

# **Equality Analysis Assessment: Changes to the Charging Criteria for Adult Social Care Services.**

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## 1. Introduction

### 1.1 Purpose of this Equality Analysis Assessment

1.1.1 This Equality Analysis Assessment (EAA) assesses the potential impact on Lewisham residents of the proposed changes for charging and contributions criteria for adult social care services. The EAA fulfils the statutory requirement for all public bodies to assess the impact of their policies and services on different equalities groups. An Equalities Analysis Assessment (EAA) is the process of systematically analysing a proposed or existing policy, strategy or service to identify what effect, or likely effect, will follow from its implementation for different groups in the community. The assessment considers the effect of a service on Race, Gender, Disability, Age, Sexual Orientation, Religion/Belief, Marriage and Civil Partnership and Pregnancy and Maternity. Where negative impact is identified the EAA states whether this proposal is a proportionate response to a legitimate aim and what measures might need to be taken to address any adverse impact.

### 1.2 Equality Law

1.2.1 The Equality Act came into force in October 2010. The Act brings together, harmonises and in some respects extends the current equality law. It aims to make it more consistent, clearer and easier to follow in order to make society fairer. Public sector organisation responsibilities remain largely the same though there are three key areas which are new in the legislation: discrimination by association, discrimination by perception and indirect discrimination. It introduces additional protection for pregnant and breastfeeding mothers; and transsexual people.

1.2.2 The Act brings together the duties established in preceding legislation, specifically:

- Disability Discrimination Act 2005
- Equality Act 2006
- Age Regulations (2006)
- Discrimination Law Review
- The Equalities Review
- Race Relations Act 2000
- Gender Recognition Act 2004
- Sex Discrimination Act 1975

1.2.3 The Act includes a new public sector equality duty replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. The equality duty consists of a general equality duty, which is set out in section 149 of the Equality Act 2010 itself, and specific duties which are imposed by secondary legislation. These are:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

1.2.4 Section 29 also examines the services provided by the public sector with specific interest that provision of a service must not discriminate against an individual by not providing them with a service due to the nature of the service or by terminating its provisions.

1.2.5 The Act includes provision for more than one protected characteristic being the cause of discrimination, called combined discrimination. In addition to the Equality Act, this EAA also considers whether the proposed changes are in line with duties established by the Human Rights Act.

### 1.3 What are the proposals?

1.3.1 Currently, all local councils follow the Department of Health's guidance on how we charge for services. This guidance says that the Council must make sure that there is a reasonable and fair charging policy for the services provided. This is known as "Fairer Charging" and, in the case of personal budgets, is known as "Fairer Contributions". This section explains how the proposed changes differ from the current picture:

#### 1.3.2 The current picture

1.3.3 Currently, a social care assessment is completed to decide what a person's needs are, and a means test (also called a financial assessment) is carried out to determine how much, if anything, they should pay towards the services identified to meet their needs. This financial assessment looks at the person's income, savings and expenses, and the cost of the services they receive. Currently the Council aims to protect people on low incomes and has introduced a level of financial protection. If the person's income is lower than the basic rate of income support levels plus 35% (the 'Income Support Buffer') they are exempt from charging, unless they have savings over a certain limit.

1.3.4 When calculating what someone should pay, our current approach is to take into account 90% of their "net disposable income" (income less expenses and allowances). When working out whether or not to charge for a service, we take into account any expenses they have because of a disability or frailty. This is known as disability related expenditure (DRE).

1.3.5 The Council's current rules mean that nobody is charged more than £500 each week, excluding meals on wheels which are charged for separately. If a person has more than £23,250 in savings or if they choose not to declare their finances to the Council, then they will be charged the full cost of their services up to a maximum of £500 each week plus the cost of any meals they receive from the Council.

1.3.6 Under our current rules, carers are not charged for any services provided to them. We also do not currently charge for transport we provide or for services provided in supported accommodation.

#### 1.3.7 The proposed changes

- Proposed Change 1: The income support buffer should be reduced from 35% to 25%
- Proposed Change 2: The Council should take 100% of net disposable income into account when calculating how much service users should contribute to the costs of their care.

