

Revised February 2015

Department: People's Directorate

Team or Service Area Leading Assessment: Business Support and Resources

Title of Policy/ Service or Function: Adult Social Care Charging Policy

Proposals to introduce/ alter/ delete policy, service, expenditure etc: To replace Adult Social Care Fairer Contributions Policy

Date of proposals: October 2016 Committee/Team: Business Support and Resources

Lead Officer: Karen Smith

STEP 1 - IDENTIFYING THE PURPOSE OR AIMS

1. What type of policy, service or function is this?

Existing New/ proposed Changing/ updated

2. What is the aim and purpose of the policy, service or function?

Councils are given discretionary powers to charge adult recipients of residential and non-residential social care services under the Care Act 2014. The Council currently charges service users, subject to an assessment of their ability to pay, to raise income towards the cost of care and support services. Without this income it would be difficult to maintain the provision of services.

The purpose of this policy is to establish how Blackpool Council will calculate a person's contribution towards the cost of their care and support when charges do apply.

3. Please outline any proposals being considered.

The introduction of the Care Act 2014 and the issue of related guidance by the Department of Health has necessitated a review of the Council's Fairer Contributions Policy and charging arrangements for residential and non-residential care.

Some of the changes have already been agreed as part of the 2016-17 budget setting process and annual review of fees and charges. The new Policy has been drafted in order to provide a comprehensive and up-to-date document for reference.

3.1. The new Policy includes details of flat rate charges which have been introduced in 2016/17 in line with the Care Act 2014 :

- Where a person has eligible needs to be met through the provision of non-residential care and has assets above the upper capital limit of £23,250, an annual administration charge will be applied based on the costs to the Council of arranging their care.
- Where a person enters into a Deferred Payment Agreement with the Council, there will be an administration charge for setting up the agreement and its ongoing maintenance.
- Where a person lacks the capacity to manage their own finances and the Council provides support then a charge will be applied based on affordability.

3.2. The new Policy introduces the concept of the provisional financial assessment, a fixed charge which may be applied from the date that services are put in place if a full financial assessment has not been completed by this time. In this way, charging for non-residential care now starts from the date that services commence as opposed to when the full financial assessment has been completed.

3.3. The full amount (as opposed to only the first £10) of a person's war disablement pension (or war widows/ widowers pension payments) is now disregarded in the financial assessment process in line with the Council's commitment to the War Veterans Charter.

3.4. In line with the Care Act, only the income of the cared-for person will be taken into account in the financial assessment, where the person receives income as part of a couple it will be assumed that a person has an equal share of the income and assets held jointly will be shared equally. Joint financial assessments will no longer be applied.

3.5. The financial assessment process when a person lacks the capacity to manage their own finances is explained and the requirement to work with someone who has the appropriate authority ie an appointee, Power of Attorney or Deputy, is highlighted.

3.6. The charging process for people in residential care is set out for the first time in the Policy as this is no longer a duty but a power of the Council and it could therefore decide not to apply charges. The proposed new Charging Policy assumes that the Council will continue to charge people for the provision of residential care services due to the significant financial implications if the Council decided not to charge.

3.7. People can choose accommodation which costs more than their personal budget allows for on the basis that a third party is willing and able to pay the additional cost. Third party arrangements to pay care home top-up fees must be the subject of a formal agreement with the Council with the implications of a failure to make the required payments clearly documented.

3.8. The Policy sets out the minimum levels below which charges cannot reduce a person's income. These levels are now set with reference to the Care and Support (Charging and Assessment of Resources) Regulations 2014 as updated by Local Authority Circulars and are defined amounts rather than a calculation based on benefit entitlements.

3.9. The Policy allows for certain household expenses to be taken into account as part of the financial assessment process. However, insurance premiums and board, as allowed for in the previous Fairer Contributions Policy are now considered alongside food and utility costs as expenses which a person is expected to meet with their basic income retained after charging (minimum income

guarantee/personal allowance).

