you help) have had respite in the last year. If you (or someone you help) have respite in future, the idea for change might affect you.

The Council wants to know what you think of its idea before it makes any changes.



If you have any questions or would like a copy of this booklet in another format, please phone Healthwatch on 01472 361459.

Or you can email Healthwatch at:

enquiries@healthwatchnortheastlincolnshire.co.uk



When you have finished answering the question in this booklet, please post it back in the envelope that came with it.

Or you can answer the questions online at:

www.northeastlincolnshireccg.nhs.uk/current-opportunities-to-have-your-say/ (external link)

THE CLOSING DATE IS 16TH DECEMBER 2022.

About respite charging



People who can afford to pay for respite pay the full cost of it (this is around £566 per week now, but it goes up each year).

People who can't afford to pay the full cost of their respite, share the costs of it with the Council. At the moment, people who can't afford to pay the full cost of their respite contribute either £70, £90 or £115 per week.



How much a person is asked to contribute (£70, £90 or £115 per week) depends on what money they have in savings and what benefits they get.

At the moment, the Council only asks people for very basic information about their financial situation, to decide what they should contribute to their respite costs.



The Council treats charging for respite separate from charging for any other type of care service people might have, such as care at home.

This means that the Council might not take into account all the relevant expenses a person already has when it decides what people should pay (£70, £90 or £115 per week).



The Council wants to be sure that when it makes a charge for respite, it takes account of all of the person's relevant circumstances.

It thinks it needs to make a change to the way it charges, to be sure that what people are being asked to contribute is affordable and fair.



The Council's idea for change is on the next page. The change will probably mean that more people will contribute less to the cost of their respite, or will get it for free.

The Council's idea for changing respite charging



The idea is to stop treating charges for respite as separate from charges for other care services, such as care at home.

This means taking account of all of people's relevant circumstances when deciding what they can afford to pay. This includes taking into account what someone is already contributing to the cost of other care services when deciding if they can afford to contribute to the cost of respite.



People who can afford to pay the full cost of their respite will still do so. They will not be affected by the idea for change.

The idea means people who share the costs of their respite with the Council, won't be asked to contribute at a flat rate of £70, £90 or £115 per week. Instead, they will be asked to contribute whatever the law says they can afford.



To understand what they can afford, the Council will financially assess each person.

This is the only way that the Council can be confident that people are being asked to contribute an amount that is fair. For most people, this will be less than the £70, £90 or £115 per week that they are asked to pay now.



Everyone will need a new financial assessment for each financial year, but most people will not need an assessment just for respite. Most people who use respite also have other care services, and already have a yearly financial assessment. Any changes in what people contribute will usually take effect from the date of the assessment, or shortly afterwards.



People who don't have any other care services from the Council will need a new financial assessment to check what they can afford.

The financial assessment is most likely to happen at the time a person goes in to respite.



Changing the way it charges for respite is likely to mean that many – but not all – people will contribute less to the costs of their respite.

That means the Council will need to contribute more, and it will have to find the money to do that from other areas of its budget.



Last year the Council got contributions to the costs of respite of around £183,000, from the people using it. This is about 2% of what it gets in overall contributions from people who use care services.

Question: do you agree with the Council's idea to stop charging flat rates for respite and instead charge what each individual can afford to contribute?

Please tick one box



Yes



No



Don't know

If there is anything else you would like to say about charging for respite, please use the box below.

What happens next?



When the talks about respite charging end, what people have said will be collected into a report. The Council will use the report to make a decision about charging for respite.

The Council will make a decision early in 2023.



We will put the decision on this website www.northeastlincolnshireccg.nhs.uk/current-opportunities-to-have-your-say/ (external link)

Any changes to charging for respite will happen from the end of March 2023.



Please send this booklet back using the freepost envelope or post it to:

**Freepost
NHS NORTH EAST LINCOLNSHIRE CCG**

Please send it back by 16th December 2022.



If you want help to fill out this booklet, you want it in a different format, or you want to ask questions about it, please ring Healthwatch on 01472 361459. Or you can email them at enquiries@healthwatchnortheastlincolnshire.co.uk

Healthwatch is helping us with this consultation!

healthwatch
North East
Lincolnshire

Healthwatch is the independent champion for people who use health and care services. Healthwatch listens to what people like about services and what they feel could be better. Healthwatch has the power to make sure those running services hear people's voices.

Give them a ring!

About you/ Equality Act (EQA) data

(NB this section is not replicated in full in this appendix; EQA questions posed followed the standard approach taken by the Council and ICB in North East Lincolnshire)

Thank you for completing this consultation



**Humber and
North Yorkshire
Integrated Care Board (ICB)**



Adult Social Care Charging Policy Consultation (respite), October to December 2022

To be read in conjunction with the
wider charging policy impact
assessment dated November 2020
(updated February 2022)

**Conducted by Humber and North Yorkshire Integrated Care Board
(North East Lincolnshire) on behalf of North East Lincolnshire
Council**

1. Introduction: background and function of this assessment

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.