- Proposed Change 3: The maximum charge (£500) should be removed so that service users with high levels of capital would pay the full cost of their services.
- Proposed Change 4: Charges should be introduced for supported accommodation.
- Proposed Change 5: Charges should be introduced for respite care provided at home.
- Proposed Change 6: Charges should be introduced for transport that the Council provides.
- Proposed Change 7: Charges should be introduced for services provided to carers with a charge based on household income above a minimum level together with the value of the services given.
- Proposed Change 8: Charges should be increased for day centre attendance by the rate of inflation. Charges for this service are currently lower than the full cost of the service. We propose to increase these by 2.5% from 1 April 2015.
- Proposed Change 9: Charges should be increased for meals the Council provides by the rate of inflation. Charges for this service are currently lower than the full cost of the service. We propose to increase these by 2.5% from 1 April 2015.
- Proposed Change 10: As from 1 April 2015, we propose to start charging service users for services they receive from the first day they receive them. In the past the Council have not backdated any charges.

## **2. Scope of the EAA**

- 2.1 This EAA addresses the proposed changes to charging criteria presented to Mayor and Cabinet taking into account the legal implications, as well as any adverse impact on each of the equalities groups; and outlining what measures are in place (or are planned) to minimise any adverse impact on a particular equalities group. The assessment considers the protected characteristics of race, disability, gender, age, sexual orientation, religion and belief.

## **3. Policy, economic and legal context of the proposals**

This section lays out the context of the proposals including the economic pressures on local government and the legal framework for adult social care.

### **3.1 Background to the proposals**

- 3.1.1 The detail of the budget situation was set out in the report: Lewisham Future Programme 2015/16 Revenue Budget Savings Report, which was presented to Mayor and Cabinet in November 2014.  
<http://councilmeetings.lewisham.gov.uk/documents/s31899/05LFPRevenueBudgetSavings05112014.pdf>
- 3.1.2 The report set out the budget challenges faced by the Council and outlined the savings proposals which would enable a balanced budget for 2015/16 to

be put forward to Council in February 2015. The report explained that the Council is now in the fourth year of an eight year long period of resource reduction and that over the period 2010 to 2014 the Council had made savings of over £100m.

- 3.1.3 The report further outlined a range of savings being brought forward in respect of the period 2015 to 2018 and included a savings proposal of £375k to be made through changing the charges and contributions to adult social care services policy. The Mayor agreed to delegate the decision on this saving to the Executive Director for Community Service, following a consultation on the proposals.

### 3.2 Strategic and Policy Context

- 3.2.1 The strategic and policy context for savings relating to the transformation of adult social care is set out in Appendix 2 of the Lewisham Future Programme 2015/16 Revenue Budget Savings Report. The report stresses that the main focus for Adult Social Care services continues to be the provision of safe and high quality care to those with eligible needs whilst achieving a reduction in spend.
- 3.2.2 The Appendix also sets out the approach which will be applied to ensure that the Council makes best use of limited resources whilst offering residents access to high quality services that meet their eligible care or support needs in a personalised way. The appendix reminds leaders of both the current obligations and those new obligations and provisions introduced by The Care Act.
- 3.2.3 In providing services to adults with social care needs, the Council must comply with the current legislation and guidance issued by the Department of Health and other relevant bodies. This includes Fair Access to Care Services (FACS); Fairer Charging Policies for Home Care and other non-residential Social Services – Guidance for Councils with social services responsibilities and Fairer Contributions Guidance – calculating an individual's contribution to their personal budget.
- 3.2.4 In allocating resources to adult social care services, the Council seeks to ensure that those with the greatest need receive the community care services they need to maximise their independence and to enable them to live in their own homes in their local communities wherever possible.
- 3.2.5 If a client is deemed eligible for statutory social care services under FACS, a package of care may be put in place. In accordance with the Council's policy on charging, an assessment is carried out to determine whether or not the client has the financial means to contribute to the cost of their care.

### 3.3 The Implications for Equality

- 3.3.1 Current legislation provides clear guidelines relating to discrimination against individuals receiving social care. Specifically, assessment should not unfairly discriminate against individuals on the grounds of their age, gender, ethnic group, religion, disabilities, personal relationships, or living and caring arrangements, or whether they live in an urban or rural area. However, councils should take account of these factors in so far as they have a bearing

on either presenting needs or the type and intensity of any care that is provided.

#### **4. Consultation and Research**

- 4.1 In developing the consultation schedule, officers followed the statutory guidance issued by the Department of Health, together with the Consultation Code of Practice for the Public Sector issued by the Cabinet Office. The consultation plans were presented to the Consultation Steering Group for comment and approval, and subsequently approved by the Healthier Communities Select Committee.
- 4.2 Between November 24th 2014 and 25th January 2015, Lewisham Council consulted with service users, carers, voluntary sector and service provider organisations and members of the public to obtain a comprehensive view of the potential impacts of implementing the proposed changes for adult social care charges and contributions.
- 4.3 To consult effectively on the proposed changes to adult social care the Council utilised a number of different methods including postal and online questionnaires, focus groups, home visits and public consultation.
- 4.4 The schedule of consultation was designed to ensure that all parties with an interest were consulted, that the consultation was properly advertised, that the consultation methods adopted were sound and accessible to all user groups, and that advocacy, interpreting and translation was available where necessary.
- 4.5 Lewisham's questionnaire was accompanied by a consultation pack explaining the proposals and giving case studies as possible examples of impact. This was also available in an easy to read format with pictures and symbols, in large print and on audio tape. Around 2,500 questionnaires and information packs were circulated over the course of the consultation. These were distributed to existing service users and carers, voluntary and community sector organisations, and other appropriate venues.
- 4.6 In addition, the questionnaires were available to download from the council website or could be completed online.
- 4.7 Responses that were collected using the Easy Read Version were compiled separately.
- 4.8 In total 314 people responded to the survey. With 198 people completing the standard version and 116 people completing the Easy Read Version.
- 4.9 Equalities information was not collected in the Easy Read Version or at consultation events.
- 4.10 In addition the following consultation events were held so that concerned service users could explore the proposed changes with Council officers and have their views recorded. These were:

**Table 1: Attendees at Consultation Events**

Event	People Attended
Lewisham Speaking Up event	41
Public Consultation events x2	28
Lewisham Carers Event	20
Pensioner's Forum	55

**5. Do the survey respondents reflect the profile of all those potentially affected?**

5.1 The tables below compare the age, gender and ethnicity of people sent the survey (clients) with those who returned it (responses). This shows that overall the profile of respondents is similar to the profile of people potentially affected by the proposals. Monitoring of sexual orientation or religion and belief is not always provided or recorded in social care records.

**Table 2: Age Group**

Age Band	Responses		Clients	
	Total	Percent	Total	Percent
Under 18	0	0.00%	0	0%
18-24	4	2.02%	97	4.25%
25-29	3	1.52%	75	3.29%
30-34	3	1.52%	61	2.67%
35-39	8	4.04%	67	2.94%
40-44	10	5.05%	80	3.51%
45-49	13	6.57%	115	5.04%
50-54	22	11.11%	164	7.19%
55-59	15	7.58%	124	5.43%
60-64	13	6.57%	108	4.73%
65+	89	44.95%	1391	60.96%
I'd rather not say / left incomplete	18	9.10%	0	0%
<b>Grand Total</b>	198	100%	2282	100%

**Table 3: Ethnicity**

Ethnicity	Responses		Clients	
	Total	Percent	Total	Percent
White British	111	56.06%	1172	51.36%
White Irish	6	3.03%	59	2.59%
White Other	8	4.04%	45	1.97%
Asian & White	1	0.51%	7	0.31%
Black African & White	1	0.51%	1	0.04%
Black Caribbean & White	0	0.00%	9	0.39%
Mixed Race Other	1	0.51%	12	0.53%
Chinese	1	0.51%	18	0.79%
Bangladeshi	1	0.51%	4	0.18%

Pakistani	0	0.00%	9	0.39%
Indian	2	1.01%	19	0.83%
Asian Other	2	1.01%	39	1.71%
Black African	10	5.05%	206	9.03%
Black Caribbean	25	12.63%	521	22.83%
Black Other	3	1.52%	67	2.94%
Other Ethnic Group	1	0.51%	77	3.37%
Not Known, Not Stated, or rather not say	25	12.63%	17	0.74%
<b>Grand Total</b>	198	100%	2282	100.00%

**Table 4: Gender**

Gender	Responses		Clients	
	Total	Percent	Total	Percent
Female	105	53.03%	1407	61.66%
Male	63	31.82%	875	38.34%
Other	0	0.00%	0	0.00%
I'd rather not say / left incomplete	30	15.15%	0	0.00%
<b>Grand Total</b>	198	100%	2282	100.00%

## 6. Assessment of Impact

### 6.1 Overview

6.1.1 This section provides the main analysis of the impact the proposals are likely to have on different equalities groups. The assessment primarily considers the profile of current service users compared to the borough population. Consultation results provide an assessment of any specific issues of concern for particular groups of people.

