

**Notice of a public meeting of
Decision Session - Cabinet Member for Health, Housing and Adult
Social Services**

To: Councillor Simpson-Laing
Date: Wednesday, 12 December 2012
Time: 4.30pm
Venue: The Guildhall, York

AGENDA

Notice to Members – Calling In

Members are reminded that, should they wish to call in any item on this agenda, notice must be given to Democracy Support Group by:

4.00pm on Friday 14 December 2012 if an item is called in after a decision has been taken.

Items called in will be considered by the Corporate and Scrutiny Management Committee.

Written representations in respect of items on this agenda should be submitted to Democratic Services by 5pm on **Monday 10 December 2012**.

1. Declarations of Interest

At this point, Members are asked to declare:

- any personal interests not included on the Register of Interest
 - any prejudicial interests or
 - any disclosable pecuniary interests
- which they may have in respect of business on this agenda.

- 2. Minutes** (Pages 1 - 4)
To approve and sign the minutes of the meeting held on 27 September 2012.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak at the meeting can do so. The deadline for registering is **5pm on Tuesday 11 December 2012.**

Members of the public may register to speak on:

- an item on the agenda;
- an issue within the Cabinet Member's remit;

4. Local Account for Adult Social Care 2012 (Pages 5 - 44)

This report introduces the contents of the City of York's Local Account for Adult Social Care 2013 (Annex 1) and asks the Cabinet Member to note the performance and priorities in the Local Account 2012 and approve the Local Account, with any relevant changes, for general publication.

5. Review of the Fairer Contributions Policy for Non- Residential Care Services: moving to 'Personal Accounts' to deliver choice and control (Pages 45 - 94)

The Cabinet Member is asked to agree changes to the current contributions policy to support the development of a more consistent, transparent and fair approach to the way personal budgets are provided, and reduce some disincentives for people to take their personal budget as a direct payment.

6. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972

Democracy Officers:

Names: Catherine Clarke and Louise Cook (job share)

Contact Details:

- Telephone – (01904) 551031
- E-mail – catherine.clarke@york.gov.uk and louise.cook@york.gov.uk

For more information about any of the following please contact the Democracy Officers responsible for servicing this meeting Catherine Clarke or Louise Cook.

- Registering to speak
- Written Representations
- Business of the meeting
- Any special arrangements
- Copies of reports

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If you would, you will need to:

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- ensure that what you want to say speak relates to an item of business on the agenda or an issue which the committee has power to consider (speak to the Democracy Officer for advice on this);
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Further information about what's being discussed at this meeting

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The majority of councillors are not appointed to the Cabinet (39 out of 47). Any 3 non-Cabinet councillors can 'call-in' an item of business following a Cabinet meeting or publication of a Cabinet Member decision. A specially convened Corporate and Scrutiny Management Committee (CSMC) will then make its recommendations to the next scheduled Cabinet meeting, where a final decision on the 'called-in' business will be made.

Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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City of York Council

Committee Minutes

MEETING	DECISION SESSION - CABINET MEMBER FOR HEALTH, HOUSING AND ADULT SOCIAL SERVICES
DATE	27 SEPTEMBER 2012
PRESENT	COUNCILLOR SIMPSON-LAING
IN ATTENDANCE	COUNCILLOR WISEMAN

6. **DECLARATIONS OF INTEREST**

The Cabinet Member was invited to declare at this point in the meeting any personal, prejudicial or disclosable pecuniary interests she might have in the business on the agenda. No interests were declared.

7. **MINUTES**

RESOLVED: That the minutes of the last Decision Session of the Cabinet Member for Health, Housing and Adult Social Services held on 1 August 2012 be approved and signed by the Cabinet Member as a correct record.

8. **PUBLIC PARTICIPATION**

With the agreement of the Cabinet Member, Councillor Wiseman spoke regarding the recommendations in agenda item 4 (Fair Price for Care – Residential and Nursing Care Fees).

She asked the Cabinet Member where the funding would be found for the proposals when there was no provision within the budget. She also asked what strategy would be implemented to cover the increase in future years. The Director, Adults, Children and Education and the Cabinet Member responded to these questions during discussion of the report (see Minute 9).

9. FAIR PRICE FOR CARE - RESIDENTIAL & NURSING CARE FEES

The Cabinet Member considered a report which advised her of the negotiations undertaken with the Independent Care Group on proposals to increase fee levels paid to independent sector residential and nursing homes in 2012-13. The report sought her approval on a fee level increase for 2012-13 and also informed her of a commitment to undertake a fee modelling exercise to assess a "Fair or Actual Price for Care" to inform subsequent years' fee levels.

The Cabinet Member considered a written representation which had been submitted by the Chair of the Independent Care Group. The statement confirmed that the Group had sought a 6.5% increase and the initial offer of a one percent increase proposed by City of York Council of York Council would not even go half way to addressing the significant cost pressures faced by providers in recent years which included rising heating, lighting and food bills coupled with increases in staffing costs.

The Director of Adults, Children and Education (ACE) confirmed that that lengthy and detailed discussions had taken place with the independent Care Group regarding the proposals and the ICG's contribution to the process was welcomed.

With regard to Councillor Wiseman's question as to how the proposed increase in funding would be met, he clarified that the costs would have to be met through existing budgets. Contextually he described how, whilst there was not an increase in the overall number of residential and nursing home placements, a change had occurred in the balance of placements with more nursing placements (high dependency care). With regard to her question on what strategy would be implemented to cover increases in future years, he advised her that this had already been raised as part of budget discussions to date. He emphasised however that due regard would be given to the agreed fair price for care work but that this would inevitably have to be balanced against other competing priorities.

He stressed the need to maintain high quality, safe and sustainable independent care. He stated that the two percent increase now proposed by City of York Council was at the top end of what was being offered nationally by local authorities,

with some, even following judicial review, offering no increase in funding.

The Cabinet Member expressed disappointment that the Chair of the ICG had not been able to attend the meeting. She thanked Councillor Wiseman for her comments acknowledging her concerns over costs and confirmed they would work within the budgets to manage the increase. She advised that they would continue to work with the ICG to take the proposals forward.

RESOLVED: (i) That the award of an additional 1% inflationary fee increase to residential and nursing care providers in York, effective from the 1 October 2012, be approved.

(ii) That the commitment to undertake an exercise to consider the actual cost of care home fees, and the council's commitment to give this "due regard" when setting fees for 2013-14 onwards, be noted.

REASON: To continue to stabilise the care home market within York, to recognise the consultation that remains ongoing and to recognise the cost pressures currently facing the sector.

Councillor T Simpson-Laing, Cabinet Member
[The meeting started at 4.30 pm and finished at 4.50 pm].

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Meeting of the Decision Session – Cabinet Member for Health, Housing and Adult Social Services

12 December 2012

Report of the Director of Adults, Children and Education

Local Account for Adult Social Care 2012

Summary

1. This report introduces the contents of the City of York's Local Account for Adult Social Care 2013 (Annex 1).
2. This is the second annual Local Account which has been created to describe the performance of Adults Social Care Services in the city.
3. The Cabinet Member is asked to:
 - i. note the performance and priorities in the Local Account 2012
 - ii. approve the Local Account, with any relevant changes, for general publication

Background

4. In 2010 the government introduced the '*Reducing the Burden*' initiative, and as part of this the requirement for local authorities to be judged under a formal Annual Performance Assessment by the Care Quality Commission (CQC) was removed.
5. The Department of Health publication '*Transparency in Outcomes – A Framework for Adult Social Care*' recommended the creation of a public facing local account document as a way of highlighting performance in councils, and allowing the public to hold the local authority to account for its performance in adults social care.
6. The Local Account is seen as an integral part of the sector led improvement initiative and serves as the way in which other authorities can review, challenge and support improvements performance of another local authority. During 2012 the Yorkshire

and Humber regional sector led improvement initiative has been developed substantially, and utilises the Local Accounts published in the region as the initial stage in this process.

7. The first Local Account was considered by the Cabinet Member meeting in December 2011 prior to its publication online in early January 2012.
8. This new Local Account 2012 highlights a number of achievements and areas of good performance:
 - a. *Value for money*: The adult social care budget in 2011-12 accounted for 17% of the entire council budget. This is lower than the 19% of budget which is the average council budget spent on adult social care in comparable local authorities. City of York has the lowest calculated spend per head of population on adult social care at £206 per year, compared to an average of £273 pounds in areas of similar size. We spend around 10% of our budget on care management and professional support, which is the advised optimum level for care assessment and review processes.
 - b. *Self Reported Quality of Life*: results for York were higher in every reported category than the regional and the average across other unitary authorities.
 - c. *Access to information*: Over 81% of people responding to our survey said they found information and advice about services easy to access. This was higher than the Yorkshire and Humber regional average and the average for other unitary authorities which were 73.1% and 75.2% respectively.
 - d. *Making people feel safe*: 83% of those responding to our survey said that the care and support services they received helped them feel safe; this is higher than the regional average and higher than the average of the other unitary authorities which were 75.6% and 77.8% respectively.
9. The Local Account has also highlighted 14 areas of improvement:
 - a. To reduce the waiting lists for carers assessments.
 - b. To increase direct payments and self directed support across all groups with a particular emphasis on the promotion of these to older adults, mental health and physical disability groups.

- c. To implement an online market place which will sit alongside our directory of services and will allow individuals to access and purchase services from the market directly.
- d. To provide information and advice on the range of options for choosing support staff and guide their recruitment, employment and management of personal assistants and other personal staff including advice about legal issues.
- e. To ensure that the actions in the services plans within City of York adult social care reflect the priorities agreed with York citizens through the Health and Wellbeing Boards and continue to actively involve people who use services in all levels of service design and decision making.
- f. To continue to make support more personalised and deliver greater levels of choice and control; implementing through scrutiny a self assessment of our progress and identifying the priority areas for development.
- g. To review our sheltered employment service at Yorkcraft, and to support people to get into mainstream jobs in the wider economy.
- h. To investigate methods of increasing the number of adults in contact with learning disabilities and receiving secondary mental health services living independently.
- i. We will consider further opportunities to embed the reablement approach more widely in the delivery adult social care.
- j. To support the creation of integrated Neighbourhood Care Teams across the city.
- k. To work with health colleagues to drive down the number of delayed discharges from hospital into the community through joint working, increased communication and increasing the availability of reablement.
- l. To share the findings of our survey with our colleagues on the safeguarding board, highlighting where the York responses differ from that of the region and look to promote existing initiatives that improve feelings of safety.
- m. To ensure that more than 90% of protection plans are signed where consent has been received.
- n. To work with drug and alcohol service commissioners in the city to develop referral links and to make sure there is a shared

understanding of safeguarding within all drug and alcohol services.

- o. To work with partners and residential suppliers to improve the standard of information made to customers going into long term residential care. To improve the quality of information made available on cost and care to the families of these residents.
- 10. The improvements highlighted in the Local Account will be fed into service plans for 2013 to be tracked through the directorate performance management framework for delivery. The Local Accounts of all 15 local authorities across the Yorkshire and Humber region are also being shared and used to promote sector led regional improvement work.

Consultation

- 11. Since its publication online the Local Account 2011 received 699 'hits'. The 2011 document provided a number of methods by which readers could feedback on the content including a dedicated email address, by post, by telephone and an online survey. We received no formal feedback on the documents as a result of its publication.
- 12. The Local Account 2012 contains feedback from national and local satisfaction surveys about services and experiences of social care. The responses have shaped the priorities for the coming year.
- 13. The limited public feedback on the previous Local Account was something common to all councils in the region. To address this for 2013, it is intended that the Local Account is actively promoted at user groups and boards within the city to specifically illicit feedback and comment on style and content, and these comments will feature in the future versions of the Local Account.
- 14. Following approval, the content of the new Local Account will be developed into a public version of the document with a limited print run in order that it can be accessed in the city's libraries and offices. A branded version of this document will be made available on line, and an "Easy Read" version will be made available.

Options

15. Option 1: Approve the Local Account 2012, with any relevant changes, for general publication.
16. Option 2: To reject the content and analysis of Local Account 2012.

17. Analysis

Option	Advantages	Disadvantages
Option 1: Approval	<ul style="list-style-type: none"> • Allows CYC to engage with Regional Sector Led improvement • Meet Department of Health publication 'Transparency in Outcomes best practice of local accountability 	<ul style="list-style-type: none"> • None
Option 2: Rejection	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Does not allow CYC to engage with Regional Sector Led improvement. • Potential reputational issues as majority of other Local Authorities now produce a Local Account.

Council Plan

18. The content of the Local Account has direct links to the priorities established to protect vulnerable people in the council plan for 2011-15; specifically in its establishment of local priorities in support of:
 - investment in services to support people in the community, including telecare and reablement provision
 - safeguarding adults
 - promoting independence through individual budgets

Implications

Equalities

19. The Local Account has to be accessible and as such advice and guidance in the production of an easy read version of the document will be sought through equality officers.

Other

20. There are no financial, human resource, legal, crime and disorder, information technology or property implications arising from this report.

Risk Management

21. There are no known risks in the publication of the Local Account 2012.

Recommendations

22. The Cabinet Member is asked to:

- i. note the performance and improvements described in the Local Account 2012
- ii. approve the Local Account, with any relevant changes, for general publication

Reason: Approval by Cabinet will enable ACE to engage in the regional Service Led Improvement programme for 2012-13 and to meet its commitment to the Promoting Excellence in Councils' Adults Social Care Programme Board, and good practice in producing an annual Local Account.

Contact Details

Author:	Chief Officer Responsible for the report:		
Mike Richardson Performance & Improvement Manager Tel No. 554355	Pete Dwyer Director of Adults, Children and Education		
	Report Approved	✓	Date 30/11/12
Specialist Implications Officer(s) - None			
Wards Affected:			All ✓
For further information please contact the author of the report			

Background Papers

None

Annexes

Local Account for Adult Social Care 2013

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Local Account for Adult Social Care 2012

Foreword

We are pleased to welcome you to the City of York Local Account for Adult Social Care for 2012. This is an important opportunity for us to engage with you about our work in adult social care over the past year. This report will highlight areas where we believe we have performed well and of even more importance those areas where we need to continue with you to improve our services.

We believe that our services overall represent excellent value for money and achieve a lower spend per head of population than areas of a similar size. However, like all areas of the country, York is facing the challenge of increasing numbers of people needing higher levels of support and care. These numbers are expected to continue to grow and the available money will continue to shrink.

Inevitably we will have to take some tough decisions around how services are delivered and needs met. Be assured that we will continue to look for greater efficiencies in what we do and use all the tools at our disposal to strive for the delivery of the high quality care and support local citizens require and deserve.

We will continue to work to prevent people becoming dependent on social care where we can, helping people stay healthy and independent in their communities and homes. For those who need our services we will use reablement services and supporting technology to help people regain and keep their independence. For those who need long term care, we will support them and their carers to have both choice and control about their own care.

We are aware of the challenges ahead, and have highlighted those areas that need our attention and improvement during 2013, but we also continue to see improving outcomes for people using our services in the city in a period of significant challenge. Many of the challenges for the public sector can be better faced by greater integration of health and social care. We are confident that the new Health and Wellbeing arrangements being introduced will see a move toward more seamless enhanced community based provision.