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.

These legal requirements apply to all aspects of adult social care charging, including short stays in a nursing or residential care home, otherwise known as 'respite'. Between October and December 2022, the Council consulted on a proposal to amend its approach to respite charging. The proposed change can be broadly described as a move from a) a flat/ banded rate approach to charging, to b) an individualised assessment resulting in an affordable contribution. The purpose of this assessment is to consider the potential impact of the proposed change, if adopted.

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 a change to the adult social care charging policy; specifically those who access respite care during the consultation period, or who have accessed it in the year preceding the consultation period, and their carers. 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 creating this assessment builds on that which appears in the impact assessment relating to the Council's overarching charging policy. This assessment adds the following to that earlier assessment:

- a) Specific data on adult users of respite, held by Focus Independent Adult Social Work in December 2022 (see Image One, below)
- b) Information provided by respondents to the consultation, which took place between October to December 2022. The consultation specifically requested comments on impact.

Note: evidence types a) and b) offer quantitative data. Type b) also 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 respite 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. Population profile – health and finance: a summary

North East Lincolnshire (NEL) has an ageing population. While life expectancy has improved, there is no corresponding reduction in the years of life with illness and disability. Physical frailty and dementia are the main causes of entering long-term care at home or in a residential setting. Long standing illness and health inequality is also correlated with deprivation; NEL's most deprived wards tend to have higher numbers of individuals to whom the adult social care charging policy applies.

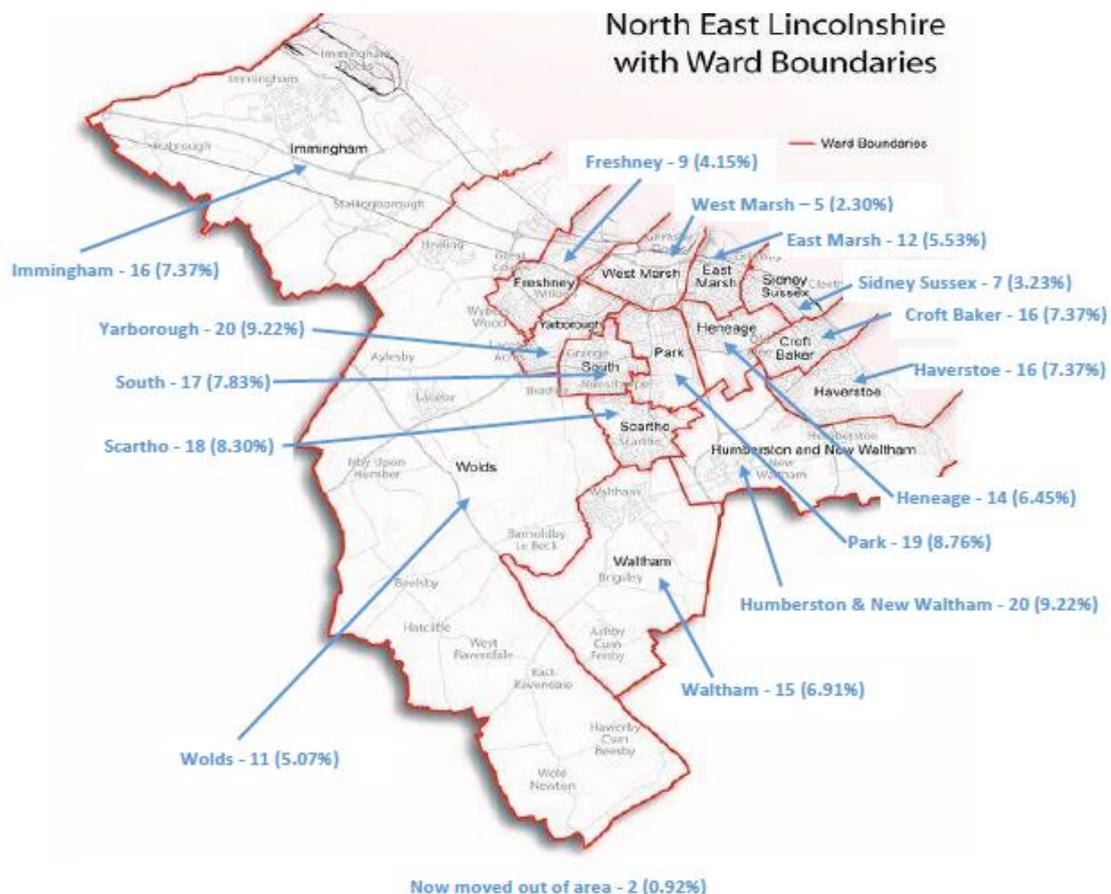
NEL has substantially higher levels of deprivation than the national average. There is strong evidence to suggest that worklessness is associated with poorer physical and mental health. There are significant levels of unemployment in NEL, and average earnings tend to be lower than regional and national averages.

