

# **Appendix B**

## **EQUALITY, DIVERSITY AND INCLUSION**

### **DONCASTER METROPLITAN BOROUGH COUNCIL**

#### **Due Regard Statement**

Showing due regard to the equality duty in how we develop our work and in our decision making.

## **Due Regard Statement**

A **Due Regard Statement** (DRS) is the tool for capturing the evidence to demonstrate that due regard has been shown when the council plans and delivers its functions. A Due Regard Statement must be completed for all programmes, projects and changes to service delivery.

- A DRS should be initiated at the beginning of the programme, project or change to inform project planning
- The DRS runs adjacent to the programme, project or change and is reviewed and completed at the relevant points
- Any reports produced need to reference "Due Regard" in the main body of the report and the DRS should be attached as an appendix
- The DRS cannot be fully completed until the programme, project or change is delivered.

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| <p><b>1 Name of the 'policy' and briefly describe the activity being considered including aims and expected outcomes. This will help to determine how relevant the 'policy' is to equality.</b></p> | <p><b>Changes to the council's arrangements for adult social care charges</b></p> <p>Implementation of changes to adult social care charges and charging practices, that will help to protect and improve valuable services and make sure that council resources are focused on the most vulnerable people who are most likely to need support.</p> <p>The changes will contribute to Doncaster's strategic objectives by:</p> <ul style="list-style-type: none"><li>• Supporting collaboration, harnessing community strengths and making better use of assets.</li><li>• Intensifying the focus on early intervention and prevention.</li><li>• Helping to better manage demand for services and making sure that the services provided are right first time for the residents who need them.</li><li>• Increasing access to different options and opportunities</li><li>• Making sure that services are targeted on those people who need them most</li><li>• Reducing social isolation</li><li>• Keeping people safe through better and faster response</li><li>• Increasing the number of people having a direct payment, thus promoting independence</li><li>• Supporting people to live well at home for as long as possible</li><li>• Developing health and social care services so that they meet the needs of local people</li><li>• Improving residents' experience of health and social care services</li><li>• Protecting the most vulnerable people and supporting people to keep safe</li><li>• Utilising technological solutions to improve how we deliver health and care services all in one system</li><li>• Increasing choice through increased opportunities and options</li></ul> <p>It is anticipated that the changes will result in better compliance with the council's equality objectives and with the Equality Act 2010.</p> <p>Changes are proposed to a range of charges in adult social care, in order to sustain, improve and protect valuable services for the vulnerable people who need them most. This will help the council and its partners to respond to increased pressure and demands on key statutory and non statutory</p> |
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services. There is a significant financial challenge for services within the Council to demonstrate ways to become more efficient, more innovative and protect those services for which it has a statutory responsibility, whilst achieving a significant budget reduction.

People who have care and support needs are assessed to determine the needs that the council will meet. Following the care assessment, each person with eligible needs is offered a financial assessment in order to determine how much disposable income they have that they can use to contribute towards that care and support. The financial assessment is undertaken in accordance with guidance issued by the Secretary of State under section 7 of the Local Authority Social Services Act:

- The Fairer Charging Policies for Home Care and other Non-residential Social Services 2013
- Fairer Contributions Guidance 2010 – calculating an individual's contribution to their Personal Budget.

In Doncaster, for commissioned non-residential services:-

- Some people have no disposable income or any capital and therefore do not contribute anything towards their care (currently 328 or 20.5%)
- Some people have income and/or capital over £23,250 and therefore have to fund their care themselves (excluding provision of equipment/adaptations below £1,000.00) (currently 233 or 14.50%)
- Some people have some disposable income or capital and therefore have to make a contribution towards their care (currently 1051 or 65%)

(Note this not include residential services).

The changes identified are to recover costs that the council incurs in the management, administration and provision of care and support for people who have the means to pay for it themselves and is not a profit making exercise. It should be noted that with statutory services a person's ability to pay the