6.1.2 It is acknowledged that the proposed changes follow a lengthy period of cuts to national and local benefits and services, and the cumulative effect of this is not fully known. The government's Impact Assessments only consider each cut in isolation, and cannot quantify this cumulative effect. Studies by SCOPE and Demos highlight the potential for cuts in benefits, including Disability Living Allowance (DLA), Employment and Support Allowance (ESA), housing benefit and the 'bedroom tax' could 'hit the same group of disabled people over and over again'.

### 6.2 Disability

6.2.1 A service user's Primary Support Reason (PSR), which is essentially why the individual requires social care support, combined with a reported health condition (e.g. hearing impairment, dementia), are recorded on the adult social care database. A person's PSR record may hide another disability. For example a client may have a learning disability but they are receiving a social care package because they are elderly and frail. Their need will therefore be

recorded as 'frailty'.

- 6.2.2 Using this data alone therefore gives a conservative estimate that around 93% of those who are potentially affected by the proposals have a disability. The majority of those are people with a physical disability (1559), 483 have a learning disability and 86 have a mental health problem. However, for those that responded to the survey, 123 or 62.12% said they had a disability.
- 6.2.3 There is no one official statistic for disability, however from the 2011 Census it is possible to estimate disability prevalence in the borough from those who report having a limiting long term illness. This is 14.41% of Lewisham residents, with 7.08% reporting being "limited a lot", and 7.33% reporting being "limited a little".
- 6.2.4 Qualitative responses in the consultation suggest that disabled people felt that could not afford to pay more, but if prices did rise they would have no choice but to pay. Adults with learning disabilities repeatedly reported feeling that they already did not have enough money and that they found the proposals "worrying".
- 6.2.5 Therefore the proposals have a disproportionate and negative impact on disabled residents.

### 6.3 Ethnicity

- 6.3.1 Data from the GLA indicates that in Lewisham in 2014, 49.45% of the population are Black, Asian and Minority Ethnic (BAME). Of our current service users 43.34% are categorised as BAME. Which demonstrates that people from BAME communities are receiving social care services in similar proportions as found in the general Lewisham population.
- 6.3.2 However, there are specific health and economic inequalities that should be considered in terms of the impact of raising charges for social care. People from BAME communities are likely to be among the poorest in the wider population as shown by DWP data on Households Below Average Income (HBAI). In Lewisham, hypertension, stroke and Type II diabetes are more prevalent within BAME groups. (Health, Well-Being and Care: Lewisham Joint Strategic needs assessment, 2010). These reasons may combine to result in a disproportionately negative impact on people from BAME communities compared to White British service users affected by this proposal. For this reason the proposals are judged to have a nil-low negative impact on race equality.

### 6.4 Age and Gender

- 6.4.1 There are far more women than men affected by this proposal. 61.66% of those affected by this proposal are women. This can only be understood by considering age and gender together.
- 6.4.2 68.30% of the women potentially affected are over 65 years of age. In this category women account for 69.09% of the service users. In comparison to the demographic of the borough in general this is a high percentage.
- 6.4.3 Although the life expectancy figures published for Lewisham show a greater life expectancy for female residents over male residents by approximately 5

years, the gender ratio of the over 65 population is narrowing. This difference does not account for the greater number of females in the adult social care system than men. Women over the age of 65 are estimated to represent 57% of all Lewisham over 65s at 2011 (The Ageing of the United Kingdom ONS population estimates National and subnational projections 2010-2033).

