

## **Appendix A: Details of the changes to the Adult Social Care Contributions Policy**

### **Enabling the use of indicative financial assessments for charging**

1. The Care Act 2014 recommends that people receive early information about their likely contribution (if any) to their care costs so that they understand what different types of care will cost them before they agree to a final care and support plan. Currently, practitioners are unable to say how much service options will cost the person which is a major contributor to service cancellations or unpaid debts.
2. In line with the Council's enabler: "digital by default", an online indicative financial assessment is being developed to enable people to self-serve or be supported to complete the form. On accurately completing the indicative financial assessment, people will receive upfront the maximum charge they may be required to pay (if anything), accompanied by typical costs of different types of care.
3. All people (except those requiring urgent care - e.g. in a hospital discharge setting) would need to complete (or be supported to complete) the indicative financial assessment.
4. Initially, all online indicative financial assessments will be manually validated by the financial assessment staff in ACFS, and it is expected that most people will receive their maximum charge and examples of typical care costs within a day if they have not generated queries by their responses. After six months, the project will evaluate whether financial assessments can be fully automated.
5. Following the completion of the indicative financial assessment, a full financial assessment will then be completed to provide the person with the actual charge.
6. The implementation of the indicative financial assessment will enable the Council to charge people based on their indicative charge, rather than the waiting for completion of the full financial assessment, in situations where their care service starts before the full financial assessment is completed.
7. This change will reduce delays in charging. Currently there is a risk that people accumulate significant debt which often becomes a source of complaint and may result in being written-off. The Council's system will automatically adjust invoices once the actual charge is known, and either refund or recover the difference between the indicative charge and the actual charge.
8. Legal advice is that a financially-assessed charge under the Care Act 2014 is defined as a figure that the person "would be likely to be able to pay" and if the indicative financial assessment has been accurately completed then the indicative charge cannot be more than the cost incurred in meeting the person's assessed eligible needs. The Council will explain in writing to the person that this is an indicative

assessment and indicative charge which will be adjusted when the assessment is finalised.

### **Billing for care based on personal budgets**

9. Currently bills are based on the service provided. For services like home care or day care, the bill for many clients is changed to reflect any daily variations in care, meaning constant (backdated) adjustments to the person's charges as well as disputes with providers about whether these variations in care were approved by the Council. This is a significant administrative task.
10. It is proposed that (in common with other local authorities), the Council is empowered to move in the future to *billing the person for their contribution based on their personal budget* (which is in turn based on the annual cost of services in the approved care and support plan) and not the actual cost of services within any individual week. This option for the future will be required when the payments to providers are fully aligned to clients' care and support plan and weekly adjustments to client charges become more frequent.
11. The implemented of this change in the future will mean that the person may sometimes be charged for days on which they did not receive full service, but equally they may not be charged for the occasional extra service. At the end of the financial year, if the care received over the year is less than that charged to the person, the Council would refund the difference. Equally if the care received over the year is more than charged the Council would increase the charge to recover the difference. This process would mean that person's charges would not vary each month for minor care changes, and would balance out over the year, although the Council would continue to monitor variations to ensure that clients are receiving a level of service broadly in line with their personal budget.

### **Automatic uprating**

12. Currently, ACFS do not automatically adjust peoples' contributions when DWP benefits and pensions are increased, because it is considered that a financial reassessment is needed.
13. However, the consequence of not uplifting these benefits in the client's financial assessment is that the recorded rates become unrecognisable, preventing automated uplifting and hence requiring significant manual input. Keeping these rates current would, therefore, deliver efficiencies without having any great impact on peoples' contributions (because there are offsetting national income disregards which also increase each year). It is proposed, therefore, that when benefit, pension and disregard rates are increased each April, people' contributions will be automatically uprated to reflect these increases. This condition will be included in the notices to people of their assessed charge.