These socio-economic factors mean that local people may have higher needs, lower disposable income and less opportunity to save for the future, including to meet the costs of social care needs.

4. Respite user profile

- The largest number of respite users are older adults (aged over 65)
- A significantly smaller number of respite users, primarily those with a learning disability, are younger adults (aged under 65)
- An even smaller number of respite users are mental health clients
- A majority of those accessing respite are doing so to give their carer a break and/ or to avoid carer breakdown*. Other reasons include supporting the respite users' recovery or recuperation from accident or illness
- The largest number of respite users pay £70 per week for their respite
- A majority of those using respite fall within the Humberston/ New Waltham and Yarborough wards (just over 9% of users each) and Park and Scartho wards (between 8-9% each). For more information, see Image One below.

Image One: location of adult respite users by ward (December 2022)



5. Current charging policy approach to respite charging

At the moment, the Council offers a range of set charges for people who access respite. 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 upper capital limit (this nationally set amount is currently £23,250 but is subject to change) pay the full cost of their care. The Council has not increased charges for respite since around 2013/14.

At the moment, some individuals accessing respite could have to pay for both it and for the 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 of support in the near future. Others may be required to pay more for respite than they contribute to the costs of their care at home.

6. Proposed change to current approach to respite charging and its impact

a) What is the change?

The proposal consulted on is to stop charging for respite based on a range of set charges, and instead to charge each individual in accordance with what a financial assessment indicates they can afford to pay. Financial assessments are carried out by reference to rules set out in the Care Act, and in line with local policy. Those with assets above the upper capital limit will continue to pay the full cost of their care and are unaffected by the proposed change. For those with assets below this level, the proposed change may result in them paying more, or less, for their respite care.

b) Who might be affected?

A respite user profile appears at 4 above. It should be noted that this profile has been created from data held by Focus, and largely relates to individuals in receipt of services in addition to respite. There are other users of respite who access no other care service, for whom less or no data is held.

The proposal could affect between 200 – 300 respite users each year. Individuals may have a single or multiple stays in a residential setting per year, depending on their needs. It should be noted that access to respite may have been impacted by the pandemic, i.e., lower numbers of people accessed it during the pandemic and in its aftermath, due to concerns regarding the risk of infection. It is difficult to predict how the number of individuals accessing respite might change in future.

In addition to affecting respite users themselves, those caring for them are also likely to be affected by any change, specifically if that change results in users accessing more, or less, respite. It is known that caring can impact on carers' finances, health and employment, and that such impacts can be felt particularly keenly by underrepresented groups ([Key facts and figures | Carers UK](#)). In NEL, there are more older people, and therefore it may be likely that there are more older carers in NEL. As one consultee said *"It is very important to give respite care because it helps to prevent the carers being burnt out[, t]hen needing care themselves. So costly in human terms and financial ones too if not given on a regular basis"*.

c) How might they be affected?

Financially

Of the 217 individuals in receipt of a postal questionnaire as part of the consultation on the proposed change, their weekly payments for respite were as follows:

- Zero payment – 6%
- £70 – 53%
- £90 – 25%
- £110 – 13%
- Full cost of care – 2%.

It is likely that a majority of those accessing respite will pay less for their care if the proposed change is adopted. This is because calculating contributions by reference to individual financial assessment is likely to indicate that a significant number of users are already paying the maximum weekly amount they can afford, before accessing respite. At the moment, individuals already paying the maximum weekly amount they can afford are still asked to pay one of the fixed charges (£70, £90 or £115) on top of that amount. The proposed change would remove the risk of 'double charging' and offer greater assurance that individuals were being charged no more than they can afford.

However, not all individuals will pay less if the proposed change is adopted. Calculating contributions by reference to individual financial assessment will indicate that some – although a lower number – of individuals can afford to pay more. Exactly who will be affected in what way will not be known until the time of their individual financial assessment, which makes gauging impact in advance more difficult. Once consultee summarised the challenge: *"You say many people, but not all, would pay less, some would pay more. I am concerned about the proportions of these groups and those who have to pay more, whether they will be able to continue with respite if the cost goes up"*.

Anonymised case study examples of those who may pay more, or less, are offered below.

Access

If more respite users are charged less for their care, this may support them to access it more often. Conversely, if they are charged more, this could reduce the likelihood of them accessing it. In the former case, this could have a beneficial impact on respite users and their carers; in the latter, the reverse could be the case.

Consultees were concerned that anxiety about the cost of respite could impact mental health, and dissuade individuals from accessing it. As one consultee said *"People in respite care are usually vulnerable and need help, they should not worry be required to answer questions about their savings nor should they be charged for receiving it. Some will not get the help they need because they are confused or frightened about their savings being taken from them"*.