3.10. There is no change to the banded assessments of disability related expenditure which are applied in the first instance unless the individual can demonstrate that this expenditure is exceeded. However the guideline amounts which are referred to when an individual wishes to claim more than the banded amounts have been reviewed with a view to introducing more clarity. Ultimately there is discretion on the amount allowed in each assessment but there is more emphasis on providing evidence and checking with the social worker if the expenditure is disability related.

3.11. There is also a new section on deprivation where it is believed that a person has deliberately transferred or deprived themselves of their assets with the intention of avoiding or reducing care charges. As with other debt the Council's usual debt recovery procedures will be followed.

3.12. The Care Act introduces a major change to the law for carers. Many more carers can be offered an assessment of their own needs and they may qualify for support regardless of whether the person they care for is receiving care and support. Under the new legislation, where a local authority is meeting the needs of the carer, it is allowed to ask for a contribution towards the cost of the care and support to be provided. The proposed new Policy assumes that carers will not be asked to make a contribution to the cost of their support because it is recognised that carers have a very important role in providing assistance to enable people to stay in their own homes for longer.

4. What outcomes do we want to achieve?

- To comply with the requirements of the Care Act 2014
- To comply with the requirements of the Department of Health's statutory guidance in respect of charging for residential and non-residential services and the calculation of contributions towards personal budgets
- To use the financial assessment process to take account of people's ability to pay towards the cost of their care and support
- To ensure that charging arrangements are fair and equitable for individual service users and between service user groups
- To ensure that service user independence is maintained
- To understand and recognise the full or true cost of providing services
- To improve the transparency and clarity of the charging arrangements so that people know what they will be charged
- To continue to facilitate the generation of income to support the delivery of services
- To promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;
- To support carers to look after their own health and wellbeing and to care effectively and safely;
- To encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so; and

5. Who is the policy, service or function intended to help/ benefit?

Adult users of non-residential and residential services who will continue to have services available to meet their needs. They will continue to benefit from having a financial assessment which will ensure that contributions are based on ability to pay. A benefits check will also be available as part of the financial assessment process.

6. Who are the main stakeholders/ customers/ communities of interest?

The users and potential users of adult residential and non-residential services including the following services: all types of day care, all types of respite care, care at home, telecare, community alarm, supported living schemes, extra care housing, residential care, carers services and direct payments.

Other stakeholders include :

- Providers of non-residential services - in-house and commissioned
- Providers of residential care – in-house and commissioned
- Informal carers and family members
- Elected Members
- Voluntary sector organisations
- Blackpool residents

7. Does the policy, service or function have any existing aims in relation to Equality/ Diversity or community cohesion?

The financial assessment process ensures that individuals retain a basic level of income and if living at home, that they have sufficient money to meet basic housing costs and any disability related expenditure.

The policy aims to ensure that the Council's charging arrangements are comprehensive and reduce variation in the way people are assessed and charged; It also aims to apply the charging rules equally so those with similar needs or services are treated the same and anomalies between different care settings are minimised.