Most of all we would like to hear from you about what you think of our assessment of performance, and the priorities and activity we have set out for the coming year. You can do this through the internet or by post; the details for making your comments are shown at the end of this document. But this is not just about commentary on our words and analysis; it is about engagement in genuine debate about solutions and improvement. We look forward to your feedback and future conversations.

Cllr Tracey Simpson-Laing - **Cabinet Member for Health, Housing & Adult Social Services**

Pete Dwyer - **Director of Adults, Children and Education**

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York: a beautiful and thriving city.

Most people in York can expect to have a good quality of life, and we are privileged to live in an historic city with great opportunities. We can expect to be well educated, have access to good quality employment and, for the most part, live long, healthy and happy lives.

People in York in 2012 can expect to live longer too. Advances in medical care and public health mean that many people with complex conditions and disabilities are living longer. These changes in the make-up of our city place increased demands on health and social care services in York at a time where overall budgets are under pressure.

The increase in the population requiring care is seen very clearly in our data. We are supporting over one thousand more people with care services compared with four years ago.

Importantly and encouragingly that increase has been in support to maintain independence in the community and not in increases in numbers of care home placements... There is a steady increase in people accessing services which help keep them independent in their homes, such as items of equipment or adaptations to the property. We have also seen an increase in the use of Telecare and Warden Call services, keeping people safe and confident. Fewer numbers of people are receiving traditional services such as home or day care in this time, but the data is telling us that those people who need to use our more intensive services need more specialised and complex support and care for a longer period of time.

We know that there are a great many carers in York who support friends and family, and we can expect this number to rise. Recent estimates suggest there were over 18,500 adult carers in York in 2010 with over 3000 people providing at least fifty hours of care a week, and nearly 1500 carers were assessed as carrying out substantial and regular care. We want to recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York. We will endeavour to provide support which genuinely makes carers' lives easier and lets them know we value their contribution.

It is estimated that at any one time there are around 25,000 York residents experiencing various kinds of mental health problems, ranging from depression to enduring conditions such as dementia. Our services need to be prepared for a growth in these conditions.

York is a beautiful and thriving city, and as it grows and changes we, in dialogue with local residents, want to make sure that our services continue to improve and develop to meet the needs of its citizens.

Our Priorities

The priorities for Adult Social Care in York are based this report around the 4 key domains outlined by the government in its “Transparency in outcomes: a framework for adult social care”.

- Enhancing quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring that people have a positive experience of care and support.
- Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm.

These outcomes are aligned with our wider City of York Council plan 2011-2015 which, alongside other key priorities, sets out our commitment to protect vulnerable people in the city. As part of our contribution to this we are committing to meet these priority areas:

- Providing great facilities that support dedicated high quality care for people with dementia and other specialist needs.
- Investing in Telecare equipment and doubling the capacity of the Reablement Service to support more people to continue to live in their own homes.
- Operating effective safeguards to protect vulnerable adults whilst also promoting individual budgets so people can exercise greater choice and control over their lives.
- Ensuring that more people will live for longer in their own homes.
- Focussing on independence and greater choice and control over their lives for vulnerable people.
- Year on year capacity of the community based services will increase to support more people in the home of their choice and enjoying an improved quality of life.

The City of York Report Health and Wellbeing in York, Joint Strategic Needs Assessment 2012 (JSNA) identified four main themes that have a direct impact on what we plan to do:

- We must intervene early to keep people healthy and independent.
- Our population is ageing and will place increasing demands on health and social care services
- Health and wellbeing inequalities exist in the city and must be tackled
- We need to know more about the mental health needs of our population

Use of Resources

The growing numbers of people accessing social care older in the population, together with more people with complex needs and learning disabilities living longer are impacting on social care budgets across the country. The Local Government Association conducted a modelling exercise that predicts a 29% shortfall between revenue and spending pressures by the end of the decade.

At Local level, the Independent Review of Health Services in North Yorkshire and York published in 2011 highlighted the precarious financial position of North Yorkshire & York Primary Care Trust which was overspending by several million pounds every year. The report outline the additional efficiency savings required to meet the increased demand for services.

The review made recommendations about how Health Services in North Yorkshire and York could manage this and operate within a sustainable financial framework while continuing to meet the health needs of the area. This document affirms and builds on the recommendations in the Review. The North Yorkshire Review 2 is now being carried out to continue this work. Both reviews will have implications on our strategies and plans for the future.

Analysis of our spending on Adult Social Care shows:



The Adult Social Care budget in 2011-12 accounted for 17% of the entire council budget. This is lower than the 19% of budget which is the average council budget spent on adult social care in comparable local authorities.



City of York has the lowest spend per head of population on adult social care at £206 per year, compared to an average of £273 pounds in areas of similar size.

- We spend less on mental health and older people support.
- We spend more than the national average on learning disability support
- We are in the middle-range for the proportion of each customer group's budget on home care, day care and residential care, for customers without a Learning Disability.

For customers with a learning disability we spend a higher on community based support and less on residential care.



We spend around 10% of our budget on care management and professional support, which is advised optimum level for care assessment and review processes.

- Community based services and homecare services in all customer groups continue to put pressure on the Adult Social Care budgets, but this is especially true for customers with a Learning Disability.
- There are specific additional high cost residential and nursing care placements.
- There are cost pressures in the Transitions services, as children with highly complex care needs move into adult's services.

The combination of an ageing population containing increasing numbers of higher dependence across all ages, more stringent financial times and our commitment to enhancing outcomes with the residents of York, means that our challenge for the coming year is clear: ensuring the availability of high quality appropriate levels of care in financially challenging times. Solutions to that quest are not easy and will require openness, creativity and innovation. They will not be achieved in isolation and without the powerful engagement of local people, user groups and our partners across health, housing and the voluntary and community sector.

Quality of life for people with care and support needs

Key Outcomes:

- *People manage their own support as much as they wish and are in control of what, how and when support is delivered.*
- *Carers have a good quality of life*
- *People are able to find employment when they want and maintain a family, social and worthwhile life avoiding loneliness and isolation*

Last year we said we would...

- **Enable self funders to access financial advice.** In 2012 we entered into a partnership with CareAware, who give free telephone advice on all aspects of care funding information. If, from their discussions with the customer, it is determined that the customer needs more specialist financial advice CareAware will then refer them on to their partner independent financial advice firm, called Care Asset Management. Any initial numbers utilizing?

- **Undertake a flexible carers support scheme grant survey and a carers survey to look at the best way of distributing funds to make the most impact on carers lives and wellbeing.** We spoke to 50 carers during this survey asking them if they felt the grant had supported them in their caring role. 96% of those asked said that that the current grant available to carers had helped in their caring role. 88% of those asked felt it had helped to improve their quality of life and some recipients said that receiving the grant had given them a real boost.
- **Further promote self assessments.** Residents in York have access to an online Supported Self Assessment, which helps people to stay independent in their homes by finding solutions and advice on equipment and services. The website is receiving on average over 603 unique hits per month with 8% of these unique visitors going on to assess themselves. If you are resident within the City of York council area you can access the service at [Equip Yourself York](#).
- **To promote personal budgets and proactively discuss the financial options with customer right from the first contact.** The number of Personal Budgets and Self Directed Support is growing in York and has increased from 25% to 32% of all people accessing any kind of support from the Council between 2010-11 and 2011-12. If we look just at those people who require ongoing support this number raises to 63% of people supported. The rise has not been at the same rate as the regional average or that of other unitary authorities and represents a challenge for the coming year.
- **To improve our systems to help deliver information and advice about self directed support.** The CYC Customer Access and Assessment Team (CAAT) is the first point of contact for any adult social care enquiries for new customers and or their carers. Enquiries in the first instance will be received by our Customer Contact Workers whose role is one of prevention by providing information and advice to customers and their carers. In October 2012 we went live with our online directory “My Life – My Choice” detailing the services available. In a survey of Users and Carers undertaken at the beginning of the year the results showed that the proportion of people who found it easy to access information and advice about services was significantly higher than the regional average and that of other unitary authorities.
- **We intend to make Quality Assurance (QA) reports available to all on request and to be styled in an appropriate format to circulate to survey responders, prospective residents/relatives, customers and other professionals.** As part of our commitment to improving access to information from our quality assurance work on services there has been an agreement to share the results of the surveys on request. A list of the QA surveys completed in 2012 is available on our website and copies of this information can be obtained by writing or emailing the council.

- **Carry out a survey of customers of our assessment and personalisation service in 2012 to obtain feedback on their experience and quality of personalised support, assessment and support planning, individual budgets, self assessment, achievement of outcomes. Ongoing.** In September 2012 we started work using POET - the Personal Budgets Outcomes and Evaluation Tool - which has been developed over a number of years by “In Control” and the Centre for Disability Research at Lancaster University. Its aim is to provide a national benchmark on the impact that personal budgets are having on people's lives. Through this we are gathering the views and experiences of personal budget recipients and carers will be analysis the findings with our partners in 2013.
-

Overall Quality of Life:

The overall quality of life is an important indicator of how we are doing to make sure that people using our services can maintain a good standard of living in a way they had said is important for them. These are: being clean and presentable, getting the right amount of food and drink, having a clean and comfortable home, feeling safe, having control over daily life, having social contact with people, the way people are treated and spending time doing enjoyable things that are valued or enjoyed.



We asked people using care services to self report against those things which contributed to their Quality of life and the results for York were higher in every reported category than the regional and the average across other unitary authorities

Supporting Carers in maintaining their quality of life:

As part of our emerging *Health and Wellbeing Strategy* for the city we have committed to recognizing and promoting the vital role of unpaid carers who contribute so much to health and wellbeing in York. We will have said we will provide support which genuinely makes carers lives easier and lets them know that we value their contribution.

Our Carers Strategy 2011-2015 has set out how we are working to help carers enjoy a life outside caring. Our successes have been to introduce a Carers Discount Card supported by 50 local businesses, a Carers Emergency Card Scheme which currently has over 400 carers of all ages registered. We have continued to high levels of self directed support to carers in the city. The numbers of carers receiving services remained stable in the last year, and the vast majority of this was through a direct payment made through the Flexible Carers Support Grant.



Support for carers delivered through direct payments has remained stable between since 2010-11 and is higher than the average in the region.

Flexible Carers Support Grant: Mr J cares for his wife and their 3 children who are all under 10. He has used his grant to help pay for driving lessons and says that this has been brilliant and a real boost. It has also been of practical benefit for whole family, giving them a sense of independence and freedom.

We know though that carers are still finding life hard. We are currently running a survey asking more than 700 carers to comment on their experiences of caring and how it affects their lives. In a sample survey done in 2012 only 50% of carers said that they felt they had control over their daily lives and 32% said they felt they never had control over it.



Area for Improvement: Our performance data shows there was a 10.3% reduction Carers receiving information and advice as well as a backlog for new Carers Assessments. We will work to reduce the waiting lists for Carers assessments.

We will continue development of support services for carers who are key in the delivery of care in our city and improve our assessment and support for this vital group, and we will reduce delays in getting the right support to people and reduce unnecessary cost. We will listen to and support Carers, ensuring that they feel that they are respected as equal partners throughout the care process.

Managing your own support and being in control

As we move to a system where adults are able to take greater control of their lives, we want to provide the best information to allow people to retain independence and give people greater choice and control over how their needs should be met. This will be done through allowing people to take-up the offer of direct payments and individual budgets.

Direct payments are cash payments given to service users instead of supplying the community care services they have been assessed as needing. The payment will be sufficient to allow the service user to buy their own services to meet their needs. The payment can only be spent on services that meet eligible needs.

Individual Budgets are an allocation of funding given to people after an assessment has been made. People can either take their personal budget as a direct payment, or – while still choosing how their care needs are met and by whom – leave the council with the responsibility to commission the services. Or they can take have some combination of the two.

We continue to increase the number of personal budgets in York with 63% of those who need ongoing support and who are eligible for a personal budget now having some form of self directed support. The number of these people accessing a direct payment has stayed the same. Self directed support is more popular in the younger adults groups (18 to 64 years) with the greatest increases being in people with a Learning Disability and Younger Adults.



Area for Improvement: Increase in direct payments and Self Directed Support across all groups with emphasis on the promotion of these to older adults, Mental Health and Physical Disability groups.

Direct Payments have been shown to offer people a greater sense of being in control of their lives and we want to encourage more people to use these but understand that the market needs to be available for people to spend their money in creative ways that truly offer choice. In 2013 will be engaging with providers in the city to further develop the market place ready for wider use of direct payments.



Area for Improvement: We will be implementing an online market place called "Connect to Support", which will sit alongside our directory of services and will allow anyone access and purchase services from the market directly.



Area for Improvement: Delivery of *information and advice on the range of options for choosing my support staff and support* in their recruitment, employment and management of personal assistants and other personal staff including advice about legal issues.

We will continue to develop personal budgets and direct payments for everyone and play our part in the development of a local marketplace of care so these can be spent in creative and supportive ways. We will develop our workforce and support and develop our staff to meet the challenges and this changing environment.



In our annual survey we asked whether people felt they were in control of their daily life and the percentage of those who answered that they had "adequate" control or, "as much control as they wanted" over their daily life was higher than the regional averages and the average of other unitary local authorities.

Making it Real!

Making it Real: Marking progress towards personalised, community based support

Making it Real sets out what people who use services and carers expect to see and experience if support services are truly personalised. They are set of "progress markers" - written by real people and families - that can help an organisation to check how they are going towards transforming adult social care. The aim of *Making it Real* is for people to have more choice and control so they can live full and independent lives.

use our new Health and Wellbeing Board, and new Partnerships Boards, to oversee the delivery of the City's Health and Wellbeing Strategy and the priorities for service change. We are about to embark on the development of our engagement strategy for these Boards, and will use the markers in *Making it Real* to support this.



Area for Improvement: We will ensure that the actions in the services plans within City of York Adult Social Care reflect the priorities agreed with York citizens through the Health and wellbeing Boards and will actively involve people who use services in all levels of service design and decision making



Area for Improvement: We will continue to make support more personalised and deliver choice and control and will be implementing a self assessment of our progress using the West Midlands Assessment Tool as part of a Health Overview and Scrutiny Committee review of Personalisation, inviting a range of partners and user groups to submit their assessments to assist the committee and our community to identify the priority areas for development.

Supporting Employment, Families and Communities:

Evidence shows that people who are working are more likely to have a better quality of life. The proportion of adults with learning disabilities and those with Mental Health problems are our measures to track the success in these groups.



10.3% of those people with Learning Disabilities receiving care managed support and 10.2% of people in contact with secondary mental health services were in employment at the end of 2011-12, these figures are higher the Yorkshire and Humber regional average and average of other unitary authorities in the country.

Despite this positive picture in comparison with other areas, we are aware that there remain high levels of unemployment in both the Learning Disabled and Mental Health customer groups compared to the levels in the city as a whole.