Similar concerns were expressed regarding how economic fears might impact on carers. As one consultee said *"I can only speak of my experience and am on the verge of needing respite for my husband. I get £279 a month for caring for him. We have no savings and I've had to pay for things he needs. I have three hours a week break and spend it asleep on a friend's sofa if I don't need to be doing anything else. When I can no longer carry on a few days break will cost my month's pay. My husband worked all his life"*.

By reference to protected characteristics

As more respite users are older and are more likely to have some form of disability, more older and disabled people will be affected by the proposed change. The same is true of women i.e., more women are in receipt of services than men, and therefore are more likely to be affected than men. It may also be the case that women are more likely to be caring for other than men, and therefore in a caring capacity, have the potential to be more affected by the proposal. However as already noted above, if the proposed change is adopted, more people – regardless of protected characteristics – are likely to pay less for their respite. Those who pay less for their respite are likely to experience this as positive. Those that pay more will not be asked to pay more than the law says they can afford (i.e., charges will be subject to individual financial assessment).

There are no other identified impacts arising from the proposed change in connection with any other protected characteristic. Consultees were asked specifically to identify impacts on the basis of protected characteristics; few replies were received and of those that were, all related to general comments about gender or age (for example, one consultee said that respite in care homes was not

appropriate for young adults with learning disabilities). Further consideration of protected characteristics can be found in the Equality Impact Risk Analysis below.

7. The cumulative effect

If the proposed change is adopted, it will take effect from the first payment period for the new financial year (27th March 2023 onwards). At that same time, other social care related charges are likely to increase; these include the cost of a respite placement, the cost of accessing day care and transport to/ from it, for example. All of these charges are subject to an inflationary annual increase. Respite users who will pay more if the proposal is adopted could also pay more for other services that they access (although again, all charges are subject to financial assessment).

The cumulative impact of any increased contributions should be considered in the context of increases in the cost of living, and the high levels of anxiety likely to be associated with it.

8. Summary

If adopted, the change will apply equally to all via financial assessment. Financial assessment is the legal mechanism intended to ensure appropriate application of policy to individual circumstances, ensuring that no one is asked to pay more than the law deems they can afford.

The evidence utilised in creating this impact assessment identifies that higher numbers of women, older and/ or disabled people will be impacted by the proposed change, if adopted. However, the change is likely to be positive for the majority i.e., they will pay less for their respite care, which may make it more accessible. This could positively impact the health and wellbeing of respite users.

Impact is not solely connected with protected characteristics. Carer impact is of particular relevance in the context of respite. For some carers, access to respite for their cared for person means the difference between them having a life outside of their caring role, and being able to continue with it. The potential for positive impact arising from increased access to respite is clearly conveyed by one consultee: "I was looking after my partner for 9 years and was really poorly before I was offered respite. I had no idea it was available to me. I think carers need care and help before they get to the state I was in". If the proposed change supports access to respite, carer wellbeing is also likely to be better supported, and so positively impacted.

Anonymised case study examples based on adopting the proposal

(December 2022)

Case Study A – “Michael”

- Michael is aged 73 and receives 8.5 hours of care at home per week
- Michael contributes £38.10 per week towards these care at home services
- When accessing respite, Michael currently pays £70.00 per week for it
- If the proposed change is adopted, Michael’s financial assessment indicates that he would contribute £38.10 per week for his respite (i.e., his respite charge would be £31.90 per week less than he would currently pay for it).

Case Study B – “Mary”

- Mary is aged 69 and receives 18 hours of care at home per week
- Mary contributes £16.74 per week towards these care at home services
- When accessing respite, Mary currently pays £70 per week for it
- If the proposed change is adopted, Mary’s financial assessment indicates that she would contribute £16.74 per week for her respite (i.e., her respite charge would be £53.26 per week less than she would currently pay for it).

Case Study C – “Shirley”

- Shirley is aged 90 and receives 14 hours of care at home per week
- Shirley contributes £00.00 per week towards these care at home services
- When accessing respite services, Shirley currently pays £70 per week
- If the proposed change is adopted, Shirley’s financial assessment indicates that she would contribute £00.00 per week for her respite (i.e., her respite charge would be £70 per week less than she would currently pay for it).

Case Study D – “Christopher”

- Christopher is aged 58 and receives 17 hours of care at home per week
- Christopher contributes £94.08 per week towards these care at home services
- When accessing respite services, Christopher currently pays £70.00 per week
- If the proposed change is adopted, Christopher’s financial assessment indicates that he would contribute £94.08 per week for his respite (i.e., his respite charge would be £24.08 per week more than he would currently pay for it).

Case Study E – “Sandra”

- Sandra is aged 78 and receives 14 hours of care at home per week
- Sandra contributes £00.00 per week towards these care at home services
- When accessing respite services, Sandra currently pays £90.00 per week
- If the proposed change is adopted, Sandra’s financial assessment indicates that she would contribute £00.00 per week for her respite (i.e., her respite charge would be £90 per week less than she would currently pay for it).