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|   |  | <p>charges would not restrict access to the service.</p> <p>A range of policy principles have been adopted to make sure that charging is as fair as possible and that arrangements and governance are simple and effective. The improved charging arrangements will result in additional choice for the customer, resources needed to facilitate charging, elimination of unfairness and improved governance and equality, whilst making sure services are targeted to support the most vulnerable.</p> <p>This activity may have an impact upon people with disabilities (particularly those with a learning disability), older people who may live with some form of dementia and those who share these protected characteristics. There will also potentially be an impact on the service users' families and carers. The proposals will however sustain and protect services for the most vulnerable into the future.</p>   |
| 2 | <p><b>Service area responsible for completing this statement.</b></p>  | <p>Adults Health and Wellbeing</p>  |
| 3 | <p><b>Summary of the information considered across the protected groups.</b></p> <p><b>Service users/residents</b></p> | <p>Data has been used from the councils adult social care database (CareFirst) and finance records obtained between March 2019 and February 2020.</p> <p>Note that the comprehensive consultation exercise undertaken included questions relating to the protected characteristics and a separate report has been produced and is included with Cabinet meeting papers. The full analysis of responses has been provided to decision makers.</p> <p><b>Age, Sex and Race:</b><br/>         People who need social care and support are the most vulnerable, generally falling into the categories of either elderly, have disabilities and/or mental health issues. The changes will affect existing service users as well as those who are currently not in receipt of care and support but might be in the future. It is difficult to predict who might need support in the future, but we can use current and historical</p> |

records to make an assessment of the likely profile of future service users.

Below are details of service users and a demographic analysis across protected characteristic groups. The analysis shows details of those currently making a contribution towards the cost of their non residential care and support.

| <b>Contribution to the cost of non-residential adult care</b> | Gender split | Over pension age |
|---|--------------|------------------|
| Nil - 328   | 218F, 110M   | 221              |
| Self funder – 233   | 150F, 83M    | 217              |
| General (partial contribution) - 1051                         | 611F, 440M   | 607              |

The Home Emergency Alarm Team (HEART) is under the remit of Adult Social Care; it was established in 2009 and operates 24 hours a day, 365 days a year. HEART responders are trained to deal with emergencies such as trips and falls and regularly deliver personal care to clients. The response element is key to the council’s prevention agenda and has reduced the amount of ambulance call outs and hospital admissions.

There are approximately 5,000 people with a community alarm currently, of which, 31% are male and 69% female. Of the 5,000 users of Assistive Technology the age breakdown is estimated as follows:

| Age      | %     |
|----------|-------|
| Under 45 | 0.65% |

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| 45 to 54 | 1.66%  |
| 55 to 64 | 4.11%  |
| 65 to 74 | 12.76% |
| 75 to 84 | 37.61% |
| 85 Plus  | 43.21% |

The ethnicity of the active home alarm installations is estimated as 98.34% White British/Irish and Other White background, with all other recorded ethnicities equating to 1.68%.

Financially the service users are split, with 51% not paying for any of the services provided due to having a care plan or being in receipt of Housing benefit or Council Tax support.

SAPAT - The Appointee Service currently manages the financial affairs of 305 clients from mental health (12%), learning disability (56%) and elderly services (32%) provided by Adult Social Care, in both residential and community settings. The gender split is 47% female to 53% male.

The age breakdown is as follows:

| Age           | No. |
|---------------|-----|
| Under 20 – 29 | 30  |
| 30 – 39       | 33  |
| 40 – 49       | 52  |
| 50 – 59       | 59  |

|          |    |
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| 60 – 69  | 52 |
| 70 – 79  | 41 |
| 80 – 89  | 27 |
| 90 – 100 | 11 |

SMILE day services – consists of 407 service users, 55% of which are female. The recorded ethnicity is 96% White British, with all other recorded ethnicities equating to 4%. In terms of age, 30% are 60 years of age or above. There is no disproportionate impact on people living in rural areas as the transport is a fixed rate charge, regardless of location. The 143 service users accessing transport fall within the cohort detailed above.

**Disability:** Individuals affected by proposals, who use social care services, are recorded as having a learning disability with some having particularly complex needs, with secondary health conditions. Additionally, a large proportion are 65+ /very elderly and therefore it is likely that some, if not all, residents will have some kind of physical/mobility disability and potentially an element of dementia or other limiting long term illness. People are not being penalised as a result of a disability as the impact of the proposals does not relate to a disability but a person's assessed need and ability to contribute financially.

**Sexual Orientation:** The sexual orientation of the service users affected is not recorded on Care First record and, as the service entry requirements is a care needs assessment and financial assessment, where applicable there are no issues with this protected characteristic. Therefore, further investigation was not deemed necessary.

**Religion/Belief:** The religion of the service users affected is not recorded on Care First record and, as the service entry requirements is a care needs assessment and financial assessment, where applicable there are no issues with this protected characteristic. Therefore, further investigation was not deemed necessary.