Area for Improvement. During 2013-14 we will be reviewing our sheltered employment service at our Yorkcraft, which is currently part of the City of York Council's *Workstep* Programme. The scheme provides employment for people with disabilities. We will be working to provide support for people in these customer groups to get jobs in the wider economy.

Access to stable accommodation gives people a strong basis for safety and social inclusion as well as maintaining links with family and friends. The proportion of adults with learning disabilities and of people in contact with secondary mental health services who live in their own home or with their family in York is lower than the regional average.



Area for Improvement: Investigate methods of increasing the number of adults in contact with Learning Disabilities and receiving secondary mental health services living independently.

Delaying and reducing the need for care and support

Key Outcomes:

Everyone can access information and support to help manage their care needs

Prevention, Intervention and reablement

Support in the most appropriate setting to regain independence

Last year we said we would...

- **Extend links into the voluntary sector especially for people who will not require formal ongoing support, to minimise social isolation and encourage continued independence.** In line with our strategy to support more people through information advice and signposting, 47% of customers contacting the department are helped at the 'front door' or are signposted to other relevant organizations for help and support, and do not require any traditional social care services. We will be working with user led groups and the voluntary sector to invest some of the savings made by changing our eligibility criteria to Substantial and critical to support more peer support initiatives.
- **Reduce the levels of delayed transfers of care from hospital in the city from 2010-11 rates.** Against a backdrop of an increasing number of referrals at the hospital for support with discharge which increased by 8 % from the previous year, we have managed to keep the overall delays at the same level as last year. However rates of delayed discharges in the city were maintained at the same level as in 2010-11 and we did not succeed in reducing them.
- **To support the development of community health capacity to deliver 'step down' care and make links to ensure this works in partnership with our reablement service.** We funded an increase in community health capacity from the 'Health Gain' money from the Primary Care Trust to enable a step down intermediate care response to be set up and allow resources to be moved from the acute hospital to community health care. We are working with community health and Primary Care, led by the new Clinical Commissioning Group, to develop new ways to work together in Neighbourhood Care Teams approach which will plan better for people in their own communities before they need to go into hospital.

- **Increase the capacity of our reablement service through a tender exercise with the independent sector.** A new reablement service, commissioned from the independent sector to increase capacity and work with the new intensive support service commenced at the end of March 2012. By September 2012 the new service was providing more than double the face to face care with over 550 hours a week available. We anticipated that 60% of people would need reduced care packages at the end of their reablement service. In September 70% needed a reduced care package at the end of their Reablement service.



Information and support to help manage their care needs

Ensuring that people can access the right information in support of their health and care is vital. York has performed extremely well in making sure that information about services is easy to find.

The 'My Life My Choice York' information portal for customers and staff went live in 2012 containing information on community support and social care in the City of York.

www.mylifemychoice.york.gov.uk



Over 81% of people responding to our survey said they found information and advice about services easy to access. This was higher than the Yorkshire and Humber regional average and the average for other unitary authorities.



Area for Improvement: In 2013 we plan expand our online information and links to available services. To provide real time information on community support and services in the city. The new system called "Connect to Support" will be interactive so that customers can purchase their care and support online if they choose.

In 2011-12 we undertook a significant restructure of the information and advice services in York to create a Customer Advice and Assessment Team. This team is the first point of contact for many people looking for help with social care. The team provides information and advice to customers and their carers about options for services as well as helping people make contact with the voluntary and charitable organisations and with health services.

Prevention, Intervention and reablement

During 2011/12 over 2500 pieces of equipment were issued to customers to keep people safe and independent in their homes. Some of this equipment adapts the homes to make it easier for people to continue to live as they want, making it easier for people to wash and bathe as well as getting around their homes. Some of the equipment is more technological, such as sensors and detectors to alert services if people fall in their homes. This technology is known as Telecare.

Telecare, alongside the 24 hour a day Warden Call services, provides additional assurance to people living in their home. On its own this may help people stay independent and prevent them from having to go into full time residential care, for others, it supports other formal care packages, ensuring that the person remains as independent and safe as possible.

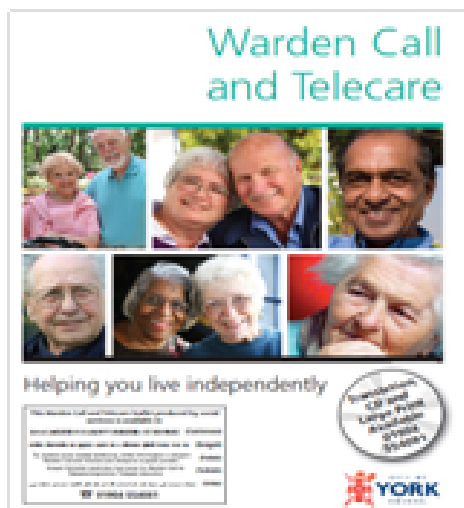


In 2012 we asked customers Warden Call and Telecare how they had been helped to stay independent. 92% of those asked said it had a positive impact on their lives, helping them stay independent and where they wanted to be, with 12% said that it was definitely helping them to stay in their own home. 92% said it has had a positive effect on confidence and safety.

We have piloted using Telecare to help people take their medication, alongside professional support from a local pharmacist. We are also investigating using Telecare as a regular part of any support plan for people being helped by the Reablement service

We are expanding our use Telecare and Warden Call services and are delivering the council's £1.2M capital investment in Telecare over the next 5 years

A recipient of Warden Call/Telecare service: Miss C is a bi-lateral amputee who had lived independently in her own adapted home. In 2012 she had a serious fall. "They saved my life; I fell and broke 2 vertebrae. Without Warden Call I would definitely be in a home. I tell everyone how good the service is."



For those who are looking for adaptations and equipment to help them stay independent we have created an Independent Living and Assessment Centre (ILAC). This is a new facility that provides face-to-face advice to enable disabled or elderly people. The ILAC is a specially adapted flat containing aids and equipment in the kitchen, bedroom and bathroom that customers and their carers can trial with the help of occupational therapy staff.



During 2012 we undertook a survey of people using our independent living and assessment centre, the majority were delighted and felt that the equipment had improved their situation greatly, their quality of life and in particular and restored a level of independence to them. Many people of the positive effect the he equipment had, particularly with helping with bathing.

You can arrange to come and visit the ILAC by contacting out Customer Advice and Assessment Team. Alternatively, you can assess your own needs or search for advice by visiting www.equip-yourself-york.org.uk. You can complete the online assessment yourself or with help from a friend or relative.

Support in the most appropriate setting to regain independence

Reablement services are provided to everyone who need care and are designed to enable people to regain their skills and abilities in daily living after a period of hospital care, illness or disability. We believe this is crucial to people in maintaining their independence longer and promoting better health and wellbeing.

Reablement services are available for everyone who is assessed as needing social care for a period of 6 weeks to increase independence or regain their skills and abilities after long term hospital care, illness or disability.

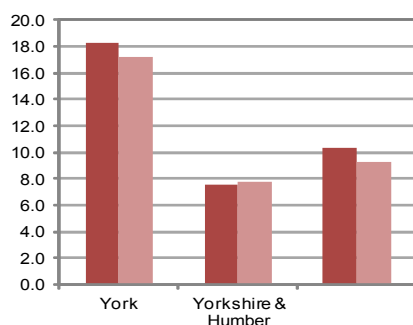


Area for Improvement: We will consider further opportunities to embed the reablement approach more widely in the delivery of adult social care.

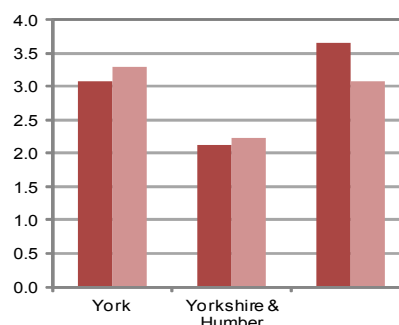
Despite some progress in reducing delayed discharges from hospital into the community since 2010-11, they remain higher in York than the regional average and the average of other unitary authorities.

Source: ASCOF 2C Delayed transfers of care from hospital per 100,000 population. The Information Centre for Health and Social Care, 12 September 2012.

9.2.a 2C(1) Delayed transfers



9.2.b 2C(2) Delays attributable to social care



Key: 2010-11 2011-12

Between 2011 and 2012 we have seen an average length of stay in hospital reduce by one week. We have also seen a 10% increase in the number of discharges to social care between the two years.



When analysing all the discharges we supported, we achieved a 29% reduction in the average time for a person to be discharged from hospital care, from seventeen days in 2011, to twelve in 2012.

The increase in speed of transfer from hospital together with the increase in the number coming through has led to pressure within the system and we need to ensure the resources move across the system with the patients.

We are aware that people with multiple long term conditions account for a significant number of the admissions and time spent in hospital, and are working with our health colleagues to create joint Health and Social Care Teams known as Neighbourhood Care Teams. The teams will actively support people who have left hospital or are at risk of admission to stay in the community with health and social care.



Area for Improvement: To support the creation of Neighbourhood Care Teams across the city. These teams will provide care to reduce admissions to hospital and focus the money saved to care for people in their own homes where possible.



Area for Improvement: To work with Health colleagues to drive down the number of delayed discharges from hospital into the community through joint working, increased communication and increasing the availability of reablement.



Area for Improvement: We will look to meet the rising level of demand for support with diminishing budgets, especially for people with more complex needs, through reviewing services to ensure they are the most effective and efficient they can be and will prevent and delay the need for costly acute services through the development and expansion of reablement preventative and home based services.



Area for Improvement: We will work with our partners across the health community, the voluntary and community sector and local residents to deliver a joined up and seamless service, supporting people to receive the information and advice, care or treatment in most appropriate place.



Area for Improvement: We will increase the availability of early intervention and reablement services so that people and their carers are supported to be less dependent on intensive services, and will continue to invest in the contribution of technology to keeping people safe and independent through wider use of Telecare services.

A Positive Experience of Care & Support

Key Outcomes

- People are satisfied with their experience of care
- People understand their choices and what they are entitled to and who to contact when they need help
- People are treated with respect the dignity and support is sensitive to the circumstances of each individual

Last year we said we would...

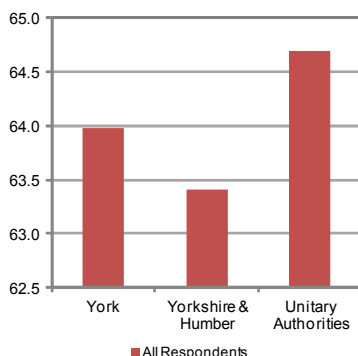
- **Following the completion of a major consultation exercise within the residential services, one of the recommended outcomes is to have a quality champion within the service to secure ownership of quality and to facilitate the sharing of good practice between teams. Partially completed.** As part of the drive to improve performance and quality across adult social care, managers within each level of the organization will engage in peer support and challenge within a performance clinic. The intention is to improve performance of the entire systems of care and to share good practice between teams. The first of these challenge clinics began in April 2012.

- **A carer's survey is being carried out in 2011 which will provide benchmarks for the national survey in 2013. 5% of carers and 20% of carers of people with learning disabilities are to be targeted. We will specifically ask carers whether they feel they have been involved as much as they wanted to be in discussions about the support or services provided to the person they care for.** The initial carer's survey was undertaken October 2011 – January 2012. 90 carers were surveyed and the information was used to support improvements and support of the carer's survey and a strategy to support the continued use of the flexible carers grant. A second, much larger, survey of more than 700 carers was commenced in September 2012, and the results will be published in 2013.
- **We shall be carrying out a survey of relatives who are willing to talk to us about their relative's end of life care within the council's residential care homes as part of the 2012/13 quality assurance programme. Partially completed.** This is at the planning stage and is due for completion by the end of the 2012/13 Quality Assurance cycle. Subject to approval we are proposing to speak with the relatives of customers who have been in both in house and private provision and who have died in the last twelve months.
- **We will ensure that the results of the consultation on the proposed major changes in our residential care homes will drive our transformation programme.** After consultation with a wide range of stakeholders the Council's Cabinet endorsed a three phase modernisation programme which see the existing nine EPHs close and be replaced by state of the art residential care facilities. Following this decision, the first two homes, Fordlands and Oliver House, were successfully closed by mid-March 2012, with the 25 residents moving to other council run homes.

People are satisfied with their experience of care

In the adult social care survey for 2011-12 we asked about the overall satisfaction of people who use services with their care and support. We found that the majority were satisfied to some degree and that in York, this number was higher than the regional average and slightly lower than the unitary authority average.

Source: ASCOF 3A Overall satisfaction of people who use services



In 2012 we ran our own survey of carers and asked how satisfied they were with the care and support services that they, and the person they cared for, had received from Social Services in the last 12 months. The majority of them were quite to extremely satisfied and only 6% of responders said they were dissatisfied with the care and support received.

“Social Services and the council have been excellent. I would like to say thank you for everything they’ve done. It’s comforting to know someone is at the end of the phone if we need them”. Mrs A, **recipient of Carers and Occupational Therapy services:**

People understand their choices and what they are entitled to, and who to contact when they need help:

In 2012 the council undertook *The Big York Survey* identified that helping people to find the support they need was considered important, and was ranked as the top priority in the Fair Access to Care Survey.

We have been successful in providing information to people in York who use services about what is available and through the online directory of services and a dedicated staff team to assess, offer advice and information and let people know what choices are available to them locally, what they are entitled to, and who to contact when they need help.



We undertake financial assessments on everyone requiring Adult Social Care so that we can determine the level of financial support they are entitled to, and whether they are in receipt of all the benefits that they are entitled to.

People are treated with respect the dignity and support is sensitive to the circumstances of each individual

We work to make sure that support is sensitive to the circumstances of each individual and that the services they receive allow them to maintain their dignity through cleanliness, managing their appearance and control over their daily life.

The majority, 82%, of people surveyed agree that care and support services do help them have control over their daily life and 96% said they feel adequately clean and presentable or able to present themselves the way they like. The overwhelming majority of the sample said that they are satisfied with the cleanliness and comfort of their home, with 97% saying it is at least adequately clean and comfortable.



In a survey of people using our Independent Living and Assessment Centre we asked whether all Social Services staff you came into contact with helpful and courteous. 99% of those responding agreed that the staff were friendly and helpful and courteous.

“I love it, I feel safe, not lonely like at home. You feel as if you’re one of them. I have great respect for them. They have all the time in the world for you. They’d turn themselves inside out to help you. I’m happy to be here, we live the life of Riley. I wouldn’t live anywhere else”. Mrs T, **A recipient of residential care.**

Customer Survey 2012 – What you told us:

The percentage of people who reported *having control over their daily life* was higher in York than the averages for the region and other unitary authorities.

People who are said they were *happy with their appearance* was higher in York than the averages for the region and other unitary authorities.

People who feel they food and drink when they want and felt their home was *clean and comfortable* was higher in York than the averages for the region and other unitary authorities.

People who have *as much social contact as they want* and were able to spend time *doing things they value or enjoy* was higher in York than the averages for the region and other unitary authorities.

People who feel they are treated with dignity was higher in York than the averages for the region and other unitary authorities.