Note: these case studies are based on real individuals and provide a ‘snapshot’ of their situation on a given date. Individuals move in and out of services regularly, and the circumstances of individuals in service change regularly. These case studies are given for illustrative purposes only.

Union Equality Impact Assessment

Name of project, policy or strategy (or whatever you are assessing)	Adult Social Care Charging Policy – proposed changes to charges for respite care
Service Area affected / supported	Adult social care
Lead Officer	Emma Overton
Is this new or existing item?	New or Existing This assessment relates to a change to our existing adult social care charging policy
What are the aims or intended effects of this policy, strategy, plan or project	The aim of the policy is to produce a consistent and fair framework for charging for all in receipt of care and support services. The proposed change to charging for respite is intended to support this aim.
Who is this item intended to benefit? (choose all that apply)	Employees x Service users x General public x Applicants x Providers of chargeable adult social care services x
Has any consultation, e.g. with Employers, service users, unions, members of the public, taken place	YES NO
If “YES” to above, who have you consulted with?	A proposal to change the local approach to charging for respite has been considered by members of staff in the local Council and Integrated Care Board (ICB) and Focus Independent Adult Social Work. The proposal was discussed with elected members at the Health and Social Care Scrutiny Committee, prior to a targeted public consultation in late 2022. The consultation included: a) directly mailed questionnaire to users of respite, b) an online version of the questionnaire shared via Council consultation mechanisms, with members of ACCORD and HealthWatch, and via social media, d) attendance at a carers’ consultation opportunity. The results of the consultation will be reported to elected members and publically available. At the date of this assessment no decision has been made
If “NO” to above, when will you?	N/A
Is any equality data available relating to the use or implementation of this policy, project or function?	Yes No
Where you have answered yes, please incorporate this data when completing the equality impact assessment text (the next section of this document)	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/

Equality Impact Risk Assessment Test

Protected characteristic	Neutral impact	Positive impact	Negative impact	Evidence of impact and if applicable, justification where a <u>genuine determining reason exists</u>
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 proposed change is likely to impact on women more than men. Women may also be more likely to be caring for others, and therefore more impacted as carers than men. Where they made it known, a majority of respondents to the 2022 consultation identified as women. Women tend to have lower pension entitlements than men and may therefore have less income to contribute to the costs of their social care. This may mean that the change is somewhat more positive for women (i.e., they may have less money, and as a result of the change, be assessed as needing to pay less for respite). Charges will only be levied against those the law says can afford to pay them, following individual financial assessment. The proposed change is likely to be positive for a majority of both men and women.
Race (all racial groups)			x	A very small percentage of NEL's population is from a black or minority ethnic (BME) group, which is much lower than the regional and national average. Where they made it known, a majority of respondents to the 2022 consultation identified as white. An even small percentage of NEL's population report that they cannot speak English well or at all. Whilst the proposed change itself is unlikely to impact on grounds of race, it is recognised that some nationalities may have difficulty understanding the charging policy and any changes to it due to limited English language skills. Communication needs are noted by staff and copies of the policy/ information on charging can made available in other languages on request. There is some evidence nationally that some of those most likely to miss out on the care services they need are black, Asian or from another ethnic group (BAME) (see for example, recent research here: https://www.fundingawards.nihr.ac.uk/award/NIHR130866). There is no specific evidence on this topic in NEL, but it would not be unreasonable to assume that the experiences of BAME communities in NEL reflect national findings. This assessment is focused on charges for respite, rather than access to it.
Disability (mental, physical and sensory)	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

Protected characteristic	Neutral impact	Positive impact	Negative impact	Evidence of impact and if applicable, justification where a <u>genuine determining reason</u> exists
				disability. Where they made it known, a majority of respondents to the 2022 consultation referenced their disability as a mental health condition such as dementia, or a physical impairment. A higher number of disabled respite users means that the proposed change is likely 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 individual financial assessment. The proposed change is likely to be positive for a majority, regardless of disability.
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. Where contributors to the 2022 consultation made it known, a 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 to the 2022 consultation made it known, a majority identified as heterosexual. This data is not routinely collected from service users. There is some evidence nationally that some of those most likely to miss out on the care services they need are from lesbian, gay or bisexual communities (see for example, recent research here: https://www.fundingawards.nihr.ac.uk/award/NIHR130866). There is no specific evidence on this topic in NEL, but it would not be unreasonable to assume that the experiences of lesbian, gay and bisexual communities in NEL reflects national findings. This assessment is focused on charges for respite, rather than access to it.
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. A majority of respondents to the 2022 consultation had not changed the sex they were described as having at birth. The evidence regarding access to services referenced above regarding sexual orientation, applies equally to transgender communities. There is no specific evidence on this topic in NEL, but it would not be unreasonable to assume that the