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|                 |   | <p><b>Maternity/Pregnancy:</b> There is no data in relation to maternity/pregnancy for the service users affected but, as the service entry requirements is that the individual has a needs assessment and financial assessment, where applicable there are no issues with this protected characteristic. Therefore, further investigation was not deemed necessary.</p> <p><b>Gender Reassignment:</b> There is no data regarding gender reassignment in relation to the service users affected but, as the service entry requirements is that the individual has a needs assessment and financial assessment, where applicable there are no issues with this protected characteristic. Therefore, further investigation was not deemed necessary.</p> <p><b>Marriage/Civil partnership:</b> There is no data regarding marital/civil partnership status in relation to the service users affected but, as the service entry requirements is that the individual can have a financial assessment as part of a couple then additional investigation was carried out for this cohort. 161 individuals were identified as being in receipt of care and part of a couple and therefore specific engagement activity was built in to establish the extent of impact of the MIG proposal on this protected group.</p> |
| <p><b>4</b></p> | <p><b>Summary of the consultation/engagement activities</b></p> | <p>Consultation will be undertaken by each service area before any initiative is fully implemented and existing service users will be informed individually if they are to be affected by any of the changes.</p> <p>To date:</p> <p>Transport – 8 solutions focused meetings held during 30/1/19 to 11/2/19, which 33 people attended. Four people requested telephone participation.</p> <p>Data analysis suggests there is appetite for alternative transport delivery options to be explored and individuals / carers are not opposed to a small increase in charge</p> <p>SAPAT - Members of the Association of Public Authority Deputies (APAD) considered the introduction of a fee for delivering an appointeeship service and there is general consensus that</p>   |

this is a legal, fair and equitable charge which will allow public authorities to offset the costs of providing an essential frontline service to vulnerable adults living in their administrative areas.

Senior officers from the DWP have been consulted regarding whether there is any clause in DWP regulations that preclude public authorities from charging for providing an appointeeship service. Their response has been that there is nothing from the DWP perspective that prohibits public authorities charging a reasonable and proportionate fee for providing this service.

Portfolio Holder for Adult Social Care was consulted on all proposals on 2<sup>nd</sup> April 2019 and at regular intervals since.

The Communications and Engagement plan for the adult social care charges consultation was developed with all protected groups in mind, to ensure inclusion and accessibility.

- **Online Questionnaire:** Availability of an online survey, which consisted of 37 questions, with 200 people completing the survey by this method. People had between the 14<sup>th</sup> October and the 22<sup>nd</sup> December 2019 to have their say.
- **Paper Questionnaire:** Availability of a paper survey and large print version for those who did not have access to a computer/have internet access or expressed they had sight problems. Overall, 59 paper questionnaires were received during the consultation period.
- **Drop in sessions:** 15 drop in sessions were programmed throughout the Borough, to provide the public with opportunity to speak face to face with council officers, collect consultation materials or be supported to submit an online submission.  
The drop ins were held in an array of local libraries and community venues, in order to include a cross section of the population, with reasonable adjustments being made to ensure accessibility and comfort for attendees during the sessions.  
99 people attended these events overall.
- **Letter:** in excess of 7,000 service users directly mailed with a frequently asked questions document to advise of the consultation launch. There was an easy read version for those identified as having a learning disability and hand delivery to those identified as S117, to