With almost 400 responses to questions on quality and dignity, our 2012 survey of care users was essential to our understanding of how services were working for people. Everyone is invited to make their comments and can do so by using the online survey for carers and care users, or write in to us. Please see the contact details in the **HAVE YOUR SAY** Section.

Complaints and Customer feedback:

There were a total of 61 complaints made regarding adults social care in 2011-12, 37 of which were upheld in full or in part. 73% of these were Stage 1 complaints, regarding unsatisfactory service or experience not directly related to care where there was no impact or risk to provision of care. 23% were at Stage 2, which is identified as service or experience below reasonable expectations in several ways, but not causing lasting problems and 2 complaints were made at Stage 3, which is the most serious level and are made in regard of issues regarding standards and quality of care. Only one of these stage 3 complaints was upheld.

Re-occurring themes from complaints made over the period have been around the information made available for the relatives of families going into long term residential care.



Area for improvement: To work with partners and residential suppliers to improve the standard of information made to customers going into long term residential care. To improve the quality of information made available on cost and care to the families of these residents.

Safeguarding and Risk

Key Outcomes:

- Everyone enjoys physical safety and feels secure
- People are free from physical and emotional abuse, harassment, neglect and self-harm
- People are protected, as far as possible, from avoidable harm, disease and injuries

Last year we said we would...

- Establish a stand alone *Safeguarding Adults Team* with staff members whose dedicated role is to investigate abuse and develop the pathway with our providers so that we know that all safeguarding referrals are dealt with in a consistent manner. We now have a specialist Safeguarding team who undertake the investigations that the Council is responsible for. We have agreed a new protocol with other investigating agencies to route all safeguarding referrals through the new dedicated Safeguarding Team, to ensure consistency over the initial safeguarding assessment and with advice and guidance available to agencies. New procedures were developed internally to ensure greater consistency with the multi agency procedures.
 - **Improve our safeguarding processes, including learning from safeguarding children's services, to provide better guidance to those investigating alleged abuse and those managing these cases.** The new safeguarding process went live in October 2012. Best practice and lessons have been taken from children's safeguarding services which have positively influenced the guidance for chairing strategy and case conferences.
 - **Work through York Safeguarding Adults Board to develop a "York Picture" to inform safeguarding priorities for partners across the city.** The piece of work on the York picture of safeguarding was completed as planned and has been presented to the city's safeguarding board. The priorities for the Safeguarding Board for 2012=13 are related to prevention, personalisation, improving quality and developing strategic links. They have has been shaped by the work on the York context
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Everyone enjoys physical safety and feels secure

We want people who need social care support to feel safe in their community and we will continue to protect vulnerable adults. When we asked our service users whether they felt safe in their day to day lives, two-thirds of people said they felt as safe as they wanted to and 30% generally feel adequately safe.

We can see in the analysis that women in our survey group are reporting feeling less safe overall and lower levels of safety than the regional and unitary authority average. The converse is true of men who feel safer overall and report higher feelings of safety than in the comparison groups. Younger adults (18-65) report much higher levels of safety than older people (65+) and while our Younger adult group reported higher levels of feeling safe than in comparison areas, they also reported feeling safer than the older people who responded.



Area for Improvement. We will share the findings of our survey with our colleagues on the safeguarding board, highlighting where the York responses differ from that of the region and look to promote existing initiatives that improve feelings of safety.



We asked if the services they received helped them feel safer and 83% of those responding said that the care and support services they received helped them feel safe, this is higher than the regional average and higher than the average of the other unitary authorities.

We can see in the analysis that the receipt of services had the largest impact for women who reported that this made them feel safe and age groups reported higher feelings of safety because of their service than in other areas with younger adults reporting higher feelings of safety than older adults.

A recipient of Warden Call Services:

- *“I didn’t think I’d feel so safe. I turn the living room light off at night and don’t look back.” (Mrs Y, a recently widowed lady.)*

People are free from physical and emotional abuse, harassment, and neglect and self-harm

The Council acts as the lead agency for safeguarding ensuring that safeguarding referrals are dealt with in a consistent way across all agencies in the City. The newly established Safeguarding Adults Team investigates abuse where the individual is already known to social care, or where they are not known to any other agency. This team also offers advice and support both within council services, and outside of the council to partner agencies and the public regarding safeguarding matters.

The information on the cases which are progressing through the team shows that the rate of Safeguarding Alerts received by the team at York the same as the England average. The highest number of alerts and referrals continue to be received regarding older people, with 35% of these contacts concerned people over 85.

Information gathered over the year shows an increase in alerts received by the team, and of the alerts received, 31% progressed to full investigation which is an increase of 14% from the previous year. The number of substantiated allegations has also increased, from only 10 in 2011, to 105 in 2012. Overall, these statistics represent a noteworthy increase in work completed by CYC to safeguard adults at risk.

A recipient of Safeguarding services: Mrs F is 79 years old and lives on her own. Following a burglary she felt contacted the Council she was referred to the Adults Safeguarding Team. She said that after a long time of not feeling that safe, they treated her like a human being “Someone was listening to me at last. They did absolutely everything they could have”, she said.



Area for Improvement: The one area where our performance is considerably lower than other authorities is the numbers of people who have a signed plan to show how they will be protected. In 2013 we will ensure that more than 90% of protection plans are signed where consent has been received.

In 2001-12 no referrals had been received in respect of people with substance misuse related needs, and this is now subject to joint consideration with the Council's Drug and Alcohol commissioners.



Area for Improvement: We will work with drug and alcohol service commissioners in the city to develop referral links and to make sure there is a shared understanding of safeguarding within all drug and alcohol services.

People are protected, as far as possible, from avoidable harm, disease and injuries

Our vision is for York to be a community where all residents enjoy long, healthy and independent lives, by ensuring that everyone is able to make healthy choices and, when they need it, have easy access to responsive health and social care services which they have helped to shape. *Health & Wellbeing in York, Our strategy 2013-16*

The 2013-16 Health and Wellbeing plan includes specific commitment to helping Individuals and communities to become better informed about how they can improve their own health and wellbeing. The creation of joint campaigns plans and the coordination of citywide health and wellbeing campaigns which often occur separately through individual organizations will mean that messages will be more coherent and consistent and aim to keep people safe and healthier in their communities for longer.

Regular supervision of our staff and training and development courses are in place to ensure that people work safely and are protected from injury. In each of our services the management teams work to identify potential areas of poor practice, hazards and risks and will resolve these where they find them. Our safeguarding procedures are specifically designed to provide a response where there is evidence of poor practice that might lead to serious harm.

We will continue to deliver effective safeguarding for adults by maintaining affordable, safe, good quality care within the resources available, working with partners to improve health and wellbeing, prevent dependency on long term support, preventing abuse and neglect in all its forms.

Commissioning For Care

The Commissioning process is how the council decides how best to spend its money to support the deliver of services in Adult Social Care and is at the heart of good quality services and a developing market. In 2012-13 there are a number of factors that are driving commissioning decisions.

Personalisation and Prevention Agenda:

Adults Commissioning is working to develop the marketplace and encourage preventative services aimed at helping people to address their needs before crisis point or acute care is needed. We want to encourage more community and peer based support and we would want to see a wider range of providers into the city making their services accessible to people directly. We are working to create an online marketplace allowing people who fund their own care or who have taken a personal budget to be able to make their own choice of high quality provision.

The Financial Situation and Efficiencies.

Commissioning has a responsibility to spend the council's money in the most effective way especially in light of the savings required and the growing demand for our services. This requires analysis and review of how services are currently provided and decisions about how they might be changed to get more return for the money spent. We are in the midst of a programme to develop new residential care services for older people. We are reviewing our supported employment services,

and day support services and respite care services to ensure they can meet future demand and offer the best value for money.

Analysis of need and new services.

Commissioning works closely with other key partners to identify any rising needs in the city. We work with housing and with children's services, and continue to build better relationships with health to gain an insight into the types of services needed. Our joint strategic needs assessment shows us how dementia services and the aging population require specific commissioning activity to deliver new services. We expect the changes to develop Healthwatch and the active Clinical Commissioning Group (CCG) in the city to further influence the services we commission.

Maintaining Safety and Quality in Services

Quality Assurance and Contract Management of the services we commission is of the highest importance. We operate a robust contract management process and quality assurance to continue to ensure that we have oversight of the experience of the people who use these services.

Conclusions and Summary of Improvements

In spite of the enormous economic challenges facing all local authorities, and the challenge of a growing population, we continue to look for further improvement in our and we are committed to working closely with our partners in Health to provide a more joined up experience of health and social care. This is the summary of the improvements we are committing to over the coming year:

1. We will work to reduce the waiting lists for Carers assessments.
2. We will work to increase direct payments and Self Directed Support across all groups with emphasis on the promotion of these to older adults, Mental Health and Physical Disability groups.
3. We will be implementing an online market place called "Connect to Support", which will sit alongside our directory of services and will allow anyone access and purchase services from the market directly.
4. We will provide information and advice on the range of options for choosing my support staff and support in their recruitment, employment and management of personal assistants and other personal staff including advice about legal issues.
5. We will ensure that the actions in the services plans within City of York Adult Social Care reflect the priorities agreed with York citizens through the Health and wellbeing Boards and will actively involve people who use services in all levels of service design and decision making

6. We will continue to make support more personalised and deliver choice and control and will be implementing a self assessment of our progress using the West Midlands Assessment Tool as part of a Health Overview and Scrutiny Committee review of Personalisation, inviting a range of partners and user groups to submit their assessments to assist the committee and our community to identify the priority areas for development.
7. We will be reviewing our sheltered employment service at our Yorkcraft, which is currently part of the City of York Council's *Workstep* Programme. We will be working to provide support for people in these customer groups to get jobs in the wider economy.
8. We will investigate methods of increasing the number of adults in contact with Learning Disabilities and receiving secondary mental health services living independently.
9. We will continue to increase the availability of reablement care during 2013 and undertake an evaluation of reablement services in reducing the use of long term care.
10. We will support the creation of Neighbourhood Care Teams across the city.
11. We will work with Health colleagues to drive down the number of delayed discharges from hospital into the community through joint working, increased communication and increasing the availability of reablement.
12. We will share the findings of our survey with our colleagues on the safeguarding board, highlighting where the York responses differ from that of the region and look to promote existing initiatives that improve feelings of safety.
13. We will ensure that more than 90% of protection plans are signed where consent has been received.
14. We will work with drug and alcohol service commissioners in the city to develop referral links and to make sure there is a shared understanding of safeguarding within all drug and alcohol services.
15. We will work with partners and residential suppliers to improve the standard of information made to customers going into long term residential care. To improve the quality of information made available on cost and care to the families of these residents.

Glossary of Common Adult Social Care Terms:

- **Advocacy** - Process of representing the cause and/or acting on behalf of another person, enabling them to express their opinions.
- **Assessed Needs** - The needs of an individual that have been identified as a result of an Assessment. In the case of Social Services subject to Eligibility Criteria
- **Assessment** - The process whereby the needs of an individual are identified and their impact on independence, daily functioning and quality of life are evaluated so that appropriate care can be planned. It identifies problems and includes all relevant viewpoints. It should be self-contained and time limited culminating in the clear identification of needs and the objectives for how these needs will be met. Where services might be required by more than one agency, multi-agency assessments may be undertaken.
- **Care Manager** - Someone who: Formulates and co-ordinates the care plan and co-ordinates the commissioning of services and people , is responsible for overseeing the care package and is named contact person for individuals with complex social and health care needs
- **Care Package** - A group of services brought together to achieve one or more objectives of a Care Plan.
- **Care Pathway** - An agreed and explicit route taken by individuals through Health and Social Services. It should encompass agreements between respective professionals, to determine when and where, treatment and care will take place.
- **Care Plan** - Is a written statement of service(s) an individual can expect to receive following an assessment of need to achieve the desired outcomes identified and providing a review date and other details.
- **Carer** - Somebody who provides substantial care on a regular basis for another individual aged 18 or over.
 - **Formal Carer** is a person whose job it is to provide personal care and support to a service user.
 - **Informal carer** is a person, such as a relative or friend who provides personal care and support to an individual.
- **Community Care** - The provision of services and support to people who need such services to be able to live independently in their own homes, or in homely surroundings (including residential and nursing homes).
- **Consent** - Permission that is given by an individual for a course of action to be taken.
- **Contact Assessment** - The first contact between an individual and professionals which establishes the nature of the presenting problem and whether there are other potential wider needs. Basic personal information is taken or verified.
- **Day Care** - Provided within Centres to which users travel or are transported. Service providers will vary from statutory agencies such as Health or Social

Services to the independent and voluntary sector, and may cater for users with high dependency needs in conjunction with home care and residential provision, and be integral to an intermediate care programme.

- **Delayed Discharge** - Situation when a service user is in hospital and ready for discharge, but whose discharge is delayed for a variety of reasons.
- **Direct Payments** - Payments made by Social care and health services that enable users the opportunity of purchasing and organising their own care services as an alternative to having them directly provided by Social care and health services.
- **Eligibility Criteria** - The criteria used by councils and health providers to determine whether a person is eligible for service provision. The criteria will take into account the service user's needs and the resources available. Eligibility covers both whether any service will be offered and, if it is, what service, their volume, and (where relevant) frequency.
- **Extra care Housing** - A style of housing and care for individuals that falls between established patterns of sheltered housing and accommodation, and care provided in more traditional residential care homes. Also known as Very Sheltered Housing.
- **Fair Access to Care Services/Eligibility Criteria (FACS)** - The principle that Social Services departments should operate within one eligibility decision for adults seeking social care support. This eligibility criteria is based on a national framework which prioritises risks faced by individuals into four bands, and authorities are expected to adopt these bands in determining their own criteria, with an emphasis on a preventative approach to adult social care.
- **Independence** - Managing everyday living skills to maximise ability, taking account of the support available and needed.
- **Independent Sector** - Includes both private and voluntary social care providers, who may be contracted to provide services on behalf of statutory agencies.
- **Intermediate Care** – Services for people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute inpatient care, long term residential care or continuing NHS inpatient care. Provided on the basis of a comprehensive assessment resulting in a structured individual care plan that involves active therapy, treatment or opportunity for recovery with a planned outcome of maximising independence and typically enabling service users to resume living at home. Time limited, normally no longer than six weeks

Joint Funding - Where two or more agencies, usually Health and Social care and health services agree to share the cost of running a project or service.

Key Holder - A person authorised to keep another person's key.

Learning Disability - Having a significantly reduced ability to understand new or complex information or to learn new skills, or having a reduced ability to cope independently, which started before adulthood and has a lasting effect on a person's development

Long Term Conditions - Refers to support services provided over a prolonged period of time or on a permanent basis to individuals who have difficulties associated with long term illness, or disability

Multi-Agency - A group of representatives from different organisations working together towards a common goal.

Outcome - The end result of the service provided, which can be used to measure the effectiveness of the service for the individual.

Providers - An individual or organisation providing a health, social care or housing service.

Rapid Response Service - A specific service designed to respond rapidly to prevent hospital admission and to facilitate early discharge from A & E.