Protected characteristic	Neutral impact	Positive impact	Negative impact	Evidence of impact and if applicable, justification where a <u>genuine determining reason</u> exists
				experiences of transgender communities in NEL reflects national findings. This assessment is focused on charges for respite, rather than access to it.
Marital status	x			No specific impact on grounds of marital status has been identified. In NEL around one third of people live alone; 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, respondents to the 2022 consultation were part of a couple. A person who lives as part of a couple is more likely to be married than a person who lives on their own.
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. Where known, consultees were predominantly aged between 50 and 79, although a sizeable number of responses were received from those over 80. A higher number of older respite users means that the proposed change is likely 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 individual financial assessment. The proposed change is likely to be positive for a majority regardless of age.
Unpaid Carers	x			There is increasing evidence that caring should be considered a social determinant of health (Public Health England, Caring as a Social Determinant of Health, 2021), due to the impact of the role on unpaid carers. Although not specifically related to respite, information on the impact of the role on unpaid carers' finances, health, employment – and on under-represented groups in particular – can be found at Key facts and figures Carers UK It is the Council's policy not to charge for support provided direct to unpaid carers. Whilst respite is provided to adults with needs not their carer, the respite may be largely for the benefit of the carer. In supporting affordable access to respite, the proposed change could have a positive impact on carers.
Deprivation			x	Generally, those in receipt of adult care and support may be amongst the most deprived. Respite users live in all wards across NEL, and are not always located in

Protected characteristic	Neutral impact	Positive impact	Negative impact	Evidence of impact and if applicable, justification where a <u>genuine determining reason</u> exists
				more deprived areas (see Image One above). The proposed change will mean that charges will only be levied against those who are deemed able to afford it, following individual financial assessment, i.e. in proportion to what they can afford. This is likely to mean that those with lower levels of assets pay less for their respite. 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, including for those who are the most deprived.
Children Looked After and Care Leavers – how does it impact the needs of individuals who identify as Looked After or a care leaver?				No specific impact for children looked after and care leavers has been identified, as the social care charging policy – and any potential changes to it – relate only to adults. However, young people with needs may become adults, who could then be subject to any revised approach to respite charging.
Veterans				No specific impact for veterans has been identified.

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 ICB, December 2022

Date reviewed by Community EIA panel: _____

Comments from panel members:

PANEL REVIEW IS OUTSTANDING (SCHEDULED FOR 26 01 23)

Appendix C

Option A: charge for respite based on rules for care outside of a care home

This approach means that all an client's allowable expenses are taken into account as part of an individual financial assessment. It ensures that in calculating their financial contribution to the cost of respite, they are left with a guaranteed minimum amount (the Care Act's 'minimum income guarantee' or MIG) to meet their ongoing expenses.

Pros	Cons
Applying the care at home assessment approach to respite offers a clear and familiar framework for staff and clients.	All the client's expenses are taken into account when calculating what they can afford to pay. This may be generous, given that whilst not at home, clients may only be liable for a standing charge for utilities (for example) as no or minimal energy is being used in their absence.
Applying the care at home assessment approach to respite makes best use of financial assessment information already held for clients living at home. These clients will already have been financially assessed for care at home; the same information can be used to consider their contribution to respite costs.	Not all respite clients are already receiving care at home. Applying the care at home assessment approach would increase the number of assessments required for those who have not already been assessed in this way. For those not already in receipt of services and receiving occasional respite, a full financial assessment may appear disproportionate.
Reduces the likelihood of challenge on affordability grounds (a more robust financial assessment will confirm individual affordability). Assessment ensures that clients are left with the MIG required by the Care Act.	If a client has already contributed the maximum amount that they can afford, they will make no further financial contribution. This means they will receive their respite 'hotel' (food and accommodation) costs and care costs at no charge to them.
Avoids the risk of 'double charging'. Currently, if a client accesses respite mid-week, they may already have paid their affordable contribution to their care at home for the week. The current system requires them to make an additional payment for respite, i.e. clients may be charged twice in one week for two separate services (care at home, <i>and</i> respite). This may leave them with less than the MIG.	Some disability benefits cease after the client has been in respite for four weeks. This could necessitate a further financial assessment on the basis of the client's lower income. This could result in clients then paying a lower contribution towards their respite. This is a con due to the administration required to complete a further, although more limited, assessment.
Offers a mechanism for charging which is clearly aligned with the Care Act, and appears to be one that is adopted by a majority of LAs.	If a financial assessment on the basis of the care at home rules increased a client's contribution, if those contributions aren't paid, this exacerbates the Council's bad debt position.
	This approach could decrease the Council's ability to recover income against the cost of respite.