**Table 5: The Gender and Age of those potentially affected**

Age	Female	Percentage of Age Band	Male	Percentage of Age Band	Total
Age 18-24	35	36.08%	62	63.92%	97
Age 25-29	37	49.33%	38	50.67%	75
Age 30-34	27	44.26%	34	55.74%	61
Age 35-39	31	46.27%	36	53.73%	67
Age 40-44	43	53.75%	37	46.25%	80
Age 45-49	58	50.43%	57	49.57%	115
Age 50-54	95	57.93%	69	42.07%	164
Age 55-59	69	55.65%	55	44.35%	124
Age 60-64	51	47.22%	57	52.78%	108
Age 65+	961	69.09%	430	30.91%	1391
<b>Grand Total</b>	<b>1407</b>	<b>61.66%</b>	<b>875</b>	<b>38.34%</b>	<b>2282</b>

6.4.4 This means that the gender profile of people affected by this proposal is not only a consequence of the fact that older people make up the majority of service users. There is no known explanation as to why older women are more likely than older men to receive social care services. It may be related to need or to the lower take up of health and social care services among men in general (Watson, 2007; Wilkins et. al. 2008). The fact remains that women as the majority of service users, and particularly older women, are disproportionately negatively affected by this proposal.

6.4.5 Qualitative responses in the consultation suggest that older people in particular felt more concerned about the cost of living and reported that these proposals would cause further stress. Comments also indicated that the majority of older respondents felt that Adult Social Care should be protected above all other council services.

6.4.6 Generally people felt strongly that there was a moral imperative to take care of and protect the sick, elderly and disabled in society. Strong feelings were expressed that some of the proposals could disadvantage the most vulnerable including the frail/elderly. It was considered unfair that hard earned savings would be used to pay for care.

6.4.7 Older people and women in particular are disproportionately negatively affected by this proposal.

## 6.5 Sexual Orientation

6.5.1 In adult social care monitoring of the sexual orientation of service users is only recorded if the service user offers it unsolicited. Although there is limited knowledge of the size, or specific health and social care needs of the local Lesbian, Gay, Bi-sexual and Transgender (LGB&T) population it is recognised that LGB people have needs concerning safety, positive

reinforcement of their identity and engagement with their communities which are likely to be different from those of heterosexual people. In addition evidence suggests that older LGB people are more likely to need access to social care as they are less likely to have dependents that can help them in their old age (Monitoring sexual orientation in the health sector: Stonewall, 2006; Age Concern: Being an older lesbian, gay or bisexual person, 2009). There is however, no evidence to suggest that there are more LGB people potentially affected by this proposal than in the general population. It is therefore concluded that this proposal is unlikely to disproportionately impact on LGB people.

## 6.6 Religion and Belief

6.6.1 Religion and belief of clients receiving social care services has also not been consistently recorded. There is no evidence to assume that the religion of people receiving social care services is different from that found within the general population. It is therefore concluded that this proposal is unlikely to disproportionately impact on people who follow a particular faith or who hold a particular belief.

## 6.7 Carers

6.7.1 Although Carers are not a protected characteristic within the Equality Duty, the impact of the proposals on this group has been analysed as far as possible, given the data held.

6.7.2 There is limited equalities data available for the carers of our service users who may be affected by the proposed changes. The table below shows the data that is available.

**Table 6: The Ethnicity of Carers of Potentially Affected Service Users**

<b>Ethnicity</b>	<b>Number of carers</b>	<b>Percentage</b>
African	49	10.56%
Any Other Group	8	1.72%
Bangladeshi	1	0.22%
Black Other	16	3.45%
Caribbean	112	24.14%
Chinese	2	0.43%
Indian	4	0.86%
Not Stated	63	13.58%
Other Asian	12	2.59%
Other Mixed Race	3	0.65%
Pakistani	3	0.65%
Turkish	1	0.22%
Turkish Cypriot	5	1.08%
Vietnamese	2	0.43%
White	153	32.97%
White and Black Caribbean	7	1.51%
White Irish	10	2.16%
White Other	13	2.80%
(blank)		0.00%

<b>Grand Total</b>	<b>464</b>	<b>100%</b>
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**Table 7: The Gender and Age of Carers of Potentially Affected Service Users**