Re-assessment - A re-evaluation of the needs of a service user, prompted by either a scheduled review, or a contact indicating a change in their circumstances.

Referral - A formal request for an assessment of a person's needs.

Referrer - A person contacting agencies about carrying out an assessment

Residential Accommodation - May take the form of either nursing, or residential care home, that provides 24 hrs care to individuals who, on assessment, have been assessed as no longer being able to be supported at home. Residential accommodation can be either long or short stay.

Respite Care - Designated beds within residential home and hospital settings, available usually on a pre-planned basis to allow a short period of care, often to provide carer relief/support.

Review - This refers to re-assessment of service user's needs and issues, and consideration of the extent to which services are to meet the stated objectives, achieve the desired outcomes and respond to changes in circumstances or service criteria.

Risk Assessment - The assessment of a person's health, their safety, well being and their ability to manage essential daily routines and the impact this has on carers and staff.

Self Funding - When an individual has sufficient funds and is able to make arrangements for and pay privately for their care services.

Service User - An Individual who is in receipt of services from health, social care or housing services.

Specialist Assessment - An assessment undertaken by either a health or social care professional.

Valuing People - A Government White Paper published in March 2001, which detailed the national development of services for people with learning disabilities.

Useful Contacts:

Customer Access and Assessment Team

PO Box 402, York YO1 6ZE.

Tel: 01904 555111 fax: (01904) 554055

email: adult.socialsupport@york.gov.uk

Text referral only: 07534437804

opening Times - 8.30am to 5pm Monday to Friday

Equip Yourself. Online self-assessment and advice: www.equip-yourself-york.org.uk

Complaints & Feedback and General Council Enquiries

City of York Council, Library Square, York, YO1 7DU Tel: (01904) 551550, Fax: (01904) 553560, Minicom: (01904) 553562 - Opening Times - 8am to 7pm

Directory of Services: Information on community support and social care in the City of York. www.mylifemychoice.york.gov.uk

Emergency duty team - tel: 0845 034 9417, fax: 01609 532009,

email: edt@northyorks.gov.uk

Mondays to Thursdays: 5.00pm to 8.30am Weekends: 4.30pm on Fridays until 8.30am on Mondays Bank holidays: on duty all over the bank holidays

For Further Information – Internet Links:

Carers Strategy: <http://www.york.gov.uk/health/carers/strategy/>

Health & Wellbeing Strategy: TBC.

JSNA: <http://www.york.gov.uk/health/yorknhs/healthandwellbeing>

City of York Council Plan: <http://www.york.gov.uk/council/plan/>

Department of Health: <http://www.dh.gov.uk/en/index.htm>

Care Quality Commission: <http://www.cqc.org.uk/>

Dream Again – York’s Strategic Plan for Children and Young People:
<http://www.yor-ok.org.uk/Workforce/About%20YorOK/dreamagain>

Survey & Feedback

Have your say!

We encourage feedback on all our activity and services, positive or negative it helps us to address problems and shape the services for the future. With specific reference to this document we would like to know:

- **Do you agree with the priorities we have set for ourselves for the coming year? What would you add or remove?**
- **Are there any other areas of adult social care you feel we should focus on as a priority?**
- **Have you found the Local Account easy to access and understand? What changes would you like to see in the future?**

Please also feel free to comment on any aspect of adult social care in York. Please make it clear whether you are a service user, a carer, a family member, or other interested party.

We will incorporate these views in our planning and preparation of next years local account, the Joint Strategic Needs Assessment for the city, and where applicable notify our partners of these issues. You are welcome to contact us by post or email.

By Post:

**Adults Children & Education (ACE)
10-12 George Hudson Street
York
YO1 6ZE**

By email:

haveyoursay@york.gov.uk

Online:

www.Surveymonkeylink.co.uk

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**Decision Session - Cabinet Member for
Health, Housing and Adult Social Services**

12 December 2012

Report of the Assistant Director, Assessment and Safeguarding

**Review of the Fairer Contributions Policy for Non- Residential Care
Services: Moving to 'Personal Accounts' to Deliver Choice and
Control**

Summary

1. The Cabinet Member is asked to agree changes to the current contributions policy to support the development of a more consistent, transparent and fair approach to the way personal budgets are provided, and reduce some disincentives for people to take their personal budget as a direct payment.

Background

2. Personal budgets enable us to let people how much money is available for their eligible social care support, so they can make choices about how it is used, and stay in control of their own life.
3. A personal budget is agreed following the assessment of need and determination of eligibility for social care support. It is formed from the combined resources that are available to someone who needs support to live independently and safely. It includes any money the individual can afford to contribute, as well as any money the council provides to meet eligible care needs and any money from other agencies, such as the Independent Living Fund or health.
4. As of October 2012, 73% of people supported by adult social care in York had been offered a personal budget, but only 20% of them have taken a direct payment. The government and many user led groups think that ideally everyone supported by adult social care should be offered a personal budget, and that most people should be taking a direct payment. The government has just reduced the

target for personal budgets for 2012 from 100% to 70%, so York is meeting the target. However, there is still a need to increase the opportunity and incentive for more people to consider a direct payment. There is good evidence to show that people who take a direct payment feel most in control of their own lives.

5. To support the increase in take up of both personal budgets and direct payments we are introducing a new resource allocation system (RAS) tool, which will provide an 'indicative budget' based on the assessment of need. The indicative budget of how much money is needed to support the eligible needs. It is the starting point to allow people to think about how they wish to be supported. Without an accurate initial budget it is much more likely that care managers and residents will think about traditional services as a way to work out what their personal budget should be. This is then likely to limit the choices that people think about for their support.
6. Our current resource allocation tool was based on an interim model developed by ADASS in 2009. We know that this tool has not provided very accurate indicative budgets. The new tool is extensively used across the country, with between 92-95% accuracy between the indicative budget and the final agreed personal budgets for residents. It requires one assessment form instead of the two forms currently used.
7. The work to implement the new RAS tool has required us to review the way we charge and manage the contributions from those who we offer support to. We need to make changes if we are to be consistent and fair, and ensure the allocated resources are able to meet identified needs.
8. Government guidance on customer contributions to care and support costs is contained within the Fairer Charging Guidance of 2003 and the Fairer Contributions Guidance of 2010. The guidance sets out:
 - the need to ensure that no one pays more than they can afford
 - the need to ensure that there is equity in the way that people are treated whether they take a direct payment or receive commissioned services from their personal budget
 - the ability for the council to decide whether people who have savings above the Charging for Residential Accommodation

Guidance (CRAG) higher threshold (£23,250) should pay the full cost of any services they receive

- the ability to determine whether and to what extent the council will subsidise the actual cost of care
9. There is no change proposed to the way we assess how much someone can afford to contribute, so no one will pay more than they can afford.
 10. In York we still have differences in the way we manage the money for people with a direct payment and those for whom we arrange the support. The processes to assess and decide what needs are eligible for support are the same, but the way we manage the money is different. These differences could be a disincentive for someone to take a direct payment and are unfair. They also make it more difficult for someone to make clear choices about how they use the money available to them if the council is commissioning their support.
 11. In York our current contributions policy already sets out that self funders - those with savings above the CRAG higher threshold - will be asked to fund their full support costs. We have reviewed the actual costs of types of support to make sure we are using up to date figures for the resource allocation tool, and as a result have identified an anomaly in the way some self funders pay for their support.
 12. Currently the council provides some subsidies, but not in a transparent or consistent way. For those people for whom support is commissioned, the council funds the cost of a second carer, regardless of ability to pay. Standard charges are applied for home care and day support which in some circumstances subsidise the cost of support.

Consultation

13. We wrote to people receiving support and outlined the changes we propose making to the contributions policy in October 2012. A dedicated email address and phone line were provided for responses and questions and the policy was available in an easy read version.

14. The information and the questionnaire were also available on line through the council website, and made available to key voluntary sector and user led groups.
15. The changes were discussed at the end of the public meetings on the council budget, on 30 October.

Options

16. Option 1: To agree the proposed new contributions policy as in Annex A. The specific changes to the customer contributions policy are:
 - contributions to home care and day care services will be based on the actual cost of the support provided rather than a standard cost
 - contributions will still be payable during temporary reduction or stoppage of support (eg hospital/holiday) in line with any contract agreements with providers
 - where someone needs two carers to support them at the same time the personal budget and the costs of the support package will reflect the two carers
 - where the personal budget is used to provide a short break, including up to eight weeks (56 nights) in a year within in a residential setting, the customer contributions will be calculated on the basis of a non residential service
17. Option 2: To retain the contributions policy as it is.
18. Option 3: To agree selected changes.

Analysis

What changes are being proposed?

19. At the moment when the council commissions care for a resident we do not hold their money in an individual or personal account. We can provide them with information reconciling their contribution against the amount of support that has been received, but the money is held in a general income budget. The resident is informed as part of their support plan how much their personal

budget is but they do not receive regular accounts showing how the whole of the budget is being used.

20. Someone with a direct payment, however, will be able to track how the whole of their personal budget is being spent.
21. We want to develop a personal account that works in the same way for everyone, whether they have a direct payment or whether we arrange support for them.
22. This means that for everyone the personal account will hold both the customer's contribution to their support costs and the council's contribution, plus any other funding (for example from health).
23. The personal account can either be held by the council or as a direct payment by the customer or their nominated representative, or by a chosen provider as an individual service fund.
24. Whoever holds the account will deduct from the account the money paid out to providers or supporters on a weekly or monthly basis, or when invoices are received.
25. Where the council holds the account we will provide people with information about how their account has been used. We will collect the contributions where possible through monthly direct debit as we do now, and we will include this information on the regular statements we will send people.
26. This will not mean any changes for people who take a direct payment.
27. It will change the way we manage the payments for those for whom the council commissions support, and it will need us to change the contributions policy which sets out the way we calculate what people are paying for.
28. The following table sets out the differences in the way we manage the money for someone with council commissioned support compared to a direct payment, and the proposed changes to the contributions policy to ensure that we work out what people contribute to their support costs so that everyone is in line with direct payments:

	Council Commissioned Support	Direct Payment
Contributions to Home Care and Day Care services	NOW: Customer is charged a fixed amount per hour (or part thereof) FUTURE: Actual cost will be taken from personal account	NOW: Customer pays actual cost from DP including own contribution as per contract FUTURE: No change
Temporary reduction or stoppage of support (eg hospital/holiday).	NOW: Council pays as per contract but no contribution from customer FUTURE: Council and customer pay as per contract – this may be up to two weeks costs after support finishes	NOW: Customer pays from DP including own contribution as per contract FUTURE: No change
Care costs when 2 carers are needed	NOW: Customer is only charged for one carer FUTURE: Total cost will be taken from Personal Account	NOW: Customer pays for 2 carers from DP including own contribution FUTURE: no change

29. In addition we propose to change the way we assess contributions for both short breaks, to come within the non residential guidance rather than residential. This will provide people with the opportunity to think more flexibly about how they may wish to take their short break. It will not stop someone taking a short break in a residential care setting, but if they wish to spend more than 28 consecutive nights or over 56 nights a year in a residential setting we will need to use the CRAG Guidance on assessment of contribution, in line with government guidance.

Planned short breaks (currently planned respite)	<p>NOW: Customer contribution is fully assessed under CRAG (Charging For Residential Accommodation Guidance)</p> <p>FUTURE: Planned short breaks will be included in personal account and contribution included as part of personal account contribution under Fairer Charging Guidelines unless there is a need for more than 56 nights stay in a residential setting</p>	<p>NOW: Customer is given funds for all short breaks with the exception of stays requested in a registered care setting.</p> <p>FUTURE: Customer will pay for short breaks through direct payments including up to 56 nights in a residential setting</p>
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Impact on current service users

30. As of Monday 22/10, we had 1540 customers in receipt of a chargeable service. Under the proposals:
- 984 customers will not see a change in their current contribution (428 of these are nil charge)
 - 496 customers will see a reduction – the average reduction is £10.07 per week
 - 60 customers will see an increase – the average being £107 per week (primarily self funding double up customers)

Consultation responses

31. 54 individuals replied to the consultation and two voluntary sector organisations.
32. All of those receiving a direct payment agreed that it would be fair and transparent to use the same processes for all personal budgets.

33. There was some anxiety that it will affect most people and require people to pay more. The information as set out above has been provided to people with these concerns.
34. There was concern and representation from some self funders about the impact of the change to paying for two carers that this will mean a doubling of costs for some people.
35. There were questions raised about whether the changes meant we would no longer be funding respite breaks, this was clarified that we would still support such breaks.
36. There were some questions about issues not directly related to the proposed changes including:
 - how we know that we are paying for the right amount of care from a home care agency (We know this from the time sheets and the electronic home care monitoring systems which log when carers arrive and leave a home)
 - how we will ensure people are not committing to a support package that they cannot afford to contribute to
 - questions about the assessment of the amount people can afford to contribute:
 - pensions savings (which are included in assessments in line with government guidance)
 - income from employment (which are not also in line with government guidance)

Council Plan

37. The council is committed to protecting vulnerable people. Offering more choice and control over the way people are supported is a key element of this priority

Implications

Financial

38. Social Care customers receiving non-residential services contribute a total of £3.6m per year towards the cost of their care. As outlined earlier in the report only a small number of customers

will be asked to contribute more than they do currently. The recommended policy changes will increase the overall level of contributions made by the customer by approximately £50k per year.

39. The overall financial impact will be carefully monitored and as an individual financial assessment is completed for all customers, no one will be asked to contribute more than they can afford.

Equalities

40. The biggest impact will be on people who need two carers and can afford to pay the full cosy of their care. Annex B contains a Community Impact Assessment.

IT

41. The functionality required for the changes to customer contributions and establishment of personal accounts is available within the Frameworki database. Changes will be required to the database, and this is planned and resourced for implementation, alongside the new assessment and resource allocation tool, in February 2013.

Other

42. There are no legal, HR, crime and disorder or property implications to this report.

Risk Management

43. The risks associated with the implementation of the recommendations have been assessed as moderate and will be regularly monitored and reported to the Project Board and Directorate Management Team Programme Board.

Recommendations

44. The Cabinet Member is asked to consider:

Option 1: To agree the proposed new contributions policy as in Annex A. The specific changes to the customer contributions policy are:

- contributions to home care and day care services will be based on the actual cost of the support provided rather than a standard cost.
- contributions will still be payable during temporary reduction or stoppage of support (eg hospital/holiday) in line with any contract agreements with providers.
- where someone needs two carers to support them at the same time the personal budget and the costs of the support package will reflect the two carers.
- where the personal budget is used to provide a short break, including up to eight weeks in a year within a residential setting, the customer contributions will be calculated on the basis of a non residential service.

Reason: To deliver a more consistent, transparent and equitable customer contributions policy and enable personal accounts to work in the same way for people who take a direct payment and those for whom the council commissions support.