Summary factors to consider:

People	This method seems “fair” to the majority of individuals, especially those who still have household commitments when having a short-term stay in a care home. It allows flexibility to be able to maintain their home environment and is more generous than the current framework which may be especially important given the cost-of-living crisis. It would also mean that those on the lowest incomes would not contribute towards their respite care, so would be better off.
Reputation	There is no obvious reputational risk identified with this option. It is consistent with the approach a majority of other LAs adopt i.e. those that responded to the question on respite charging posed via NAFAO (the National Association of Financial Assessment Officers). It takes account of individual circumstances.
Risk	This option would remove the risk of “double charging” if services change from care at home to respite care mid-week. Following the charging framework for care outside of a care home for respite is an option allowed by the Care Act, and is clear and fair. It may be less susceptible to legal challenge. It also eradicates the current risk of a) not having a firm basis for how the charge has been arrived at, b) a banded approach to charging, which has been challenged by the Ombudsman in other LA areas.
Financial Position	There is likely to be a financial detriment to the Council. Based on the data held, it is difficult to determine the actual impact; however, the impact on current levels of cost recovery against respite charges could be significant.

Option B: Charge under the residential care rules

This approach means that clients’ home expenses are excluded from consideration as part of a financial assessment, but all their income is taken into account in calculating their financial contribution to the cost of respite. This may mean that clients are left with only the basic personal expenses allowance (PEA), which is currently £25.65 per week, to meet their ongoing expenses.

Pros	Cons
Applying the residential care assessment approach to respite offers a clear and familiar framework for staff and clients.	Clients who are mainly resident at home will not have been financially assessed by reference to the residential care rules. Applying the residential care assessment approach would increase the number of financial assessments required. For those not already in receipt of services and receiving occasional respite, a full financial assessment may appear disproportionate.
The residential care assessment approach offers a standardised process for care in a care home, regardless of duration.	Some disability benefits cease after the client has been in respite for four weeks. This could necessitate a further financial assessment on the basis of the client’s lower income. This could result in clients then paying a lower contribution towards their respite. This is a con due to the administration required to complete a further, although more limited, assessment.

This approach could increase the Council's ability to increase the amount of income it generates against the cost of respite.	Because this approach effectively treats short stay clients as equivalent to longer term residents, it does not take into account the client's need to financially maintain their home whilst temporarily absent.
	May increase likelihood of challenge on affordability grounds. If, after contributing to the costs of respite, the client is left with only the PEA to maintain their home, this is likely to be inadequate.
	If charges levied are not realistically affordable, clients may refuse to pay them. This exacerbates the Council's bad debt position.

Summary factors to consider:

People	This is likely to put individuals at a financial detriment as they will only be left with a small amount (PEA) to potentially cover household costs while in respite. This is unlikely to be sustainable. The current cost of living crisis will likely make this option unaffordable and unpalatable for individuals. It may also have a negative impact on carers, who may be unable to take a break if their loved one cannot be affordably cared for in respite.
Reputation	Whilst the Care Act allows for this as a charging option, due to the impact it is likely to have on individuals, there could be reputational damage to the Council. In discounting client's ongoing costs to maintain their home, the Council may risk being seen to be unfair. This option does nothing to address the risk of 'double charging'.
Risk	This approach eradicates the risk of a) not having a firm basis for how the charge has been arrived at, b) a banded approach to charging, which has been challenged by the Ombudsman in other LA areas. However, as the approach is less likely to be affordable for individuals, it may increase the likelihood of challenge.
Financial Position	This would likely increase the Council's potential to raise more income. However, if the charges levied are actually unaffordable and perceived as unfair, the Council's debt position could worsen.

Option C: apply a charge in line with age related Minimum Income floor for Income Support and appropriate Minimum Guarantee for Pension Credit minus the PEA allowance.

This means utilising reference points from benefits legislation, and deducting the PEA, to calculate what an individual can afford to contribute to the cost of their respite. Some but not all disability benefits' income is taken into account in assessing individual affordability.

Pros	Cons
Offers a methodology which is relatively straight forward for staff to understand due to its connection to benefit entitlements.	The methodology may be less comprehensible to clients than the care at home/ residential care assessment methodology.
Offers a basis for calculating a contribution to respite costs that aligns with DWP benefit	The Council's current approach to respite charging was initially created to align with DWP

figures, which continue to alter alongside any changes to benefits.	benefit figures, although it has not kept track with them. It is possible that this partly comparable option could be viewed as suffering from the same deficiencies as the Council's current approach
Does not take into account all of a client's benefit entitlements as part of a financial assessment, which leaves them with monies to meet their ongoing expenses at home.	This approach reflects neither the care at home nor the residential care rules. It would not clearly confirm that the client is left with as much as the MIG (as required by care at home rules) or the PEA (as required by residential care rules), after contributing to the costs of their care.
Would allow for a lighter touch approach to establishing a client's financial position, when compared with the care at home or residential care assessment requirements.	If charges are not affordable, clients may refuse to pay them. This exacerbates the Council's bad debt position.
	Older People will likely be disproportionality affected by this change. This is because they often do not receive as many disability benefits/ premiums, so proportionately more of their income is taken into account as part of a financial assessment, when compared with younger people.
	There is only one known local authority clearly following this approach. It is not an approach explicitly endorsed by the Care Act.