## Decisions regarding what social care funds

14. This policy change applies to the calculation of Personal Budgets and Direct Payments as well as the expenditure we consider for calculating Disability Related Expenditure allowances. It concerns items such as exceptional care costs or travel costs.
15. There is an increasing demand from citizens to ask for significant costs to be included in their Direct Payment or their Disability Related Expenditure allowance relating to large sums for transport and travel over and above any benefits they already receive, and in the case of Disability Related Expenditure Allowances, private care costs or disability adaptations and equipment. There is a corresponding trend for local authorities who attempt to contain costs to be challenged by the Local Government Ombudsman (LGO) and/or legal action.
16. There does not appear to be any significant challenge by local authorities against these developments, even though the consequence of penalising local authorities who attempt to apply limits is that some of the care funded (or allowances given) by local authorities could be considered overgenerous or unreasonable by “the man in the street”. This is a recognised legal definition of “reasonableness”.
17. Local authorities have a duty to use public funds wisely, so it is recommended that the Adult Social Care Contributions Policy is updated to adopt the proposed *What SCC Funds Policy* (set out in more detail in Appendix C). This proposes clearer statements as to what will and will not *generally* be funded or allowed for; without fettering the Council’s legal discretion.
18. It is strongly recommended that the Council adopts the principles of the *What SCC Funds Policy* - particularly when a personalised Disability Related Expenditure (DRE) allowance is being considered for a person – i.e. that the Council;
  - a. Will not fund any cost that reflects an expense that any person would have or would chose to have, rather than being disability-related
  - b. does not “double-fund” costs, for instance by making allowances for a cost as a DRE when it is also providing a similar service or funding (through the Personal Budget or commissioned care), or the person already has access to resources to meet their need (e.g. a Motability vehicle, a community resource, or alternative funding from the NHS or Carers’ grants);
  - c. does not allow DRE allowances to be used to bypass its legitimate policy decisions not to fund particular types of care and support costs;
  - d. does not inadvertently treat individuals inconsistently e.g. by including in a DRE allowance a significant cost which will only benefit those individuals with a significant assessed income (because only they would have an assessed income to set the allowance against, whereas others on minimal income would not have anything to set the allowance against and would be unlikely to be able to afford these costs in the first place);

- e. will only allow a total level of DRE allowances that equate to the total level of disability benefit received by the person. This is in line with Care Act Statutory Guidance (Annex C) which states that “where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to *keep enough benefit to pay for necessary disability-related expenditure* to meet any needs which are not being met by the local authority” (SCC italics).

19. The following provide examples of this policy in action:

- a. Travel/transport: the Council cannot in law vary the level of service or cost it will provide to meet an assessed need for travel simply because the person has mobility benefits. Equally however, it is for the Council to determine if the person has an eligible need for travel services and if so, to provide a reasonable level of support. It cannot have a blanket policy that states that it will never pay for (e.g.) first class travel – but equally it has a duty to use its funds reasonably and paying such costs can only be allowed if it is essential to meeting assessed needs.

In practical terms, this means that unless the person has an assessed eligible need for travel, the Council would not provide such a service or meet such costs, and in general, would not agree a person has such an eligible need unless they receive (or are eligible for) a mobility benefit.

If the assessment does agree that travel is an eligible need, then the care and support assessment must determine whether to meet it and if so, what is a “reasonable” solution and what were “reasonable” costs. As stated previously, the fact that the person receives a mobility benefit cannot be considered in reaching this decision – but the availability of (e.g.) a Motability vehicle can.

If the Council agrees to provide travel services or equivalent funding, the actual cost of providing that service to the person will be included in their personal budget and the person will be charged in accordance with their assessed contribution. If the Council offers a travel service to clients that is *not* a part of their assessed need, then (like meals) the charges for such services will be outside of, and in addition to, their assessed financial contribution.

- b. Private care costs: the Care Act Statutory Guidance (Annex C) lists the costs of private care as one that should be considered in the financial assessment as a DRE, whilst the National Association of Financial Assessment Officers (NAFAO) advise that any allowance given by councils should be based on the package agreed by the social worker.

These costs can be significant, and the Council states that, based on the principles set out in para 18 above;

- i. It will not agree costs that contradict the outcomes of the person’s needs assessment. For example, if a person is assessed as needing services only in the

day, the Council will not then make allowance for private night care – that would not be reasonable since the effect of allowing this cost against income is that the Council would effectively be funding the night care when it was not an assessed eligible need;

- ii. Where costs have been privately contracted that are subsequently determined as being an eligible social care need, the Council will not backdate any funding to cover costs before the date that eligibility was determined, nor will it allow costs that are higher than the amount it would cost the council to provide the service;
  - iii. Decisions on including any such costs in a DRE a care decision, not a financial one, and will be made by the ASC Policy & Guidance Approval Board.
- c. Disability Adaptations and Equipment: partners to the council provide through the national Disabled Facilities Grant scheme funding for the costs of adaptations and equipment, so these in general are not funded by the Council, which also has a policy not to fund the maintenance of certain items (such as stairlifts and Closures).