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|  | <p>avoid any negative impact of the letter.</p> <ul style="list-style-type: none"><li>• <b>Events line:</b> Dedicated customer services events line for people to make contact and be handed off to the specific service areas where required, for specialised advice/information relating to the individual proposals.</li><li>• <b>Focus Groups:</b> The Consultation Institute was commissioned to deliver the focus groups, assisted by Council Officers as facilitators. Four focus groups (which were targeted events for Carers and those with LD/Autism) were held, with a total of 28 people attending. These events (ranging from 1.5 to 2.5 hours) gave people the opportunity to feedback their opinions around the proposals and the impact it would have on their lived experience. Although an additional focus group was arranged for older people there were no attendees to this event, most likely due to the proximity to Christmas.</li><li>• <b>Promotion:</b> The consultation was promoted across Team Doncaster networks, including Doncaster CCG, RDaSH, SLHD and SYFR (Safe &amp; Well). Additionally, it was included in the VCF newsletter and flyers/posters circulated across GP surgeries, libraries, customer access points across the Borough, SMILE centres, local Mosques and other religious centres. Social media was also employed in an attempt to reach as many residents as possible.</li><li>• <b>Easy Read:</b> The materials used for this consultation included the availability of an easy read booklet and advocacy, through Voiceability. The availability of other alternative formats, such as, languages was also promoted, although no requests were received for this.</li><li>• <b>Couples:</b> For the 161 people identified as receiving care and who are part of a couple a letter was directly mailed. Follow up phone calls were also made where 112 people were spoken with and a virtual financial assessment completed for 145 individuals, in order to be able to explain the potential worst-case impact if all the proposals were introduced.</li></ul> <p>During the consultation we have engaged with a number of stakeholders including:</p> <ul style="list-style-type: none"><li>• Adults with a learning disability and/or autism (ChAD and PFG)</li></ul> |
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|   |   | <ul style="list-style-type: none"> <li>• Carers and family members of those in receipt of services (Mencap Carers and Doncaster Partnership for Carers)</li> <li>• Partnership Boards</li> <li>• Professionals employed by DMBC, including commissioning and local ward members</li> <li>• Doncaster Clinical Commissioning Group (CCG)</li> <li>• Doncaster and Bassetlaw Trust Hospital</li> <li>• Patient Participation Group Network</li> <li>• Healthwatch Doncaster</li> <li>• RDash</li> <li>• SLHD</li> <li>• Advocacy Services (Voiceability and Speak Up)</li> <li>• Doncaster &amp; District Deaf Society</li> <li>• Active Independence</li> <li>• SAAFA</li> <li>• Age Uk</li> <li>• Making Space</li> <li>• Financial Inclusion Group</li> <li>• Inclusion and Fairness Forum</li> </ul> |
| 5 | <p><b>Real Consideration:</b></p> <p><b>Summary of what the evidence shows and how has it been used</b></p> | <p>The UK is facing significant pressure on its health and social care services as a result of its increasing and ageing population. Population change analysis shows that people are living longer and there are more people living with long term conditions, particularly dementia Demand for Adult Social Care is expected to rise each year.</p> <p>Data for: Doncaster<br/>Source: POPPI and PANSI population projections</p> <p><b>Population aged 65 and over, projected to 2023</b></p>   |

|   | <b>2019</b>   | <b>2020</b>   | <b>2021</b>   | <b>2022</b>   | <b>2023</b>   |
|---|---------------|---------------|---------------|---------------|---------------|
| People aged 65-69   | 16,800        | 16,900        | 17,100        | 17,500        | 17,900        |
| People aged 70-74   | 16,100        | 16,200        | 16,500        | 15,900        | 15,600        |
| People aged 75-79   | 11,000        | 11,400        | 11,900        | 13,000        | 13,800        |
| People aged 80-84   | 8,300         | 8,400         | 8,400         | 8,300         | 8,500         |
| People aged 85-89   | 4,800         | 4,900         | 5,000         | 5,100         | 5,200         |
| People aged 90 and over   | 2,500         | 2,500         | 2,600         | 2,600         | 2,700         |
| <b>Total population 65 and over</b>   | <b>59,500</b> | <b>60,300</b> | <b>61,500</b> | <b>62,400</b> | <b>63,700</b> |
| <b>People predicted to have a learning disability, by age</b>                                   |               |               |               |               |               |
|   | <b>2019</b>   | <b>2020</b>   | <b>2021</b>   | <b>2022</b>   | <b>2023</b>   |
| People aged 18-24 predicted to have a learning disability                                       | 592           | 578           | 567           | 558           | 555           |
| People aged 25-34 predicted to have a learning disability                                       | 1,031         | 1,023         | 1,013         | 1,001         | 989           |
| People aged 35-44 predicted to have a learning disability                                       | 921           | 941           | 959           | 979           | 1,002         |
| People aged 45-54 predicted to have a learning disability                                       | 983           | 963           | 941           | 916           | 896           |
| People aged 55-64 predicted to have a learning disability                                       | 927           | 943           | 954           | 964           | 968           |
| People aged 65-74 predicted to have a learning disability                                       | 714           | 719           | 730           | 724           | 725           |
| People aged 75-84 predicted to have a learning disability                                       | 388           | 399           | 410           | 431           | 452           |
| People aged 85 and over predicted to have a learning disability                                 | 140           | 143           | 147           | 151           | 153           |
| <b>Total population</b>   | <b>7715</b>   | <b>7729</b>   | <b>7742</b>   | <b>7746</b>   | <b>7763</b>   |
| <b>People aged 65 and over predicted to have dementia, by age and gender, projected to 2023</b> |               |               |               |               |               |
|   | <b>2019</b>   | <b>2020</b>   | <b>2021</b>   | <b>2022</b>   | <b>2023</b>   |
| People aged 65-69 predicted to have dementia  | 278           | 280           | 283           | 290           | 296           |
| People aged 70-74 predicted to have dementia  | 491           | 494           | 503           | 485           | 476           |
| People aged 75-79 predicted to have dementia  | 665           | 682           | 706           | 779           | 821           |
| People aged 80-84 predicted to have dementia  | 922           | 932           | 921           | 931           | 941           |
| People aged 85-89 predicted to have dementia  | 873           | 893           | 908           | 928           | 943           |
| People aged 90 and over predicted to have dementia  | 790           | 790           | 790           | 849           | 849           |