STEP 2 - CONSIDERING EXISTING INFORMATION AND WHAT THIS TELLS YOU

8. Please summarise the main data/ research and performance management information in the box below.

Data/ information		
According to the Census 2011, the profile of Blackpool's population is as follows :		
<ul style="list-style-type: none"> • Blackpool has a resident population of some 142,065 • 19.2% residents are aged 60 years or over • 13.6% of residents report that their day to day activities are limited a lot • 33.6% of households are recorded as having a long-term illness or disability • 11.5% of residents provide an amount of unpaid care per week (varies from 1 to over 50 hours per week) 		
Census of Population 2011: Key statistics, Blackpool unitary authority district		
Health and provision of unpaid care		
Persons		142,065
	All affected	Affected: aged 16-64
Day to day activities limited a lot	19,247	9,278
Day to day activities limited a little	17,084	9,143
Day to day activities not limited	105,734	7,039
Health status		
Persons in:		
Very good health		56,600
Good health		48,022
Fair health		23,977
Bad health		10,346
Very bad health		3,120
Unpaid Care		
Persons providing:		
No unpaid care		125,746
1-19 hours of unpaid care a week		8,635
20-49 hours unpaid care a week		2,592
50 or more hours unpaid care a week		5,092
Source: KS301EW		
Research or comparative information		
Based on a snapshot of activity in October 2016 it is possible to consider the following :		
<ul style="list-style-type: none"> • 2062 people are in receipt of non-residential services as recorded in the charging system • 55% (1132) are not charged for their services based on their ability to pay • 27% (547) are already paying up to their maximum possible contribution and will not be required to pay anything further • 18% (383) people will potentially be affected by any proposals to increase 		

<p>charges</p> <ul style="list-style-type: none"> • There are 915 people in permanent residential care and the equivalent of approximately 50 people in short term care over a full year.
Key findings of consultation and feedback

9. What are the impacts or effects for Key Protected Characteristics?

Age
A differential impact is anticipated for those people aged 65 years and over. A significant proportion of people in residential care will be aged 65 years and over and from the available data approx. 57% of service users receiving non-residential care are aged 65 years and over.
Disability
A differential impact is anticipated for those people with a disability. Most service users will have some form of a disability.
Gender Reassignment
No differential impact is anticipated.
Marriage and Civil partnership
No differential impact is anticipated.
Pregnancy and Maternity
No differential impact is anticipated.
Race
No differential impact is anticipated.
Religion and Belief
No differential impact is anticipated.

Sex
A differential impact is anticipated as women are more likely to receive a community based care package or residential care. It is also expected that the impact will be disproportionate for elderly women as people aged 65 years and over are more likely to be receiving services. While it is important to recognise and monitor the impact on elderly women, the proposals should be consistent across genders.
Sexual Orientation
No differential impact is anticipated.

10. What do you know about how the proposals could affect community cohesion?

It is not expected that the Policy will affect community cohesion.

11. What do you know about how the proposals could impact on levels of socio –economic inequality, in particular Poverty?

Whilst the financial assessment process aims to offer some protection against socio-economic inequality and leave people with sufficient income to cover daily living costs, housing costs and disability related expenditure, many of the people receiving social care and support are pensioners or unable to work as a result of their disability or illness. Therefore many recipients of social care services will also be in receipt of means tested benefits and disability related benefits. The requirement to contribute towards the cost of care and support may exacerbate any financial hardship already being experienced.

STEP 3 - ANALYSING THE IMPACT

12. Is there any evidence of higher or lower take-up by any group or community, and if so, how is this explained?

There is a higher take up of adult social care services by older people and people with a disability because these groups are more likely to need help with personal care as a result of ill-health, frailty, long term conditions and be at risk of physical injury. As a result they are dependent upon care and support to help maintain their independence.

13. Do any rules or requirements prevent any groups or communities from using or accessing the service?

The Care Act 2014 introduces national eligibility criteria to be used by councils when considering whether a person qualifies for help from Social Services.

14. Does the way a service is delivered/ or the policy create any additional barriers for any groups of disabled people?

Charging for adult social care and support will impact the most on those people with a disability or frailty who have been assessed as able to contribute towards the cost of their support. This may affect the take up of services, for example, the community alarm/telecare services which provide a valuable preventive role is supporting people to remain independent and living in their own homes for longer.

15. Are any of these limitations or differences “substantial” and likely to amount to unlawful discrimination?

Yes No

If yes, please explain (referring to relevant legislation) in the box below

16. If No, do they amount to a differential impact, which should be addressed?

Yes No

If yes, please give details below.

The requirement to contribute towards the cost of care and support services will have a differential impact on older people, people with a disability and women, however, the arrangements are designed to ensure consistency across gender and disability groups.