Contact Details

Author:	Chief Officer Responsible for the report:			
Kathy Clark Assistant Director (Adult Assessment and Safeguarding) Adults, Children and Education Tel No.554045	Pete Dwyer Director Adults, Children and Education			
	Report Approved	✓	Date	30/11/12
Specialist Implications Officer(s) Financial Debbie Mitchell Corporate Finance Manager 01904 55 4161 Equalities Neighbourhood Manager 01904 55 1704				
Wards Affected:			All	✓
For further information please contact the author of the report				

Background Papers

None

Annexes

Annex A - Customer Contributions Policy

Annex B - Responses to consultation

Annex C - Community Impact Assessment

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**FAIRER CONTRIBUTIONS POLICY
FOR NON-RESIDENTIAL CARE
SERVICES**

DRAFT

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Introduction

The City of York Council's Fairer Contributions policy has been designed to comply with the Government's fairer charging and fairer contributions guidance. Its aim is to provide a consistent and fair framework for all customers who receive non-residential care services following an assessment of their individual needs, and their individual financial circumstances.

1.0 Legal Basis for Charging

- 1.1 Section 17 of the Health, Social Services and Social Security Adjudication Act 1983 gives local authorities discretionary power to charge adult recipients of day and domiciliary care services.
- 1.2 To ensure consistency and fairness, the Department of Health has issued guidance in its publications "Fairer Charging Policies for Home Care and other Non-Residential Services" supplemented by "Fairer Contributions Guidance – Calculating an Individual's Contribution towards their Personal Budget" using powers conferred under Section 7 of the Local Authorities Social Services Act 1970.
- 1.3 City of York Council will refer to 'Charging for Residential Accommodation Guidelines (CRAG)', in relation to income and capital to be included or disregarded, or charging principles for financial assessments, not contained within Fairer Charging for Home Care and other Non-Residential Social Services.

2.0 Diversity and Equality

- 2.1 The council is fully committed to the broad principles of social justice and is opposed to any form of discrimination and oppression. It therefore willingly accepts not only its legal responsibilities but also wishes to embrace best practice in all areas of its work in order to secure equality of both treatment and outcome.
- 2.2 The council is committed to ensuring that no one is treated in any way less favourably on the grounds of personal differences such as age, race, ethnicity, mobility of lifestyle, religion, marital status, gender, sexual orientation, physical or mental impairment (disability), caring responsibilities and political or other personal beliefs.

3.0 Policy Objectives

3.1 The principles underpinning this policy are:

- to be fair and equitable to all customers;
- to ensure that all customers are provided with appropriate welfare benefits advice, and assistance is provided to claim any additional benefits they may be entitled to;
- to generate an income to meet the costs of delivering the service and to re-investment in additional services;
- to ensure that contributions are consistent, fair and affordable for those customers that are assessed as eligible to pay for their service;
- to ensure that the way in which the contributions are calculated are easy for customers to understand;
- to support the principles of independent living within the community;
- to re-assess contributions as and when required by the customer where there has been a change in circumstances;
- to provide clear information about the cost of services, clear and concise billing and clear information about repayment methods and timescales.

4.0 Personal Budgets

4.1 City of York Council administers adult social care resource in the form of personal budgets.

4.2 Reablement care is provided free of charge for up to 6 weeks, and are exempt from personal budgets.

4.3 Following an individual needs assessment, the calculation of how much the personal budget might be, will be inputted into the Resource Allocation System (RAS). The RAS determines an indicative budget based on individual care needs identified in the following areas:

- Making Important Decisions About Life;
- Personal Needs;
- Staying Safe from Harm;
- Having Relationships;
- Community Involvement;
- Work, Leisure and Learning

Once the 'indicative amount' is known, an assessment of the customers financial circumstances will be undertaken in accordance with "Fairer Charging Policies for Home Care and other Non-Residential Services".

- 4.4 The financial assessment calculates what a customer's contribution towards their personal budget will be in accordance with Fairer Contributions Guidance. The combination of personal budget and customer contribution will be known as a 'Personal Account'. The customer contribution towards their personal account will be 100% of their notified maximum assessed charge, or lower should the personal budget value be less than the maximum assessed contribution.
- 4.5 Customers that have savings in excess of the higher threshold of savings as detailed in "Charging for Residential Accommodation Guidance "(CRAG), will pay the full cost of any non-residential care services they receive.
- 4.6 Customers will have the option to take a personal budget as commissioned services or as statutory direct payments or a mixture of both. Customers that take their personal budget as a direct payment may purchase different types of non-residential care as defined in section 46(3) of the NHS and Community Care Act 1990, including those listed in section 2 of the Chronically Sick and Disabled Persons Act 1970.
- 4.7 Customers are likely to choose varied forms of care or support to meet their specific agreed outcomes, as defined in their support plan. Where a customer can fully fund the cost of their care, they are still entitled to request that the services are arranged by the council. Customers are free of course, to choose the care designed to meet their outcomes.
- 4.8 A guide to self directed support in York is available by calling 01904 551550 or e-mail: mylifemechoice@york.gov.uk
- 4.9 Where a customer receives their personal budget as a direct payment, this will be paid net of the customer contribution, in advance. Contributions for services that are invoiced to the customer will be invoiced in arrears.
- 4.10 A personal budget will normally run for a period of 12 months. Customer Contributions towards a personal account will be invoiced monthly over 12 months, in arrears. Customers opting to receive their personal budget as a direct payment will receive 1/12th of their payment each month, net of their contribution. Funds within a personal account will remain available throughout hospital and planned short breaks, and as such, contributions will continue to be collected. Customers requiring

emergency respite will be assessed under CRAG, and will be invoiced for the additional cost of stays in arrears.

- 4.11 The cessation of a personal account must be agreed between care management and the customer.
- 4.12 A customer will only be eligible for a refund of contributions if the care received over the 12 months (or to the date of closure if the account is ended early) has a lower value than the customer contribution. Refunds will be only be calculated and paid at the end of the budget period, after all outstanding care bills have been paid to care providers.
- 4.13 Customers that have planned short breaks in residential settings, in excess of 28 consecutive nights per annum will be assessed under CRAG, additionally short breaks taken in residential settings in excess of 56 nights per annum will also be charged under CRAG.
- 4.14 A customer will only be permitted to carry forward money from their personal budget into the next budget year, subject to this being noted in the support plan, and agreed to, by exception, by the relevant service manager.
- 4.15 Contributions calculated at less than £1.25 per week will not be charged.

5.0 Commencement of contributions

- 5.1 Customer contributions are payable from the commencement of a Personal budget. If a customer has not had a financial assessment at the time care commences, the contribution will be commence from the date of the assessment.
- 5.2 If the council becomes aware that a customer is in receipt of income not previously declared within their financial assessment, then the council will backdate any amended contribution to the date the customer started to receive additional income.
- 5.3 If a customers' financial circumstances change within the budget period, then the council must be notified immediately, to arrange a re-assessment. This may result in a higher or lower contribution being charged.
- 5.4 When we review customer's contribution as part of the annual review process, any change to contribution will be applicable from the Monday following the re-assessment.

6.0 Services Covered by this Policy

6.1 As defined within Fairer Charging for Home Care and Other Non-Residential Social Services, local authorities have the discretion to charge for providing services. City of York Council will ask for a contribution towards care delivered as:

- personal care – care and support in your own home, or in the community on a 1:1 basis;
- day care activities - services provided away from your home in a group setting;
- Supported Living – where you are residing in, and receive support in a supported living environment;
- Direct payment of an individual budget – including planned short breaks whether in a residential setting or not;

Eligibility to contribute towards the cost of Transport is assessed under Fairer Charging Guidelines; however the present charge of £4 per journey is currently under review.

Supported Employment is currently not a service which the council assesses customers to contribute towards, however these services, and any cost to the customer is currently under review.

Eligibility to contribute towards the cost of Warden Call and Telecare Services are not assessed under Fairer Charging Guidelines, however the cost of these services are currently under review.

6.2 The following services are free of charge:

- social work support;
- occupational therapy;
- information and advice;
- assessment and care management services;
- aftercare provided under Section 117 of the Mental Health Act 1983. Customers receiving care that is not part on an aftercare plan will be assessed to contribute towards that care;

- services for people suffering from Creutzfeldt Jacob Disease
- services that are the responsibility of the NHS (e.g. Continuing Health Care funded at 100%).

7.0 Financial Assessment

- 7.1 All customers in receipt of one of the services listed in section 4.1 will be required to have a financial assessment, in order to assess their ability to pay. This payment is known as a 'contribution'.
- 7.2 The relevant care manager will ask for a Visiting Officer to arrange to see the customer to undertake a benefits check and financial assessment. This is normally done before the customer starts receiving care.
- 7.3 The financial assessment will take into account income, capital, and any expense incurred in relation to the disability.
- 7.4 If a customer has capital in excess of £23250, they will be asked to pay the full cost of the services they receive. The following is a list of items that are considered as capital but is not exhaustive :
- bank and building society balances;
 - cash;
 - premium bonds;
 - stocks, shares and investment bonds (excluding bonds with an element of life insurance);
 - property (except the property you live in);
 - land;
 - unit trusts;
 - trust funds (except those set up and administered by the Court of Protection).

If a customer chooses not to disclose details of their financial circumstances they would be required to pay the full cost of the services provided.

- 7.5 The Visiting Officer will calculate a customer's income. The financial assessment takes into account the following income:
- State Retirement Pension;
 - Occupational/Private Pensions;
 - Incapacity Benefit;

- Disability Living Allowance Care Component;
- Jobseekers Allowance;
- Employment and Support Allowance;
- Attendance Allowance;
- Income Support and the Guarantee Credit Element of Pension Credit;
- Income from investment bonds;
- Tariff income from savings (if you have savings between £14250 and £23250, the tariff income is set at a rate of £1 for every £250 or part £250).

The following income will be noted but will be disregarded from the financial assessment:

- Earnings from paid work;
- Mobility component of Disability Living Allowance;
- Working or Child Tax Credit;
- Carer's Premium;
- Savings Credit element of Pension Credit;
- War Disablement and War Widow Pensions;
- Compensation Payments (as detailed in CRAG);
- The higher rate element of Disability Living Allowance or Attendance Allowance if care is not provided during the night;
- Some housing costs.
- Guaranteed Income Payments (from October 2012)

The Visiting Officer will ask about any additional expenditure that is incurred as a direct result of any disability. The customer must provide evidence of this additional expenditure. A guide to Disability Related Expenditure is set out in **schedule 2** of this policy.

- 7.6 To ensure that all customers have enough to live, on, the assessment will ensure that they have the equivalent of the basic level of income support plus 25%. The 25% buffer is added on to the basic level of income support, allowances and premiums according to age, level of disability, and family status or the appropriate Guarantee Credit of Pension Credit. This is currently equivalent to:
- £178.38 per week for customers who are over pension age
 - £126.69 per week for customers who are under pension age

- 7.7 All customers will be asked to sign a form to authorise the council to obtain benefits information from the Department of Work and Pensions, Job centre Plus, Disability Benefits Centres, Pensions

Service and the council's benefits section.

- 7.8 Customers will normally be provisionally advised of their contribution at the end of the initial visit, provided all relevant information has been made available. Written confirmation of a customer's contribution will be sent out within 5 days of a visit, or telephone review.
- 7.9 Customer contributions will be reviewed and assessed annually. There will be a rolling programme of reviews carried out (without a home visit unless absolutely necessary) of contributions. This review will normally be undertaken around the same time as a customer's annual social care review. All customers are however, required to inform the council if there is a change in their financial circumstances within the current contribution year, when arrangements will be made to reassess and recalculate their contribution.

8.0 Financial Assessment Considerations

8.1 Deprivation of assets

Deprivation is the disposal of capital assets (both property and investments) in order to avoid or reduce care charges. Disposal could take the form of transfer of ownership or conversion into a disregarded form, and will be treated as notional capital when calculating non-residential care contributions. If you are considering, or have transferred property or assets, whilst in receipt of care, any disposal during this time may also affect your eligibility for funded residential or nursing care if you need it in the future, and your entitlement to welfare benefits. It is recommended that independent legal advice is sought prior to taking this course of action.

8.2 Dependent Children

The assessment of charges will take into account dependent children. Any additional allowance will be based upon individual customer circumstances, and the council reserve the right to disregard income as appropriate.

8.3 Treatment of Couples / Partners income and assets

For the purposes of this policy a service user will be financially assessed on their sole income, capital assets and disregards. However, if there are savings and capital held jointly with another person it will be assumed that 50% belongs to the social care customer unless proven otherwise. A couple is defined (for administration of their financial affairs) as two people living together as spouses or partners.

8.4 Second Property

The ordinary residence of a customer (i.e. the property in which the customer normally lives) will not be taken into consideration in the financial assessment for non-residential care services. Customers that have two or more properties will have the value of each residence included as capital within the financial assessment.

8.5 Cancellation of services

Customers should provide a minimum of 24 hours notice when canceling personal care, days support and transport services. Services cancelled within 24 hours of planned delivery time will be charged the full applicable rate. Consideration will be given in exceptional circumstances only (such as emergency hospitalization) to waive charges where the appropriate notice period has not been given.

8.6 Independent Living Fund

Customers in receipt of ILF funding have their local authority contribution determined by the ILF. Customers in receipt of funding through the ILF, will be advised annually of their local authority contribution.

8.7 Adult Placement Schemes

Customers in adult placement schemes are not subject to a standard financial assessment, due to the nature of the scheme. Customers on this scheme will be advised of any contribution towards their care by the care manager and scheme provider.

9.0 Ability to pay - appeals procedure

9.1 Any customer who feels that the payment of their assessed contribution would cause financial hardship may request a re-assessment.

9.2 The customer must first contact their care manager to explain why they feel they are unable to pay their contribution and to provide any relevant documentary proof of this. The care manager will request a review of the contribution. If they are satisfied through the review process that the customer is unable to pay all or any of the contribution, the care manager can refer the customer's request to have all or part of their contribution waived by the Assistant Director of Assessment and Personalisation.

- 9.3 The Assistant Director of Assessment and Personalisation will consider the request and either reduce, waive, or uphold the charge in accordance with Section 17 (3) of the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSA Act 1983). Any decision to waive or reduce the charge will be reviewed on a regular basis.
- 9.4 The appeals and complaints procedure in relation to ability to pay is noted in **schedule 3** of this policy

10.0 Debt Management Process

- 10.1 Each customer is individually assessed on their ability to contribute towards the cost of their care.
- 10.2 Whilst the council will ensure that arrears are pursued in a timely manner, and in a firm but fair way, it does recognise that the management of outstanding debt for certain individuals will require a more sensitive approach. This approach should complement the guidance provided within the Corporate Debt Policy.
- 10.3 To enable customers to understand this approach, there is a detailed and staged recovery process that will be followed to ensure that all preventative action has been taken, and that customers are in receipt of the maximum income possible, including enhanced income from state benefits. Where the customer has additional debts with the council, these will be considered and where possible, a structured but shared repayment plan is agreed.
- 10.4 The council will review all its debts on a regular basis and as part of this process will consider the viability of pursuing some on the basis that it may be un-economical to do so. There may be other circumstances, such as when a deceased person has no assets that recovery of a debt will be unlikely, and in these circumstances, the debt may be written off. The council also understands that where a customer cannot pay, full support and debt advice will be provided, in line with the Corporate Debt Policy.
- 10.5 The council recognises that the person receiving care may not have the capability to manage their financial affairs. In these situations, the council will contact a responsible person, or a person with the legal capacity to undertake financial transactions on behalf of the customer. A responsible person could be the parent, spouse/partner, carer or other family member of the person receiving care. Where the customer lacks

capacity to manage their financial affairs, and there is no person able, willing or suitable to act on their behalf, the council may apply to become court appointed deputies, or corporate appointees to avoid the customer getting into further debt.