|   |               |               |               |               |               |
|---|---------------|---------------|---------------|---------------|---------------|
| <b>Total population aged 65 and over predicted to have dementia</b>   | <b>4,018</b>  | <b>4,071</b>  | <b>4,110</b>  | <b>4,261</b>  | <b>4,326</b>  |
| <b>People aged 65 and over with a limiting long-term illness, by age, projected to 2023</b>   |               |               |               |               |               |
|   | <b>2019</b>   | <b>2020</b>   | <b>2021</b>   | <b>2022</b>   | <b>2023</b>   |
| People aged 65-74 whose day-to-day activities are limited a little  | 8,323         | 8,373         | 8,500         | 8,449         | 8,474         |
| People aged 75-84 whose day-to-day activities are limited a little  | 5,895         | 6,047         | 6,200         | 6,506         | 6,811         |
| People aged 85 and over whose day-to-day activities are limited a little  | 1,593         | 1,614         | 1,658         | 1,702         | 1,723         |
| <b>Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little</b>   | <b>15,810</b> | <b>16,035</b> | <b>16,358</b> | <b>16,656</b> | <b>17,009</b> |
| People aged 65-74 whose day-to-day activities are limited a lot   | 7,710         | 7,757         | 7,874         | 7,828         | 7,851         |
| People aged 75-84 whose day-to-day activities are limited a lot   | 6,814         | 6,990         | 7,167         | 7,520         | 7,873         |
| People aged 85 and over whose day-to-day activities are limited a lot   | 3,659         | 3,709         | 3,809         | 3,910         | 3,960         |
| <b>Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot</b>  | <b>18,183</b> | <b>18,457</b> | <b>18,851</b> | <b>19,257</b> | <b>19,684</b> |
| <p>This increased demand comes at a time of unprecedented financial pressure with an overall reduction in the finance settlement for Doncaster from Government and no removal or reduction in the statutory obligations and legal responsibilities that are incumbent on the Council. The introduction of the Care Act has, in fact, increased the breadth and scale of these obligations and responsibilities, both in the short and longer term.</p> <p>The analysis shows that older people are currently more likely to make a contribution towards their care costs. It is not anticipated that the removal of subsidies will result in any difference to the proportions of groups contributing to the cost of their care. It also shows that although a greater number of females are in receipt of services, males will also be impacted upon by the charging arrangements, since the proposals are means tested and only those considered to have the financial means will be expected to pay.</p> |               |               |               |               |               |

The ethnic origin of service users largely mirrors the picture of Doncaster as a whole, with White British being the largest ethnic group. It is therefore not anticipated that there would be a likelihood of people from other ethnic backgrounds being disproportionately impacted by the changes as it is calculated upon assessed income and need. This is also evidenced by the consultation survey results, which returned the following analysis:

|  | Female     | Male      | Other    | Prefer not to say | Total      | %           |
|--|------------|-----------|----------|-------------------|------------|-------------|
| Any other background                             | 2          | 1         |          | 2                 | 5          | 2.0%        |
| Any other Black / African / Caribbean background | 1          | 1         |          |                   | 2          | 0.8%        |
| Any other white background                       | 1          |           |          |                   | 1          | 0.4%        |
| English/Welsh/Scottish/Northern Irish/British    | 147        | 76        |          | 9                 | 232        | 93.5%       |
| Gypsy or Irish traveller                         |            |           | 1        |                   | 1          | 0.4%        |
| Indian   |            | 1         |          |                   | 1          | 0.4%        |
| Irish  | 1          |           |          |                   | 1          | 0.4%        |
| Pakistani  |            | 1         |          |                   | 1          | 0.4%        |
| White and Asian                                  | 2          | 1         |          |                   | 3          | 1.2%        |
| White and Black Caribbean                        |            | 1         |          |                   | 1          | 0.4%        |
| <b>Total</b>                                     | <b>154</b> | <b>82</b> | <b>1</b> | <b>11</b>         | <b>248</b> | <b>100%</b> |

It is noted that there is clear evidence to show that disabled people, older people and people from minority ethnic backgrounds have proportionately lower levels of income. However, service users who already receive the services without a charge, or who are charged a contribution, would not be affected negatively by the proposed charging arrangements as they would already have reached their contribution threshold. Only those self funders on higher incomes or who have significant savings will be affected. Not all people would be able to meet an increased charge solely because they have certain protected characteristics.