STEP 4 - DEALING WITH ADVERSE OR UNLAWFUL IMPACT

17. What can be done to improve the policy, service, function or any proposals in order to reduce or remove any adverse impact or effects identified?

Contributions towards care and support continue to be based on ability to pay. The Council’s charging arrangements continue to provide for a protected level of

income based on the Department of Health's requirements and help to ensure that everyone receiving care services is treated equally. The non-residential charging arrangements will also take account of qualifying outgoings including basic housing costs and any disability related expenditure.

The following measures will help to reduce adverse effects :

- With regard to non-residential care the maximum weekly charge of £500 per week will apply.
- The Council will continue to ensure that any financial difficulties already experienced by service users are not exacerbated by charges for care services to the extent that the individual's well-being is threatened.
- The Council will ensure that financial information relating to individuals is kept up to date to allow the correct assessment of ability to pay. This would allow changes in financial circumstances to be picked up so that people are charged the correct amount.
- The Council will continue to make available a benefits maximisation check as part of the financial assessment process.
- Adequate notice of new or increased charges will be given to service users affected in order to allow time to make adjustments to finances.
- The number of service users who decide to discontinue with a service as a result of charges will be monitored. The Council will ensure that their eligible needs continue to be met.
- The Council operates a Reviews and Appeals process which allows services users to have their assessments recalculated if new information is provided or to appeal if it is considered that disability related expenses have not been fully taken into account in the assessment

18. What would be needed to be able to do this? Are the resources likely to be available?

The resources are currently available within the Council's Social Care Benefits Team to undertake financial assessments, carry out benefits maximisation checks, keep records up-to-date and deal with day-to day queries.

The Adult Social Care Team will continue to ensure that eligible needs are met and that service users are not put at risk by a withdrawal from services.

19. What other support or changes would be necessary to carry out these actions?

None

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STEP 5 - CONSULTING THOSE AFFECTED FOR THEIR VIEWS

20. What feedback or responses have you received to the findings and possible courses of action?
Please give details below.

<p>The introduction of new charges for services or increases to existing charges from 1 April 2016 was considered as part of the budget setting process for 2016/17.</p>
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21. If you have not been able to carry out any consultation, please indicate below how you intend to test out your findings and recommended actions.

<p>Letters were sent out to service users as soon as the new charges were approved and well in advance of implementation.</p> <p>Responses and complaints from service users were addressed.</p>
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STEP 6 - ACTION PLANNING

Please outline your proposed action plan below.

Issues/ adverse impact identified	Proposed action/ objectives to deal with adverse impact	Targets/Measure	Timeframe	Responsibility	Indicate whether agreed
Ensure financial information relating to individuals is kept up to date to ensure the correct assessment of ability to pay	Annual review of financial assessments		Ongoing	Resources Directorate	
Service users experience undue	Operate a review and appeals procedure	Regular debt management	Ongoing	Social Care Benefits Team	

Issues/ adverse impact identified	Proposed action/ objectives to deal with adverse impact	Targets/Measure	Timeframe	Responsibility	Indicate whether agreed
financial hardship		meetings		and Adult Social Care	
Service users decide to cancel or not pursue social care and support arrangements	Monitor any reduction in service take-up because of charging arrangements and ensure that service user's eligible needs continue to be met		Ongoing	Head of Adult Social Care	
Service Users refuse to pay	Operate a Debt Management and Recovery Procedure	Implement procedure by 1 January 2017	1 January 2017	Resources Directorate	

STEP 7 - ARRANGEMENTS FOR MONITORING AND REVIEW

Please outline your arrangements for future monitoring and review below.

Agreed action	Monitoring arrangements	Timeframe	Responsibility	Added to Service Plan etc.

Agreed action	Monitoring arrangements	Timeframe	Responsibility	Added to Service Plan etc.

Date completed:

Signed:

Name:

Position: