

**REPORT TO:** Executive Board

**DATE:** 16<sup>th</sup> September 2021

**REPORTING OFFICER:** Strategic Director, People

**PORTFOLIO:** Adult Social Care

**SUBJECT:** Full cost domiciliary care clients receiving support from two carers – outcome of consultation

**WARD(S):** Borough-wide

## 1.0 PURPOSE OF THE REPORT

- 1.1 A report was presented to Executive Board on 17<sup>th</sup> June 2021 outlining plans to undertake a consultation with regards to increasing charges for full cost domiciliary care clients who receive support from two carers because they are currently only charged for one carer with the Council covering the cost of the second carer.
- 1.2 Executive Board approved the proposal to undertake a consultation relating to full cost domiciliary care clients being charged for both of their carers, thus removing the subsidy provided by the Council.
- 1.3 As agreed at the meeting in June, the purpose of this report is to provide Executive Board with an update as to the outcome/feedback from the consultation process and outline the next steps.

## 2.0 RECOMMENDATION: That Executive Board

- i) **Note the contents of the report, particularly the outcome of the consultation process (see 3.9 and 3.10); and**
- ii) **Approve implementation of charging full cost domiciliary care clients for both carers on the basis outlined at 3.16.**

## 3.0 SUPPORTING INFORMATION

### Background

- 3.1 At the June meeting, Executive Board were advised of the Council's legislative obligations, as per the excerpt below from the Care & Support Statutory Guidance issued under the Care Act 2014:

***8.13 A person with more in capital than the upper capital limit can ask their local authority to arrange their care and support for them. Where the person's needs are to be met by care in a care home, the local authority may choose to meet those needs and arrange the care, but is not required to do so. In other cases, the authority must meet the eligible needs if requested. However, these people are not entitled to receive any financial assistance from their local authority and in any case, may pay***

***the full cost of their care and support until their capital falls below the upper capital limit.***

- 3.2 When we refer to 'full cost clients' we are referring to those with assets above the upper capital limit (currently £23,250); they are deemed able to afford the cost of their own care and whilst, in the case of domiciliary care, they may ask the Council to arrange services to meet their eligible needs, they are not entitled to receive financial assistance from the Council in doing so.
- 3.3 As previously advised, the financial impact of the Council subsidising costs for full cost domiciliary care clients with two carers is significant.
- 3.4 It was agreed at the June meeting that corrective action should be taken for the following reasons:
- The historic practice of only charging for one carer goes over and above the Council's legislative obligations;
  - Halton's practice is at odds with practice in other local authority areas;
  - No other full cost clients in receipt of care (residential or domiciliary) receive subsidy from the Council.

**The consultation process**

- 3.5 A consultation process took place between 5<sup>th</sup> July and 30<sup>th</sup> August 2021 consisting of two elements:
1. Consultation with existing clients who are directly affected;
  2. Consultation with the wider population.
- 3.6 Letters have been sent to 21 existing clients explaining how their charges would increase under the proposals, what alternative options there are and what support would be provided as charges increase. These letters have been followed up with telephone calls to have further discussions about the contents of the letter and understand the views of existing clients about the proposed changes.
- 3.7 A short survey seeking views from the general population (also open to existing clients) was available to complete online. The survey asked respondents about their views as to whether the Council should subsidise those with the means to fund their own care. The survey was promoted on the Council's website and social media.
- 3.8 In addition to the above, a briefing was shared with social care staff so they were aware of the consultation and could respond to queries from clients effectively.

**Outcome from the consultation**

- 3.9 A summary of the feedback from the consultation with existing clients (i.e. the letters and follow-up telephone conversations) is detailed below:
- Clients were offered a financial assessment and a reassessment of their care and support needs. Most clients declined to undergo a financial assessment but most felt that a reassessment of their

- support needs would be beneficial.
- Numerous clients expressed a wish to have their needs reassessed to look at reducing the level of support.
- Some clients fed back that carers do not stay for the allocated time – i.e. they only stay for 15 minutes of a 30-minute call. Therefore, clients feel they are already paying for a service they are not receiving and increasing the cost would be unfair. Minute-by-minute billing would be preferable so that clients are only paying for the service they receive.
- It was felt that charges do not reflect the service being received.
- It is not the fault of clients that the Council has not been operating in line with legislation and the Council should continue to fund the cost of the second carer for existing clients (either in full or part) and only new clients should pay for both carers.
- Some clients reported being unaware that they were only paying for one carer.
- The proposed increase was felt to be unreasonable and it was suggested that the Council should look to make savings another way.
- One client suggested the increases being phased in over a six-month period was not long enough and they also felt the consultation was not meaningful or over a long enough time period.
- There was a feeling of unfairness in that those who have savings/property have to pay for their care whilst those who don't have any savings etc. are provided their care free of charge.
- Some clients indicated they didn't understand the letter and further support will need to be provided to these clients.

3.10 A summary of the feedback from the consultation with the wider population (i.e. the survey) is detailed below and a full summary of answers/text responses is available at appendix 1:

- There were 78 responses to the survey with 92% answering as a resident of Halton. 91% of respondents indicated that they were not currently receiving support from adult social services.
- Respondents were asked to indicate their agreement with the following statement – “The Council should subsidise residents who have the means to fund their own care”.
- 65% of respondents indicated that they agreed or strongly agreed with the statement and 29% disagreed or strongly disagreed. This indicates that the majority of respondents felt that the Council should provide subsidy to full cost clients (i.e. those deemed able to afford their own care due to having savings/assets above the threshold of £23,250 as set out in the Care Act).
- Respondents were asked to explain why they agreed/disagreed with the statement – answers were provided in a free text box and common themes are summarised below:
  - Care should be free like the NHS;
  - People have paid tax and national insurance all their life so the care they need should be free;
  - It's not fair that those who have money saved have to pay for their own care whilst those who haven't saved get their care free of charge;
  - People are being penalised for being careful with their

- finances;
- It isn't fair that people who have never worked and don't have savings won't have to pay their care;
- The help available should be equal for everyone regardless of their finances;
- There was a feeling that people have paid into the system all their lives and are being charged again;
- A smaller number of respondents commented that those who can afford to pay for their care should do so.

### **Next steps**

- 3.11 It was anticipated that the consultation feedback would be overwhelmingly opposed to increasing charges and it is understandable that existing clients are extremely unhappy at the prospect of their care charges doubling. Equally understandable are the views expressed by the wider population in relation to the principle that care should be free and the feeling of unfairness that assets have to be used to pay for care.
- 3.12 However, it is not the Council that sets the rules around at what point people are deemed able to pay for their own care. Nationally, social care is not a free service like the NHS. The Council must operate in line with legislation, as set by Government, just as all Councils must do. The Care Act states that those with assets above the upper capital limit (£23,250) are able to pay for their own care and must not receive financial assistance from the Council.
- 3.13 It therefore unfortunately remains necessary to charge full cost clients for both carers in order to ensure that the Council is operating in line with legislation. However, in doing this, the feedback from the consultation will be taken into account and clients will continue to be provided with support as the change is managed.
- 3.14 Issues raised by existing clients as part of the consultation discussions around the quality of service provision will be addressed (e.g. carers not completing a full 30-minute call).
- 3.15 Clients will be reassessed if this is something they have requested; this will require Care Management resource and prioritisation.
- 3.16 It is proposed that the increased charges are implemented on the following basis:
- With effect from 11<sup>th</sup> October 2021, **new** full cost clients receiving a domiciliary care service provided by two carers will be charged for both carers;
  - Charging for **existing** full cost clients receiving a domiciliary care service provided by two carers (including those who have begun to receive a service up to 10<sup>th</sup> October 2021) will be increased on an incremental basis (increases of 15% per month from October 2021 to March 2022).
- 3.17 As of April 2022, all full cost domiciliary care clients receiving support from two carers will be covering the costs of both carers, in line with the Care Act

2014.

#### **4.0 POLICY IMPLICATIONS**

4.1 The changes outlined within this and the previous June report represent a change to current practice, which needs to be carefully managed. Implementing the change is in line with the Council's existing policy relating to charging for adult social care services as well as legislation and practice in other areas.

#### **5.0 FINANCIAL IMPLICATIONS**

5.1 The financial impact on the Council is significant as it is currently subsidising the cost of domiciliary care by paying for the second carer for those who are deemed able to meet the cost of their own care.

#### **6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

##### **6.1 Children & Young People in Halton**

None identified.

##### **6.2 Employment, Learning & Skills in Halton**

None identified.

##### **6.3 A Healthy Halton**

The provision of domiciliary care makes an important contribution to the health and social care system in Halton.

##### **6.4 A Safer Halton**

None identified.

##### **6.5 Halton's Urban Renewal**

None identified.

#### **7.0 RISK ANALYSIS**

7.1 As anticipated, this proposed change has been met with dissatisfaction from existing clients who are faced with their care charges doubling and also from the wider population who feel that care should be free for all. However, we have to work within the system in place, as set out by the government as part of the Care Act, and this client group is deemed able to afford their own care; if their needs dictate that they require two carers then their charges should reflect the service they receive.

7.2 As part of the consultation process, existing clients were offered the option of undergoing a reassessment of their care and support needs and many indicated that they would like to do this as they felt their support could potentially be reduced. It will be necessary to ensure that there is capacity with Care Management to prioritise the reassessments of this group of

clients. However, given the pressures currently faced by social work teams there is a potential risk that the reviews may not be able to be completed in the immediate future.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

## **9.0 REASON(S) FOR DECISION**

9.1 Executive Board approval is required to enable the Council to begin charging full cost domiciliary care clients with two carers for both carers (rather than just one as is currently the case) in line with the Care Act.

## **10.0 ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

10.1 Continuing to subsidise the cost of domiciliary care provision for those with two carers who are deemed able to afford the cost of their own care is neither fair nor cost-effective. It is simply not equitable that full cost domiciliary care clients with two carers are only paying for one carer, which represents half the cost of the actual package of care.

## **11.0 IMPLEMENTATION DATE**

11.1 New clients to be charged for both carers with effect from 11<sup>th</sup> October 2021.

11.2 Existing clients to have charges increased on an incremental basis of 15% per month from October 2021 to March 2022.

11.3 With effect from 1<sup>st</sup> April 2022, all full cost domiciliary care clients receiving support from two carers will be charged for both carers.

## **12.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None.

## Appendix 1: Survey responses



Cost of Home Care  
Summary Report 18.

*Summary of responses as at 18<sup>th</sup> August 2021. Closing date is 30<sup>th</sup> August 2021.  
Add updated report following closing date if further responses received.*