SAPAT continues to deal with the most vulnerable client groups, predominately Learning Disability, Physical Disability and Mental Health. The charging arrangements proposed reflect the need of SAPAT to sustain this non-statutory service moving forward. This will also offset some of the staff

costs for the ongoing management of the client's benefits and potentially allow for the recruitment of additional staff to allow the service to support more eligible clients. Otherwise, clients would need to access support outside of the local authority, expected to be at a higher cost.

The results of the couples assessments show that 97 of the 145 cases completed would be adversely affected and for some by the highest weekly amount. The MIG proposal has been identified for phased implementation in order to mitigate the impact for the individuals.

Currently the amount charged for Homecare, Day Care and Transport is subsidised by the Council which means that no-one is currently charged the actual cost of services/provision. Different levels of subsidy are applied to different services and this means that some service users benefit from a larger subsidy than others. For example, services users accessing Day Care benefit from a much larger subsidy than users accessing Homecare. This is clearly unfair and happens irrespective of ability to pay. The charging proposals support a more equitable system, thus enabling resources to be targeted and used by those most in need. It is not anticipated that the removal of or change to subsidies will result in any significant difference to the proportions of groups contributing to the cost of their care.

The determining factor in relation to contributions to non-residential care costs is the current government guidance on charging and calculation contributions. By following this guidance DMBC can demonstrate that the amount a person might have to pay towards their care and support is always linked to ability to pay and thus ensures fairness across all protected characteristics.

Most of the individuals affected by this statement have had a review undertaken in the past 12 months to ensure that a full picture of their current status and needs is available. Plans are in place to review those outstanding. Reviews are asset and strength based, giving consideration to a range of different ways support for eligible needs can be delivered which may help to reduce costs. A further review may be undertaken once the final charging arrangements have been agreed. Financial assessments will also be offered, to calculate an individual's contribution and this will be the basis for deciding how much, if anything, they can afford to pay. This also provides the opportunity to be able to identify and maximise income.

The Your Life Doncaster website will be kept current and up to date, with new provider details being promptly added. This will ensure that service users have access to a range of information about services and organisations to access for support, thus ensuring those who are effected are supported to minimise any impact.

Although being a Carer is not a protected characteristic, it should be noted that there may be an impact for this group of people if service users decide to reduce or withdraw their package of support as a result of the changes to charges and fees. Carers and family members may be expected to bridge this gap.

Benchmarking information showing charges other authorities have in place for some of the charging areas is shown in the table below:

| Charging Area      | Benchmarking   |
|--------------------|--|
| Home Alarm Service | <p><b>Sheffield</b> City Wide Care Alarms service, including installation, monitoring, support worker response and maintenance, is £4.93 per week.</p> <p>Battery operated unit is £5.45 and the service using a mobile phone is £5.50 per week.</p> <p>Additional alarm prices vary (e.g. fall detectors).</p> <p><b>Rotherham</b> Community Alarm is £2.98 per week: Includes pendant alarm plus, alert a neighbour, relative or friend. If problem is serious; for example a fall, alert emergency services or mobile response team.</p> <p>There is no charge for assistive technology equipment.</p> <p>Council tenants - the service charge can be paid as part of rent payments.</p> <p><b>Wakefield</b></p> <p>£4.69 per week: Standard (24hr monitoring, alarm unit installation, pendant alarm, Key contact notification)</p> <p>£7.70 per week: Premium (Standard + emergency response)</p> |

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|  |  | <p>£17.36 per week: Premium plus (Premium + home visiting and agreed support plan)</p> <p>£24.08 per week: Take a Break (Premium Plus + Daily welfare call)</p> <p>£9.73 per week: Home visiting (Home Visiting and agreed support plan)</p> <p><b>Wigan</b></p> <p>£3.93 per week: Monitoring and maintenance of equipment</p> <p>£2.00 per week: Mobile response service</p> <p><b>Barnsley</b></p> <p>£4.20-4.75 per week: Safe and secure at home (Includes response plus; lifeline alarm unit, smoke detector, bogus caller button, carbon monoxide detector)</p> <p>£5.25 per week: Safe and well at home with medication support (alarm unit plus - plays pre-recorded reminders)</p> <p>£5.25 per week: Falls package (Lifeline alarm unit, smoke detectors, bed sensor, free optional extras: fall detector, motion sensor)</p> <p>£5.25 per week: Memory package (Lifeline alarm unit, smoke detectors, bed sensor, free optional extras property exit sensor, temperature extremes sensor, flood detector, carbon monoxide detector, user reminders, motion sensor)</p> <p><b>Calderdale</b></p> <p>£4.51 per week: Community care alarm service (includes pendant plus emergency personal assistance from Home Responder)</p> <p><b>Kirklees</b></p> <p>£4.60 per week: Standard Carephone package (emergency pendant, smoke detector and carbon monoxide detector)</p> <p>£5.05 per week: Enhanced Carephone package (standard + one or more additional devices -</p> |
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|  |  |                                  | <p>alert a local carer, bed occupancy sensor, reminder messages, chair occupancy sensor, epilepsy sensor, fall detector, flood detector, gas detector, GPS location device, high and low temperature sensor, intruder alarm, medication dispenser, movement sensor, property exit sensor)</p> <p><b>North Lincs</b></p> <p><u>Safety Package</u></p> <p>Installation &amp; Programming      £45.00</p> <p>Home Based Alarm Plus - 2 Smoke Detectors, 1 Carbon Monoxide Sensor per week £5.50.</p> <p><u>Care Package</u></p> <p>Installation &amp; Programming      £45.00</p> <p>Home Alarm, Bed Sensor, Fall Sensor, Chair Sensor per week £6.60</p> <p><b>Hull</b></p> <p>Kingston Care Lifeline £3.54 per week</p> <p>Pendant alarm plus contact identified responder (family member, friend, neighbour, doctor or the emergency services).</p> |
|  |  | Care at home                     | <b>Rotherham</b> The introduction of charges where additional carers are provided. As per Cabinet report: Benchmarking analysis has identified that a number of the Authorities in the region now charge for more than one carer (Wakefield, East Riding, Barnsley, Hull and Sheffield).  |
|  |  | Day Opportunities – Day Services | <p><b>Rotherham</b> Meal charges are variable. Care charge £30.72 per day<br/> <a href="https://www.rotherham.gov.uk/info/200593/social_care_and_support/715/paying_for_care_and_support/2">https://www.rotherham.gov.uk/info/200593/social_care_and_support/715/paying_for_care_and_support/2</a></p> <p><b>Barnsley</b> AGE UK - contact district social work office for an assessment of needs under the Fair Access to Care criteria (FACS).<br/> £38.04 per day to people outside the FACS criteria who wish to purchase privately and to people receiving a Personal Budget</p>   |

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|  |   | £3.50 additional for lunch   |
|  | Day Opportunities – Transport                               | <p><b>Rotherham</b> Flat rate: £5.27 per journey<br/> <a href="https://www.rotherham.gov.uk/info/200593/social_care_and_support/715/paying_for_care_and_support/2">https://www.rotherham.gov.uk/info/200593/social_care_and_support/715/paying_for_care_and_support/2</a></p> <p><b>Halton</b> £3.10 per single journey <a href="https://www3.halton.gov.uk/Pages/adultsocialcare/pdf/NonResidentialCharges.pdf">https://www3.halton.gov.uk/Pages/adultsocialcare/pdf/NonResidentialCharges.pdf</a></p>  |
|  | Safeguarding personal assets (SAPAT) Appointeeship          | <p><b>Wigan</b> £15 per week<br/> <a href="https://www.wigan.gov.uk/Resident/Health-Social-Care/Adults/will-i-have-to-pay/managing-someone-elses-finances.aspx">https://www.wigan.gov.uk/Resident/Health-Social-Care/Adults/will-i-have-to-pay/managing-someone-elses-finances.aspx</a></p> <p><b>Kirklees</b> £10 per week – community, £5 per week – residential<br/> <a href="http://www.kirklees.gov.uk/involve/publisheddoc.aspx?ref=l0ex4eyt&amp;e=853">http://www.kirklees.gov.uk/involve/publisheddoc.aspx?ref=l0ex4eyt&amp;e=853</a></p> <p><b>Halton</b> £10 per week – community, £7 per week - residential<br/> <a href="https://www3.halton.gov.uk/Pages/adultsocialcare/pdf/NonResidentialCharges.pdf">https://www3.halton.gov.uk/Pages/adultsocialcare/pdf/NonResidentialCharges.pdf</a></p> <p><b>Bolton</b> £5 per week flat rate charge Where the Service User has capital under £1,000 there will be no fee due. <a href="https://www.democracy.bolton.gov.uk/CMIS5/Document">https://www.democracy.bolton.gov.uk/CMIS5/Document</a></p> <p><b>Sheffield</b> £13.00 per week</p> <p><b>Nottingham</b> £12.00 per week</p> <p><b>Northampton</b> £18.00 per week</p> |
|  | Safeguarding personal assets (SAPAT) Protection of Property | <p><b>Kirklees</b><br/> Property management - £270 per year<br/> Administration fee for estate management - £325 per year<br/> <a href="http://www.kirklees.gov.uk/involve/publisheddoc.aspx?ref=l0ex4eyt&amp;e=853">http://www.kirklees.gov.uk/involve/publisheddoc.aspx?ref=l0ex4eyt&amp;e=853</a></p>   |
|  | Arrangements for people who pay for their own care in full  | <p><b>Wakefield</b> £280 per year <a href="https://www.wakefield.gov.uk/Documents/health-care-advice/adult-services/self-directed-support.pdf">https://www.wakefield.gov.uk/Documents/health-care-advice/adult-services/self-directed-support.pdf</a></p> <p><b>Kirklees</b> £250 per annum <a href="http://www.kirklees.gov.uk/involve/publisheddoc.aspx?ref=l0ex4eyt&amp;e=853">http://www.kirklees.gov.uk/involve/publisheddoc.aspx?ref=l0ex4eyt&amp;e=853</a></p> <p><b>North East Lincolnshire</b> £50 per care package per annum <a href="https://www.nelincs.gov.uk/wp-content/uploads/2018/08/Charging-and-Financial-Assessment-for-Adult-Care-and-Support-Services-V3.pdf">https://www.nelincs.gov.uk/wp-content/uploads/2018/08/Charging-and-Financial-Assessment-for-Adult-Care-and-Support-Services-V3.pdf</a></p> <p><b>York</b> £500 per year</p>  |