<b>Age</b>	<b>Female</b>	<b>Percentage of Age Band</b>	<b>Male</b>	<b>Percentage of Age Band</b>	<b>Total</b>
18-24	5	38.46%	8	61.54%	13
25-29	3	100.00%	0	0.00%	3
30-34	3	50.00%	3	50.00%	6
35-39	11	78.57%	3	21.43%	14
40-44	21	72.41%	8	27.59%	29
45-49	43	82.69%	9	17.31%	52
50-54	59	83.10%	12	16.90%	71
55-59	52	85.25%	9	14.75%	61
60-64	27	90.00%	3	10.00%	30
65+	83	61.03%	53	38.97%	136
Not Recorded	25	51.02%	24	48.98%	49
<b>Grand Total</b>	<b>332</b>	<b>71.55%</b>	<b>132</b>	<b>28.45%</b>	<b>464</b>

- 6.7.3 During the consultation equalities data was not collected for carers of service users, because the questionnaire was targeted primarily at service users.
- 6.7.4 A consultation event was held with Carers Lewisham, which was attended by 20 Carers. This highlighted concerns about the negative impact of cuts on Carers who are already struggling to provide care and have experienced cuts in other areas e.g. the bedroom tax.
- 6.7.5 The information that we have available on carers of service users suggests that if charges are introduced for services to carers they would have a disproportionate impact on women and people over 65. The equalities impact of this proposal is similar to those proposals that would more directly affect service users.

## **7. Human Rights**

- 7.1 In reaching decisions about services local authorities are required to consider the impacts on an individual's or people's human rights. There are two articles of the Human Rights Act that are considered relevant to this proposal: Article 8 and article 14.
- 7.2 Article 8: 'Right to respect for private and family life' is considered here because social care services often provide supported living arrangements that affect 'Family life' which is defined broader than the nuclear family and can include the relationship between an unmarried couple. Although the consultation results identify negative impacts on family as financial pressures may increase, it is concluded that the proposals do not interfere with these rights.
- 7.3 Article 14 'Prohibition of discrimination' is concerned with direct and indirect discrimination. It is concluded the proposals do not discriminate directly against any people receiving adult social care services and where there are

disproportionate (indirect) impacts these are proportionate to the legitimate aims of making Council savings in the broader economic context outlined in section 3.

## 8. Conclusion

**Table 8: Assessment of Impact**

<b>Equalities Category</b>	<b>Assessment of Potential Impact – Positive and Negative: High, Medium, Low, Nil</b>	<b>Reason for this assessment</b>
<b>Gender</b>	High Negative	Disproportionate number of those affected are women
<b>Ethnicity</b>	Nil-Low Negative	There is no disproportionate number of directly affected but there are specific inequalities that could make BAME service users more vulnerable
<b>Disability</b>	High Negative	The change affects disabled people in Lewisham disproportionately
<b>Age</b>	High Negative	The change affects elderly people in Lewisham disproportionately, particularly women over the age of 65.
<b>Sexual Orientation</b>	Nil	There are no known impacts.
<b>Religion and Belief</b>	Nil	There are no known impacts.

## 9. Overall assessment and mitigation

- 9.1 This EAA has been conducted with due regard to legal requirements and has involved local residents and service users in considering the potential impact on current and potential service users. The overall assessment of this EAA is that the saving proposals will have an adverse impact across the following equality groups: age; gender and disability.
- 9.2 The EAA concludes that the proposals will have a high negative impact on women, those over the aged of 65 and those with a disability.
- 9.3 In developing its savings proposals, the Council has been mindful of the financial landscape and the fact that that the Council is now in the fourth year

of an eight year long period of resource reduction and that over the period 2010 to 2014 the Council had made savings of over £100m.

- 9.4 It has therefore been necessary to consider where expenditure can be reduced in all areas of Council provision, including adult social care. Consequently proposals to increase charges and contributions for Adult Social Care Services were produced.
- 9.5 The proposed changes to the Council's charging policy and contributions for adult social care have been drawn up in accordance with the Department of Health's guidance. This guidance requires the Council to implement a reasonable and fair charging policy for the services it provides. This is known as "Fairer Charging" and, in the case of personal budgets, is known as "Fairer Contributions".
- 9.6 Full mitigation will not be possible and, if adopted, the proposals will have a negative impact on some service users. However a number of measures have been proposed to minimise the impact. These include:
- Adopting a phased approach to the implementation of some changes.
  - Continue to ensure that all clients are receiving benefits to which they are entitled.