10.6 **Stage 1:** Where an invoice is outstanding for more than five weeks we must:

- confirm that the customer has been issued with notice of charges and their assessed contribution;
- confirm that the customer has a signed care or support plan;
- check to see whether there is any reason for late payment (e.g. hospital admission/respite stay/holiday);
- ascertain whether other monies are outstanding to the Council;
- check whether a waiver has been agreed after the invoice has been issued.

Care management teams will be advised of all customers that have not paid their invoice at this stage. Care management teams have 10 days to respond to Customer Finance to advise whether the standard recovery letter should be issued. Care managers may decide to deliver the letter themselves to ascertain reasons for non-payment. Care managers may advise that letters are best sent to a relative or nominated appointee who manages the customers' finances, or care managers may be aware of an ongoing complaint. After 10 working days, letters will be automatically issued to customers, where an alternative arrangement has not been agreed.

If the customer is having difficulty paying a bill, the customer and Council will agree an interim and immediate payment if possible. Occasionally, customers may receive a larger than expected bill if the care provider did not submit the record of care timesheet in the correct billing period, and the customer is invoiced for 2 periods in the subsequent period. Customer Accounts Team will notify the care manager.

Where a customer advises a change of circumstances, care management/customer finance will arrange for a new financial assessment to be carried out, The result of any re-assessment is only applicable from the date of notification of any change.

Confirmation of agreed actions including staged re-payments should be sent to the customer in writing, and noted within the councils debt management systems. Advise the customer that failure to act will lead

to stage 2 procedure being invoked in 28 days.

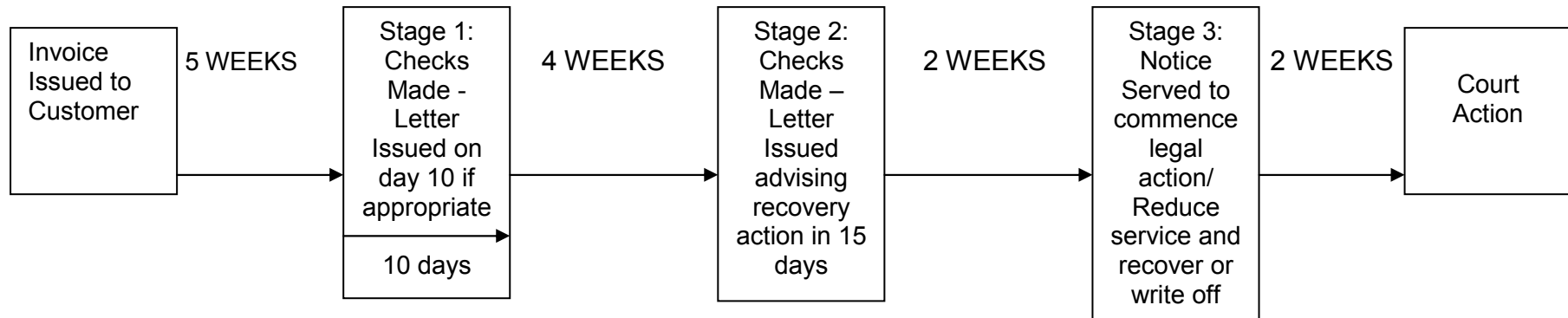
10.7 **Stage 2:** If a payment has still not been received after 4 weeks, customer accounts will contact the customer to ascertain the reason for delay. Discuss with the customer that formal debt recovery action will commence if payment is not received within 15 consecutive days. Again, remind the customer of the ways that payment can be made.

10.8 **Stage 3:** If a payment has not been received 15 days following the issue of the Stage 2 letter, formal recovery action will commence. Care management will be notified and will have the final decision of any action to be taken. Where legal action is agreed, notice will be served on the customer directly or through a responsible person acting on their behalf.

This notice will inform the customer that court action will be taken if payment is not received within 10 days. If payment has not been received within 10 days, the matter will be passed to legal services for court action to commence.

At each stage, customers will be offered the opportunity to contact Customer Finance to arrange an appropriate repayment plan.

Recovery timeline



101 Day Process

Schedules

Schedule 1 – Charging Treatment of Non-Residential Services

The following flat rate charges will be effective from 18th April 2011, for the following services:

Transport: £4 per journey

Warden Call: £4.25 per week

Meals at Day Centres (where charged): £2.50 per meal

Schedule 2 - Charges for non-residential services – comprehensive guidance notes and Disability Related Expenditure Assessment Form

All customers will be entitled to an assessment of expenditure incurred as a direct result of their disability. All expenses will be reviewed against the customers agreed support plan. Expenses will be allowed to ensure that customers are able to maintain a basic healthy, hygienic and safe standard of living. The form below covers the most common items of disability related expenditure – should you have other disability related costs, please specify these at the bottom of the form.

Guidance Notes

Before assessing a customers' disability related expenditure, it is important to know what the customers' specific needs are likely to be, and what assistance the customer may already be in receipt of to contribute towards any disability related costs. It is important to remember that allowances will only be made where costs are met entirely by the customer, exceed 'normal' cost of living expenses, and are specifically resulting from the customers' disability.

DRE assessments should only be completed when a customer is in receipt of disability related benefits (AA/DLA and SDP), or in the case of new customers', when an award of a disability related benefit is likely in the very near future.

Other factors to take into consideration are:

- Does the customer receive DLA Mobility Component and at what rate?
- Does the customer receive a direct payment that incorporates and allows some disability related expenditure
- Is a carers premium/grant paid to cover some of the expenses related to a customers' disability
- Does the customer have expenses that are paid for by the NHS (e.g. incontinence aids, special diet, medication)
- DRE is not intended to cover gaps within an existing care plan
- Customers contributing to other schemes such as ILS and ILF – their contribution is a financially assessed charge and must not be considered as a disability related expenditure
- Can any costs be paid by the NHS – such as physiotherapy, chiropody, transport etc.

Everyday Living Expenses: The following items are considered to be everyday living expenses

- Food & Non alcoholic beverages
- Clothing/Shoes

- Accommodation Costs e.g. Rent/Mortgage/Repairs & Maintenance
- Accommodation Related Costs e.g. house/contents insurance
- Fuel e.g. gas/electricity/oil/coal
- Water
- Furniture & Flooring (inc carpets), and Household Appliances
- Household textiles, cutlery, crockery and cooking utensils
- Personal transportation costs e.g. fuel/tax/insurance/servicing
- Entertainment & Media (TV inc. digital TV reception/Telephone (inc. mobile phones)/Internet & Broadband), Computing and Gaming Hardware and Software
- Domestic Pet expenses
- Short Breaks and Holidays

Assessment Considerations:

Transport Costs: Mobility costs should be met through DLA Mobility Component and travel concessions such as Bus Passes and Transport Tokens. The need for specialist transport should be noted in a care/support plan. Payments to family members will not be considered, or to customers who have use of a motorbility vehicle and choose not to use it. Only costs in excess of DLA Mobility will be considered, up to a maximum of £10 per week.

Special Clothing and Footwear: Additional costs may be incurred due to customers requiring specially tailored garments, or through exceptional disability related wear and tear. All clothing and footwear allowances are discretionary, up to a maximum of £5.40 per week.

Garden Maintenance: The allowable amount will be discretionary based upon maintaining a garden to a safe but basic standard. This will only be paid where there is no one else in the household capable of attending to garden maintenance. Gardening allowance will be considered up to £6.25 per week. Note – most gardens are only maintained for part of the year, therefore any allowance will be made over 52 weeks

Special Dietary Costs: The allowable amount should reflect costs over and above 'normal' dietary related expenditure. A special diet should be noted in the support plan. The average grocery bill for an adult is £31 per week. Only food costs above this should be considered, and only where they are not subsidised or provided free of charge by the NHS. A maximum allowance of £10.85 per week will be allowed where grocery bills exceed £32.50.

Community Alarm Costs: Will be met subject to this being an assessed need, and not already paid for by a supporting people subsidy.

Exceptional Laundry: A fixed amount of £3.75 per week will be allowed where laundry needs exceed 4 loads per week. This allowance incorporates additional water and washing powder costs (inc. specialist washing powder).

Extra Incontinence Aids: The actual cost will be met provided this is an assessed need and incontinence aids are not already provided free of charge by the NHS.

Extra Bedding: An allowance will be made for reasonable expenditure incurred over the normal replacement cycle for bedding. Annual replacement costs above £40 will be considered, up to a maximum of £2.20 per week (£114.40 per annum)

Additional Fuel/Heating: Covers the costs of Gas, Electricity, Coal and Oil. Annual household fuel costs are supplied by the National Statistics Office and are used in calculating appropriate allowances. Additional heating costs over the published averages must be incurred as a result of any disability.

Fuel costs - any amount of household fuel costs over and above that of the rates identified below for relevant accommodation type			
Accommodation type	Annual cost	Eqv. Monthly cost	Eqv. Weekly cost
Single people in flats and terraced housing	£1128.00	£94.00	£21.69
Couples in flats and terraced housing	£1487.00	£123.91	£28.59
Single people in semi-detached housing	£1198.00	£99.83	£23.03
Couples in semi-detached housing	£1577.00	£131.41	£30.32
Single people in detached housing	£1457.00	£121.41	£28.01
Couples in detached housing	£1920.00	£160.00	£36.92

Privately Arranged Personal Care: An allowance will be made if there is an assessed need that is documented within the customer's support plan, which cannot be met through personal budget expenditure. Items considered under privately arranged personal care include chiropody, and hair washing. Care purchased privately by a customer where the council has been unable to meet the immediate care needs, but the care has been assessed as a required need, should also be considered. Basic grooming and exceptional costs (e.g. hair cut, perms/highlights) are deemed to be everyday living

expenses and will not be covered. A maximum of £10.85 per week will be allowed for all aspects of personal care.

Cleaning/Domestic Costs: No allowance will be made unless this service is a requirement in the customers' support plan and cannot be met through a direct payment or commissioned service.

Prescription Charges & Medication: Costs relating to prescribed and essential non-prescribed medication will be considered when this is documented in the care plan, and is not already covered by an NHS pre-payment certificate.

Telephone/Communication/Media Needs: Allowance will be made for any equipment that is required to assist with basic communication needs e.g. Large Button Telephones, Voice activated equipment, magnifying equipment etc. Allowances for telephone/communication needs are entirely discretionary, but will only be considered when the costs exceed everyday living expenses, and only the excess costs should then be allowed. Allowance for telephone or Internet access, or Digital TV Subscriptions will only be considered where this is in excess of everyday living costs and are incurred as a direct result of a disability.

Disability Related Equipment: No allowance will be made for equipment that has been provided either through a funding grant, or has been provided free of charge. No allowance will be made for servicing or repair costs where the customer has not purchased the equipment privately. Allowance will not be made for equipment purchased privately that is available through Occupational Therapy (OT) services.

Equipment needs should be documented within the care plan, and where purchased privately, must be endorsed by the OT department. All allowances will include servicing and repair costs, and the cost of replacement. Replacement frequencies will be period determined by OT, and the allowance made weekly over that time. For example if a wheelchair costs £400 and is expected to require replacing in 5 years time, the weekly allowance will be $£400/260(\text{weeks}) = £1.54$ per week. Evidence of purchase will be required.

Where the customer has equipment listed below, nationally produced guidelines advise that replacement costs (up to a maximum amount each week) can be allowed over a 10 year life cycle. Replacement costs will only be allowed where the customer has privately purchased the equipment and can provide evidence of purchase.

- Powered Beds – maximum of £3.96 per week
- Turning Beds – maximum of £6.86 per week

- Powered Reclining and Lifting Chairs – maximum of £3.12 per week
- Stair Lifts – maximum of £5.55 per week
- Hoists – maximum of £2.72 per week

Holidays/Breaks: No additional cost will be allowable for the customer to have a break/holiday outside of any agreed allowance made within a personal budget, as this is considered to be a normal living expense. It is recognised that a customer may however, incur additional costs if they take a break/holiday accompanied by a paid carer. Carer costs will be taken into consideration providing breaks/holidays are specified within a support plan care plan.

Other Expenditure: Customers may incur other costs not already covered above. Examples could include adaptations to household appliances for safety reasons (note we would only allow the additional costs e.g. a standard gas cooker costs £400, but an adapted gas cooker that cuts off if not used within 5 minutes costs £600, then we would allow £200 over the expected life of the cooker), specialist feeding equipment, or equipment that has a reduced life-span due to a disability (e.g. food blenders).

All White Goods are deemed to have a life expectancy of 5 years
All small appliances are deemed to have a life expectancy of 3 years

Day Care Activities: Additional costs for day care activities that are not already covered as part of a support plan and assessed under Fairer Charging Guidelines will not be allowed.

Customer Name..... **D.O.B.**
FWI Ref.....

DISABILITY RELATED EXPENDURE (DRE) – This is expenses you incur because of your disability.

Weekly Cost

Transport Costs (in excess of DLA Mobility/Subsidised Transport Tokens/Buss Pass)	£
Special Clothing or Footwear	£
Garden Maintenance	£
Specialised dietary costs (Only allowable if not available on the NHS and have been advised by your Doctor – no allowances will be given for items that are considered to be part of a healthy eating plan) <u>Please give name and address of your doctor if claiming dietary costs:</u>	£
Community Alarm Costs/Warden Call	£
Exceptional Laundry (more than 4 loads per week)	Number of Loads
Extra Incontinence Aids	£
Extra Bedding	£
Additional Heating/Fuel Costs Property Type: Flat/Terraced/Detached/Semi-Detached Number of Occupants <ul style="list-style-type: none"> • Gas • Electricity • Coal • Oil 	£
Privately Arranged Personal Care <ul style="list-style-type: none"> • Hair Washing • Chiropody • Massage • Aromatherapy 	£
Cleaning/Domestic Costs	£

Prescription Charges	£
Telephone/Communication/Media Equipment	£
Disability Related Equipment	£
Other Expenditure – Please Specify	
<p>***Please enclose the last 5 weekly, or 2 monthly receipts for all purchases or services. In the case of utility bills, please provide bills covering the last 4 quarters***</p> <p><u>We will not be able to allow any expenditure without evidence.</u></p> <p><i>All items/services above may be checked against your Care Plan or discussed with your Care Manager, if applicable.</i></p>	

Schedule 3 - Charges for non-residential services – appeals and complaints procedure

Under section 17 (3) of the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSA) customers have the right to request a review of their contribution if they consider that the calculation is incorrect, that it is unfair or that it is not affordable. The service user must satisfy the council that they have insufficient means to pay before consideration can be given to a charge being waived.