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|  | <p><b>East Riding of Yorkshire</b> £200 per year</p> <p><b>Lincolnshire</b> £445 one off fee <a href="https://www.lincolnshire.gov.uk/adult-care/employment-legal-and-financial/social-care-charges/financial-assessment-and-charging/129642.article">https://www.lincolnshire.gov.uk/adult-care/employment-legal-and-financial/social-care-charges/financial-assessment-and-charging/129642.article</a></p> <p><b>Barnsley</b> £122 (information based support), £260 (task based support)</p>  |
|  | Financial assessment procedure changes   |
| Maximum weekly charge for non residential services                     | <p><b>Barnsley</b> Removal of the current £150 weekly cap on contributions towards care and support in the community - any charges would be calculated against the full cost of the care/support a person receives.</p> <p><b>Rotherham</b> Removal of Maximum Charge. Currently a maximum charge of £445 per week for non-residential charges which is based on the current residential care fee to independent providers for Elderly service users.</p>  |
| Enhanced daily living component of Personal Independence Payment (PIP) | <p><b>Sheffield</b> Include the enhanced daily living component of Personal Independence Payments, when carrying out non-residential financial assessments for all services not just services provided at night</p> <p><b>Barnsley</b> Include the enhanced daily living component of Personal Independence Payments, when carrying out non-residential financial assessments for all services not just services provided at night</p> <p><b>Wakefield</b> Include the enhanced daily living component of Personal Independence Payments, when carrying out non-residential financial assessments for all services not just services provided at night (recent change)</p> |
| Financial Assessments for residential respite and short stay care      | <p><b>Sheffield</b> Financial Assessment for residential respite is under residential rules</p> <p><b>Wakefield</b> First 8 weeks respite charged at a flat rate of £142.35 after which time a financial assessment is conducted under residential rules.</p>  |
| Minimum Income Guarantee (MIG)   | All of these councils use the Government set MIG rates:  |

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|          |  |  | <b>Sheffield, Rotherham, Barnsley, Wakefield, Hull, York and NE Lincs</b> |
| <b>6</b> | <b>Decision Making</b>                       | A reference has been made to the DRS within the Adult Social Care Charges Cabinet Report for 25 <sup>th</sup> February 2020 and a full DRS is appended to the Cabinet report. This enables the decision makers to be aware of and consider any equality issues.  |   |
| <b>7</b> | <b>Monitoring and Review</b>                 | The DRS is a live document and as such will be regularly reviewed, revised and updated to ensure that due regard is taken at all points during implementation.<br>The individual initiative leads will make sure that they take account of the latest information available and the overall statement will be monitored by the Charges Task and Finish Group. Key points and emerging issues will be escalated to the Directorate Leadership Team. |   |
| <b>8</b> | <b>Sign off and approval for publication</b> | Howard Monk – Head of Service, Strategy and Performance<br>12 <sup>th</sup> February 2020  |   |