Summary factors to consider:

People	This option will look at more of an individual's circumstances than the Council's current approach; however, dependent on which type of benefit they receive, some categories of client may be "better off" than others, for example, those in receipt of disability premiums will have more money left over once a respite charge is levied, when compared with those who are less likely to receive such premiums e.g. older people are less likely to receive such premiums.
Reputation	In being partly comparable to the Council's current approach, this option could be viewed as suffering from the same deficiencies and therefore the same risks to reputation. The Council's reputation would not be enhanced by adopting an approach knowingly less advantageous to older people (even if such disadvantage arose from alignment to the benefits system, rather than directly because of the Council). This option does nothing to address the risk of 'double charging'.
Risk	The Care Act states that LAs can devise their own charging approach, so an approach such as this can be used provided the LA is satisfied it complies with the principles of the Act. It is not clear that the approach is entirely fair or affordable and so does not offer best fit with Care Act principles. It is not an approach that appears widely favoured by other LAs.
Financial Position	This option is likely to increase the amount the Council can recover from individuals against the cost of respite; however, there is no guarantee individuals will pay their invoices if they are in financial difficulty.

Option D: flat fee band rates

This means continuing with the current four flat fee bands, and increasing each annually in line with inflation. This is the option consulted upon in 2020, following which members decided not to ‘catch up and keep up’ with the rate of inflation, phased in over a number of years. Aside from offering some improvement to the Council’s ability to recover respite costs, this option would not address the deficits identified with the current approach. It does not address the concerns around affordability, evidence and defensibility which triggered the review of respite charging.

Option E: charge under the care at home rules, but align with pending care reforms by splitting the cost of care between the care costs and the proposed daily living costs (DLCs).

This option is the broadly the same as option A. However, with this version of the option, the cost of respite care would be split into care costs and hotel costs (food and accommodation) referred to as daily living costs or DLCs. Charges for respite would only be levied against the care element of respite charges.

This approach to splitting costs in a residential setting between care and hotel costs will take effect once the national charging reforms are implemented from October 2023. From that date, the hotel or DLCs will be calculated as a single national amount set by the government. At present, it appears that DLCs will be valued at £210 per week from October 2023.

If this approach were adopted in respect of respite, the following calculation could result:

£566.44	total respite costs per week (as at October 2022)
- <u>£210.00</u>	less DLCs per week
£356.44	remaining chargeable amount per week.

This approach is unlikely to change the majority of client’s contributions as very few have a high enough level of disposable income to contribute as much as £356.44 per week. The one significant change is that individuals able to pay the full costs of their care (‘self-funders’) would pay less. This is because instead of being asked to pay the full cost of respite (£566.44) they would only be asked to pay the care element of those costs (£356.44).

Summary factors to consider:

People	This method would seem “fair” to the majority of individuals, especially those who still have household commitments when having a short stay in a care home. It allows flexibility to be able to maintain their home environment and is more generous than the current framework which may be especially important given the cost-of-living crisis. It would also mean that those on the lowest incomes would not contribute towards their respite care, so would be better off.
Reputation	There is no obvious reputational risk identified with this option. In being largely based on option A, it is consistent with the approach a majority of other LAs adopt and takes account of individual circumstances. It also allows for an element of ‘future proofing’ to allow for the splitting of costs between care and DLCs from October 2023.
Risk	This option would remove the risk of “double charging” if services change from care at home to respite care mid-week. It appears to offer an approach within the current law, and pending changes, and is clear and fair.

	<p>It also eradicates the current risk of a) not having a firm basis for how the charge has been arrived at, b) a banded approach to charging, which has been challenged by the Ombudsman in other LA areas. It may be less susceptible to legal challenge.</p> <p>Adopting the approach of charging under the care at home rules provides the best basis for implementing reforms from October 2023.</p>
Financial Position	<p>There is likely to be a financial detriment to the Council. Based on the data held, it is difficult to determine the actual impact; however, the impact on current levels of cost recovery against respite charges could be significant. It will also mean offering financial assistance to those who have been assessed as being able to pay the full cost of their care.</p>

Option F

Cease charging for respite care.

In the previous financial year, the costs recovered against respite charges was around £183,000. As the effects of the pandemic continued to be felt throughout this period, respite use may be lower than in previous years, resulting in lower cost recovery.

Factors to consider

People	<p>This option would certainly benefit individuals and informal carers and be a good option for those within the system and those who need to access respite at a point of crisis.</p>
Reputation	<p>There are some reputational advantages for the Council in promoting access to respite. Respite is valued by service users, and perhaps most particularly by carers. Carers make a very significant contribution to the local care economy by providing, at no cost to the Council, care that would otherwise be very costly to replicate. Encouraging carers to take a break by providing respite may be cost and reputationally effective.</p>
Risk	<p>The risk would be the impact on the overall financial stability of adult social care budgets and wider Council financial position.</p>
Financial Position	<p>The financial impact is likely to be a loss of income of £183,000 upwards per annum.</p>