Fairer Charging guidance requires that careful consideration is given to any request for a contribution to be reviewed and emphasises that any consideration to reduce or waive a contribution must take account of the circumstances of the customer, and the possible implications for other customers.

Where a customer believes that their contribution has been incorrectly calculated, because the information provided has been noted incorrectly, or misinterpreted, this should be notified immediately to the responsible Visiting Officer, or the Manager,
 Customer Finance Team,
 City of York Council
 PO Box 402
 10-12 George Hudson Street
 York
 YO1 6ZE

Where an assessment is correct and a customer has already advised the care manager that they are unable to afford their full contribution, and this has been considered by the Assistant Director, Assessment and Personalisation, the customer can request a formal review in the following circumstances:

- An informal review/consideration has been conducted but the customer remains dissatisfied
- The customer is satisfied that the charging policy has been correctly applied but considers that paying their contribution would result in financial hardship because of special circumstances.

In the first instance the complaint should be notified to the Complaints Manager,

In writing to:
Freepost RLXT-AYJJ-RXST
The Complaints Manager
City of York Council
PO Box 402
York
YO1 6ZE

By phone to: The Complaints Manager 01904 554145

Or by e-mail at: haveyoursay@york.gov.uk

Where possible, and if not already provided, please provide as much information relating to household income and expenditure as possible, together with any other information that will substantiate and support your appeal.

Full details of the stages of the procedure can be found in the 'Have Your Say' brochure, available at council buildings or via the e-mail and phone number noted above.

Schedule 4 – Summary of publications referred to in this policy

Health and Social Services and Social Security Adjudication Act 1983:
<http://www.statutelaw.gov.uk/content.aspx?LegType=All&searchEnacted=0&extentMatchOnly=0&confersPower=0&blanketAmendment=0&sortAlpha=0&PageNumber=0&NavFrom=0&activeTextDocId=2109217&parentActiveTextDo>

[cld=0&showAllAttributes=1&hideCommentary=0&suppressWarning=0&versionNumber=1](#)

Fairer Charging Policies for Home Care and other Non-Residential Services
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4117930

Fairer Contributions Guidance – Calculating an Individual’s Contribution towards their Personal Budget
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121224

Local Authorities Social Services Act 1970
http://www.google.co.uk/url?q=http://www.england-legislation.hmso.gov.uk/acts/acts1970/pdf/ukpga_19700042_en.pdf&sa=U&ei=eYfmTI7ZJ4nQhAexvYDSDA&ved=0CBEQFjAA&usq=AFQjCNF4-cZAWuFVL0YkQMSTLKO3WoWt0w

Mental Health Act 1983
<http://www.cqc.org.uk/guidanceforprofessionals/mentalhealth/workingwithpeoplewhoserightsarerestricted/mentalhealthact1983.cfm>

Charging for Residential Accommodation Guidance (CRAG)
http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_115533.pdf

Section 46 NHS and Community Care Act 1990
<http://www.legislation.gov.uk/ukpga/1990/19/contents>

Chronically Sick and Disabled Persons Act 1970
<http://www.opsi.gov.uk/acts/acts1970a>

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Fairer Contributions Policy Consultation – Summary of Feedback

City of York Council has conducted a consultation exercise into proposals to fully implement personal budgets for non residential services, and how customer contributions towards personal budgets would be calculated. There are no plans to change the financial assessment to determine a customer's maximum weekly charge.

The consultation event saw letters being sent to nearly 1600 customers, their families or nominated financial representative. Easy Read letters were sent to customers with a learning disability.

Customers were invited to provide feedback on the proposals within the consultation in writing, by telephone, by e-mail or via the council's website. Two consultation events were open to the public on 29th October. Overall, 58 responses/attendees have provided feedback to the consultation, representing 4% of the total number of people likely to be affected by the proposals.

All feedback, has, where appropriate, received a response.

Summary of Feedback

2 customers in receipt of direct payments fully support the proposals. Additional feedback from the consultation event was that direct payments are great for people wishing to step outside traditional service provision;

There were 3 customers that raised concerns that respite care would no longer be funded;

3 people were concerned about the time recorded by carers when undertaking visits. One of the customers thought it was disgraceful that a carer would not be paid for any minutes 'missed', whilst another was concerned that when only one carer turned up, they would still be charged for 2. One complained that most of the care tasks had been completed by the time the carers arrived;

A family member commented that the proposals would lead to a massive increase in costs for the majority of customers, and that the information provided with details of the consultation was prejudiced, unbalanced and designed to get minimal feedback.

One carer was concerned that this may mean yet another change for his wife. 2 of the services she used had closed down in the past year, and whilst having 2 carers and being self funding, it may now be more cost effective to consider residential support. He was concerned that at times 2 carers didn't always turn up;

One customer group asked for clarification on points of the policy, in particular the inclusions and disregards of the fairer charging financial assessment;

A customer commented that to charge for 2 carers would increase costs by such a magnitude against defenceless targets is unacceptable;

One provider sought clarification that customers would only be charged what they had been assessed as being able to afford;

One family expressed concerns that the implementation of personal budgets in some way passed the responsibility of sorting and determining care needs, to the customer rather than being a local authority responsibility ;

5 customers wanted to know what the proposals would mean for them:

3 customers provided feedback about how they value the care they receive. One customer explained that he was privileged to be able to afford his care and would pay whatever it took for him to be looked after:

One customer complained about having to pay, about council services in general, but was complimentary about his carers and how they helped him.

Feedback for issues outside of the consultation have been forwarded to the appropriate team to take action or respond to.

9 E-mails

23 Telephone Calls

6 Letters

20 Attendees at Consultation Events



Community Impact Assessment Form (CIA)

The council's vision is to promote **equal life outcomes¹ for everyone** living, working and visiting York, through inclusive design in everything the council does. This is to ensure that no-one is unintentionally excluded in York because of specific personal characteristics. In the council, we call these characteristics "Communities of Interest or Identity" – "Cols" for short.

To help realise the vision, council officers are required by Cabinet to assess the impact of council policies, processes and behaviours on customers and staff from the Communities.

This process was previously called Equality Impact Assessment (EIA). To stress the importance of assessing the impact of everything we do on people from the Communities, starting June 2012, we have renamed the process Community Impact Assessment (CIA).

The assessment **should be done at the development stage** of any policy, review, project, service change etc, **before any decision is taken**. It should also be done every time there are changes to policies and practices, **before the changes are finally agreed** by decision makers.

In addition, the Equality Act 2010 came into force on the 1st October 2010. Under the Act the council has a legal duty to show that our policies, practices etc further the aims below:

- Actively and proactively eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Advance equality of opportunity between people who share an identity and those who do not
- Foster good relations between people who share an identity and those who do not.

¹ In health, safety and security, personal freedom and choice, housing, education and lifelong learning, jobs and leisure activities and the infrastructure that supports these outcomes.

In completing **Community Impact Assessments (CIAs)** officers are also required to state how what they are assessing meets and contributes to these aims.

1	Name and Job Title of person completing assessment	Debbie Mitchell
2	Name of service, policy, function or criteria being assessed	Customer Contributions Policy (“Fairer Contributions Policy for Non Residential Care Services”)
3	What are the main objectives or aims of the service/policy/function/criteria?	To provide a consistent and fair charging/ financial contribution towards care costs framework for all customers who receive non-residential care services following an assessment of their individual needs, and their individual financial circumstances.
4	Date	21/11/12

Stage 1: Initial Screening

5	<p>What evidence is available to suggest that the proposed service, policy, function or criteria could have a negative or positive effect on quality of life outcomes² for people (both staff and customers) from the communities? Document the source of evidence in the columns below. You can find evidence via:</p> <ul style="list-style-type: none"> • Data from the Business Intelligence Hub - http://colin.york.gov.uk/beSupported/business_intelligence_hub/ • Council Consultation and Engagement Calendar – contact Sophie Gibson, 551022. • Council consultation - http://colin.york.gov.uk/beSupported/inhouse_services/research_consultation/ • Workplace Wellbeing Survey – contact the Health and Safety team
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² See appendix 1

<p>for more info – 554131. CaN results are here: http://colin.york.gov.uk/beConnected/about_CYC/structure/CAN/can_healthwellbeing_results/</p> <ul style="list-style-type: none"> • Staff Equalities Reference Group – See feedback reports here - http://colin.york.gov.uk/beSupported/equalities_inclusion/SERG/ • Equality Advisory Group (a customer group) - http://democracy.york.gov.uk/mgCommitteeDetails.aspx?ID=445 • EIA Fairs Feedback Newsletters - http://colin.york.gov.uk/beSupported/equalities_inclusion/EIAs/consultation_feedback/ • Previous EIAs – see annual EIA lists - http://colin.york.gov.uk/beSupported/equalities_inclusion/EIAs/ 				
Community of Interest/Identity	Source of evidence that there is or is likely to be a negative or positive impact:			
	Staff		Customers/Public	
	Positive	Negative	Positive	Negative
Race	N/A	N/A	No evidence	No evidence
Religion / Spirituality /Belief	N/A	N/A	No evidence	No evidence
Gender	N/A	N/A	No evidence	No evidence

Annex C

Disability	N/A	N/A	<p>Consultation indicates positive impact in having consistent and transparent approach for all disabled people.</p> <p>Estimated reduced contributions for 32% of residents using support</p>	Negative impact on estimated 4% assessed as being able to pay full cost for support
Sexual Orientation	N/A	N/A	No evidence	No evidence
Age	N/A	N/A	<p>Consultation indicates positive impact in having consistent and transparent approach for all disabled people.</p> <p>Estimated reduced contributions for 32% of residents using support</p>	Negative impact on estimated 4% assessed as being able to pay full cost for support
Pregnancy/maternity	N/A	N/A	No evidence	No evidence
Gender Reassignment	N/A	N/A	No evidence	No evidence

Marriage and Civil Partnership	N/A	N/A	No evidence	No evidence
Carers of older and disabled people	N/A	N/A	Consultation indicates positive impact in having a consistent and transparent approach for all disabled people Estimated reduced contributions for 32% of residents using support	Negative impact on estimated 4% assessed as being able to pay full cost for support

If there is **no** evidence the service/policy/function will affect **any of the communities**, please proceed to section 9.

If there **is** evidence the service/policy/function will affect **one or more of the communities**, continue to Stage 2, Full Impact Assessment.

Stage 2: Full Impact Assessment

6	How could different communities be affected by the proposed or reviewed service/policy/function/criteria? Record negative and positive effects below. Expand the boxes to take up as much room as you need. See the 2 EIA Guidance documents on Colin for help about effects to consider.	
A1	Public/customers – positive effects	<p>The new policy will provide a more consistent approach to the way we calculate the costs that customer contribute to, regardless of whether the Council commissions support or the resident takes a Direct payment.</p> <p>Using actual costs rather than standard costs for more services is estimated to reduce the contribution needed for 32% of current customer (496 of 1540) by an average of £10 a week</p>

		Residents will be able to understand more easily how much their support costs and this should give them more opportunity to decide how the resources available are used, to exercise more choice and control.
A2	Public/customers – negative effects	<p>By ensuring that people who need 2 carers to support them have this reflected in the calculation of their 'personal budget', Council will no longer be subsidising the cost of a second carer for those who have been assessed as able to pay the full cost of their support.</p> <p>We know from consultation that this is concerning for people who have been used to the subsidy.</p> <p>Analysis at the end of October indicated 60 people (of 1540 people assessed to contribute to support costs) will be affected, with an average increase in costs of £107 per week.</p>
B1	Staff – positive effects	N/A
B2	Staff – negative effects	N/A
7	<p>Can any negative effects be justified? For example:</p> <ul style="list-style-type: none"> ▪ As a proportionate means to achieve a legitimate aim ▪ In support of improving community cohesion ▪ To comply with other legislation or enforcement duties ▪ Taking positive action to address imbalances or under-representation ▪ Because of evidence-based need to target a particular community or group e.g. younger/older people. <p>NB. Lack of financial resources alone is NOT justification!</p>	

<p>Fairer and more transparent policy will ensure all people needing support from the Council, regardless of age, disability or gender will have more choice and control over how the funding allocated to them is spent and what activities they participate in.</p> <p>This policy change will remove an inherent inequality in the current policy whereby older people can be charged more for services than working age adults. It will also remove an existing inequality for people who take a Direct Payment whereby they pay the full cost of the support they use, whilst those who have support commissioned by the Council may benefit from some subsidised costs.</p> <p>The way we assess whether someone can pay the full cost of their support will not change so no one will be asked to pay more than is agreed as fair and affordable in line with Government guidance.</p>
<p>8 What changes will you make to the service/policy/function/criteria as result of information in parts 5 & 6 above?</p>
<p>No changes required</p>
<p>9 What arrangements will you put in place to monitor impact, positive and negative, of the proposed service/policy/function/criteria on individuals from the communities?</p>
<p>[fill this in even if you don't currently have any negative issues to deal with]</p> <p>Anyone affected will be regularly reviewed through care management processes and will have a new financial assessment should their circumstances change.</p> <p>Monitoring of individual accounts will ensure budgets are sufficient to cover needs.</p>
<p>10 List below actions you will take to address any unjustified impact and promote equality of outcome (as in appendix 1) for staff, customers</p>

	and the public from the communities. The action could relate to:	
	<ul style="list-style-type: none"> ▪ Procedures ▪ Service delivery ▪ Training ▪ Improvement projects 	
	Action	Lead
	Usual care management processes to review support packages and financial assessments	ACE staff
		When by? Already in place
11	Date CIA completed	21/11/12
<p>Author: Debbie Mitchell Position: Finance Manager Date: 21.11.12</p>		
12	Signed off by	
<p>I am satisfied that this service/policy/function has been successfully impact assessed. Name: Kathy Clark Position (Head of Service and above) : Assistant Director Assessment and Safeguarding Date: 27.11.12</p>		
<p>Please send the completed signed off document to equalities@york.gov.uk. It will be published on COLIN as well as on the council website.</p>		

Appendix 1 - Quality of Life Indicators (also known as “the 10 dimensions of equality”)

Think about the positive and negative impact in these areas:

- Access to services and employment
- Longevity, including avoiding premature mortality.
- Physical security, including freedom from violence and physical and sexual abuse.
- Health, including both well-being and access to high quality healthcare.
- Education, including both being able to be creative, to acquire skills and qualifications and having access to training and life-long learning.
- Standard of living, including being able to live with independence and security; and covering nutrition, clothing, housing, warmth, utilities, social services and transport.
- Productive and valued activities, such as access to employment, a positive experience in the workplace, work/life balance, and being able to care for others.
- Individual, family and social life, including self-development, having independence and equality in relationships and marriage.
- Participation, influence and voice, including participation in decision-making and democratic life.
- Identity, expression and self-respect, including freedom of belief and religion.
- Legal security, including equality and non-discrimination before the law and equal treatment within the criminal justice system.

Indicators from: The Equalities Review 2007 and the Equality Framework for Local Government.

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