The costs of adaptations and equipment can be significant, and the Council states that, based on the principles set out in para 18 above;

- i. It will always refer people to DFG funding for major adaptations and equipment;
  - ii. The Council will not provide funding for the private purchase of adaptations and equipment unless it has caused a significant delay in meeting assessed needs by not responding to the need;
  - iii. It will not “refund” or make allowances for the cost of any adaptations or equipment that people chose to buy before they were assessed as having an eligible social care need for that adaptation or equipment.
  - iv. Appeals against the Council’s care decisions on including any such costs in a DRE will be made through the ASC Policy & Guidance Approval Board.
- d. Personal Assistant costs: where people employ a personal assistant (e.g. through the Direct Payment scheme), it is the person’s responsibility to meet the costs incurred in employing the personal assistant, and to do so in accordance with HMRC regulations on tax and national insurance. The Council states that, based on the principles set out above, it will not generally consider funding – or making allowance for in a DRE – the following;
- i. The travel or meal or other costs of a personal assistant (which in general are likely to be a taxable benefit if paid by the client) over and above their pay
  - ii. The admission costs for a personal assistant accompanying a person on a trip or excursion – where a person has been provided funding to meet an identified need for “support to access the community”, it is that person’s personal choice to use those funds to go on a trip or excursion, and neither their nor the personal assistant’s costs are fundable over and above the sums already provided for such access

- iii. Appeals against the Council's care decisions on including any such costs in a personal budget or DRE will be made through the ASC Policy & Guidance Approval Board.
  - e. Pets: the keeping of a pet is a personal choice, and the Council will not provide funds in a personal budget – or make allowances for costs in a DRE – that relate to a pet. In “protection of property” cases where the Council has to make arrangement to protect a person's moveable property when the person is in care or in hospital, it will fund pet care but in accordance with the Care Act, this is a cost that will be recovered from the client – it is not an assessed social care need or funding.
20. Risk analysis: the Council considers that general consultation on this policy is not a good use of tax-payers money (as described above, the impact on citizens is personalised; and the Council has put mitigating actions in place in the event of any impact on individuals). However, there remains a risk that the Council is challenged by the Local Government Ombudsman regarding its decision to not to consult on this change in policy.
21. As documented in Appendix A, in adopting this policy, there is a risk that the Council may face challenge from the Local Government Ombudsman and/or legal action. However, this risk must be set against the major costs that can arise if decisions are not made and the need to act reasonably. It is considered important that the Council be able to define limits as to what is a *reasonable* level of care to provide in the context of a client's needs. The *What SCC Funds Policy* has been written to provide reasonable guidance which avoids being too restrictive.

### **Clarity on the provision of care for self-funders and when care should be terminated**

22. The Care Act 2014 requires local authorities to arrange non-residential services for self-funders if they ask and charge a fee on top of the care costs (it may also arrange residential care but is not permitted to charge a fee). Such fees must “cover only the cost that the local authority incurs in meeting the needs”, so offering this service does not provide the Council with an income stream.
23. The new Adult Social Care Contributions Policy has therefore been updated to clarify where a person is deemed to be a self-funder. Where a person *refuses to agree to a financial assessment or an agreement to meet costs*, or simply fails to respond with one, the Council must treat them as a self-funder.
- a. If the care is *non-residential*, it can be arranged with full costs and fees being recharged to the person. People receiving a non-residential care service who fail to submit a financial assessment within 4 weeks of care commencing will be deemed to be self-funders and charged for the full costs of their care plus appropriate self-funder arrangement fees.

- b. For *residential* services, fees cannot be charged, although the Council may arrange care on the basis that the person has requested a deferred payment agreement (DPA). However, a DPA is a complex process that takes time, and may not be completed by the time the residential care starts. If the person then refuses (or fails to complete) the DPA, the Council is left paying the cost of their care with no security that it will be met by the person and unable to charge self-funder fees. Thus, despite Care and Support Statutory Guidance stating that the Council has no duty to arrange care for residential self-funders, by default it is doing so in these cases, leaving the Council contracting and paying for care without being able to recover costs and being exposed to the risk of non-payment which in several cases has led to substantial unsecured debts arising.
- c. A recent survey of English local authorities as to how they dealt with such case identified that most terminate their contract with the home and expect the person to contract directly and fund care themselves. However, some local authorities are wary of pursuing this path due to the potential risks to the person and/or the possibility of legal challenge.
- d. The proposal is that people receiving a residential care service who fail to submit a financial assessment and/or complete a deferred payment agreement (DPA) within 3 months of care commencing will be deemed to be a self-funder. If the client does not complete the DPA, SCC will not continue to pay for care and the client will need to enter into a self-funding arrangement directly with the home provider.
- e. If, exceptionally, SCC continue to pay care home fees pending completion of a financial assessment or DPA, that will be for a maximum of 3 months, and based on a written agreement. If no financial assessment or DPA (as appropriate) has been entered into after those 3 months, SCC will, subject to the completion of an urgent risk assessment, terminate payments and any arrangement it has entered into with the care home and take legal action to recover from the client any charges it has paid, including by way of a charge against their property. Practice guidance for social care staff to evaluate the risks of terminating Council funded care for self-funding people will be devised to support this.

### **Increases in SCC fees and charges**

24. A range of fees and charges relate to Adult Social Care, covered by the Contributions Policy which clarifies when they apply. These include:
- a. Locally-determined funding rates such as those for Direct Payments, or the value of DRE bandings proposed below (para 36)
  - b. Guideline charges for services – the rate at which clients who are assessed to contribute to the cost of their care are recharged
  - c. Administration fees, such as self-funder fees for non-residential services and the fees for arranging a Deferred Payment Agreement (Appendix B)

25. Health and Care wish to ensure that a robust, accountable process is established for the annual review of these charges, and hence it is proposed that the Director of Health and Care be given delegated authority to approve these rates for the future.

### **Capital limits**

26. The Care Act 2014 sets a capital limit of £23,250 for residential care (people with more capital assets over this sum are “self-funders”, i.e. must meet the full cost of their care). However, it allows local authorities discretion as to whether to apply this limit in the case of non-residential care.
27. The Council has historically chosen to apply a capital limit of £25,000 for non-residential care. No other local authority has been found not using the national limit, and the difference stands in the way of streamlining the financial assessments pathway and giving people an early indication of charges – because the type of care would need to be known, which defeats the purpose of producing an indicative charge.
28. The Adult Social Care Contributions Policy will therefore use the £23,250 limit irrespective of service type, which means that all people will have the same capital limit, and those with capital over £25,000 receiving non-residential care will be “self-funders” for a further £1,750-worth of care costs.
29. To prevent this change affecting people whose capital has only recently fallen below £25,000, it is proposed that anyone receiving Council-funded non-residential care who (at the date of implementing this change) has capital between £25,000 and £23,250 will remain on the £25,000 limit until their capital falls below £23,250. The new limit of £23,250 will be applied for all other clients.
30. It is also proposed that the Council be more proactive for self-funding people and prompt them to approach us when their capital has diminished to a level approaching new limit. Care Act 2014 statutory guidance says that in order to plan future services, local authorities “*should ... include an analysis of those self-funding people who are likely to move to state funding in the future*”, so in future, appropriate information will be recorded for any person who approaches the council for information on care, even if they subsequently do not receive any service because of their current level of capital.

### **Streamlining Disability Related Expenditure (DRE) Allowances**

31. A significant amount of staff time in conducting a financial assessment is currently spent on gathering and assessing evidence to provide Disability Related Expenditure (DRE) allowances for people likely to receive a non-residential service, as well as locally-determined property allowances for both residential and non-residential people.
32. DRE and Property Allowances are given by ACFS when conducting a financial assessment. They reflect costs which arise from the person’s disability or need for care services which are over and above those which might be reasonably expected to be

met from normal income/benefits. These allowances are set against the person's income when considering their overall financial position and may, therefore, reduce or eliminate the charges the council makes to them for their care (by definition they would not, therefore, be of material benefit to people on minimum income levels).

33. These are discretionary allowances (DRE allowances are for clients receiving disability benefits and are guided by a national framework from the National Association of Financial Assessment Officers (NAFAO)), so in law, rules and limits cannot be imposed – the Council cannot “fetter its discretion” as to the allowance for any one person. However, awarding an up-front *banded DRE allowance* is a mechanism used by several councils to avoid the intrusive questions on medical and other factors required to set a personalised allowance, and is commended by the “Disability Rights” organisation for this reason.
34. Banding is legally acceptable *providing people are advised that they can appeal* – indeed, such appeals are in any event required by the new General Data Protection Regulations (GDPR) which specifically requires the council to have a manual intervention and appeal process for any “robotic decision-making”. These appeals are catered for in the “Policy clarification and appeals” item in the main Cabinet paper; people may ask for an individual allowance (calculated and evidenced in the way currently applied for every applicant).
35. Research into the DRE allowances compared people' allowances with the level of DWP benefits they receive and the DRE bandings applied by other councils. Perhaps contrary to expected logic, no obvious relationship was found although this is perhaps unsurprising – certainly the NAFAO guidelines do not have levels of need, only a maximum level for various types of expenditure.
36. Bandings are intended to streamline the process (by no longer inviting all people to claim personalised DRE allowances and provide evidence of their expenses), and so are used by an increasing number of councils. Those used by six other councils were applied to SCC people to evaluate the effect; all the councils base their bandings on the level of DWP benefit paid to the person, most having a different value for each of the 3 DWP levels, ranging from £10 for the lowest to £26.50 for the highest. In comparison, in SCC:
  - a. An annual equivalent to approx. *£5.8 million* is given in DRE allowances which offset people' income (however, please note that it does not follow that such allowances reduce income to the Council by £5.8m, as many people are assessed as paying no contribution anyway)
  - b. In SCC, the *average DRE* is £29 a week, which far exceeds even the highest banding introduced by any council. Thus, even if SCC gave all people the highest identified banding of £26.50, 43% of our DRE people would be likely to appeal as their banding would be less than their current individualised allowance

- c. Nearly as many Council funded people on the *middle* range of DWP benefits get high levels of DREs as those on the *highest* rate of DWP benefits.
  - d. Allowing people to appeal if they believe they have DRE costs above the level offered by the initial banding ensures that our discretion is not being fettered, but it is expected that most people will accept the banding as they will no longer need to claim a personalised DRE allowance with documentary evidence of their expenses.
  - e. Using an up-front banded allowance also means that their indicative financial assessment will deliver a DRE allowance in their indicative charge.
  - f. The people most impacted by the introduction of bandings are those with significant allowances for private care costs or transport. This issue has been addressed in the “what social care funds” item in this paper, but if the Council continues to fund such costs, the appeals process will ensure that the person can demonstrate the need for them and still receive them.
  - g. The national charging framework includes income disregards which means that *a change in the DRE allowance (or any other) given to a person does not necessarily lead to any change in their charge or a change in the council’s income.*
37. It was also identified that a range of allowances recorded on Care Director as DREs were in fact other allowances, hence any figures on a possible reduction in DRE allowances arising from banding for a person have been exaggerated due to this miscoding of allowances. Furthermore, the lack of any regular reassessment or uplifting of non-residential assessments means that the person’s true position may be significantly different from that suggested by this analysis. These adjustments have been reflected in the Community Impact Assessment for this paper.
38. Having reviewed various options, it is proposed to introduce a series of banded allowances to set against people’ income. These values are based on those used by other councils and are linked to the level of a person’s disability benefit;
- a. Those on the lowest DWP rate get a DRE allowance of **£10** per week
  - b. Those on the medium DWP rate get an allowance of **£15** per week
  - c. Those on the highest DWP rate get an allowance of **£25** per week

### **Property and other disregarded costs**

39. It is generally discretionary as to what, and how much, a local authority includes as an allowance or disregard against a person’s assessed income, over and above those provided by the Care Act. The statements below set out the proposal for the Adult Social Care Contributions Policy.
40. Property disregards for residential care; the Care Act sets out situations where the value of the person’s main or only home must be disregarded when conducting their

financial assessment for long term residential care. It also sets out areas where a local authority has discretion to apply a disregard, although it states that “the local authority will need to balance this discretion with ensuring a person’s assets are not maintained at public expense. On this basis, the Council will apply its discretion as follows:

- a. Long-term disregard – a property is excluded from a financial assessment when a dependent relative has continuously occupied it since before the person went into a care home. The Council will apply its discretion to include in this definition;
    - i. any person (not necessarily a relative) who can demonstrate that the house is their sole residence as they gave up their own home to care for the person who is now in a care home
    - ii. a qualifying relative who moves into the property *after* the person went into a care home but who can demonstrate that the principle reason for their move is that it is necessary to ensure they have somewhere to live in as their main or only home, e.g. they would otherwise be homeless through an unexpected loss of health or income.
  - b. Twelve week disregard - the value of a person’s main or only home must be disregarded for 12 weeks when someone is entering residential care, in order to allow them time to consider their options at a time of crisis. The Council will apply its discretion to allow this disregard where there is a sudden and unexpected change in a person’s financial circumstances;
    - i. Where a long-term disregard of a property ends unexpectedly due to the death of the qualifying relative living in it, the Council will apply the 12 week disregard to allow the person in care and their family time to consider their options for the future regarding the property
    - ii. Where a person is already a “self-funder” in a care home, there would normally not be any 12 week disregard when they approach the Council for assistance or a Deferred Payment Agreement when their savings or liquid assets fall below the qualifying level. However, in exceptional circumstances (where the value of these assets is unexpectedly reduced by a significant amount leaving them unable to meet the cost of their care) then the Council will apply the 12 week disregard to allow the person time to make arrangements, e.g. to apply for a Deferred Payment Agreement to enable them to continue to meet the cost of their care.
41. Allowances and disregards for residential care; the Care Act requires that a person should be left with a *Personal Expenses Allowance (PEA)*, i.e. a minimum amount of income to spend as they wish. However, it is expected that in certain situations, the person may need to be left with more than this national minimum, and the Council will determine an individualised allowance in the following situations:
- a. Where a person has a dependent child, the Council will consider the needs of the child in determining how much income a person should be left with after charges, whether the child is living with the person or not.

- b. Where a person is paying half their occupational/personal pension or retirement annuity to their partner (for unmarried couples – already applies to married couples) who is not living in the same care home, the Council will apply its discretion to disregard this sum
  - c. Where a person is *temporarily* in a care home and is a member of a couple (whether married or unmarried), the Council will disregard any Income Support or Pension Credit awarded to pay for home commitments and will consider the needs of the person at home in setting the personal expenses allowance (as well as considering disregarding other home maintenance costs as per next point).
  - d. Where a person's property has been disregarded (in both permanent and temporary residential situations) the Council will consider whether the statutory Personal Expenditure Allowance is sufficient to enable the person to meet any resultant costs, e.g. it will allow for fixed payments (like mortgages, rent and Council Tax), building insurance, utility costs (gas, electricity and water, including basic heating during the winter) and reasonable property maintenance costs.
  - e. Where a person in permanent residential care has a deferred payment agreement (DPA) in place with the Council and are required to contribute to the cost of their care, they must be allowed to retain a *disposable income allowance (DIA)*. The Council will ensure that the person retains sufficient in this allowance to maintain and insure the property in line with the DPA requirements.
42. Allowances and disregards for non-residential care; the Care Act requires that a person should be left with a basic minimum amount – the *Minimum income guarantee (MIG)* to ensure that they have enough money left to meet basic needs and to cover everyday living costs (e.g. food and drink, travel, utility costs, insurance, debts etc.).
43. The Council must apply this minimum after making allowance for any *housing costs* (such as rent and council tax - net of any benefits provided to support these costs) and after any *disability related expenditure allowance (DRE)* - as per para 29 above) - which may itself have included provision for some disability-related housing costs. It follows, therefore, that the amount the Council allows for housing costs will not include anything already provided for in a DRE, nor those which the MIG is intended to cover.

### **Higher rate disability benefits**

44. One local authority has been threatened with legal action for taking the full value of higher level DWP disability benefits into account, even though these are paid to reflect the provision of care in both the day and night. The issue is that it is considered that local authorities should not take the highest-level benefit into account if the person is not receiving night care from the council – but the Care Act 2014 is silent on this.

45. If the Council chooses to avoid the risk of potential legal challenge, the solution would be to disregard the higher benefit rates unless the person is receiving night care. This would mean disregarding the annual equivalent of £2.3m of income, although again this would not equate to a similar fall in actual income to the Council. However, since the threat of legal action has not yet progressed any further, it is proposed that, like most local authorities, the Council continue carry on taking the higher rates into account.