

Cabinet

10 October 2017

Approval of Changes to the Charging Policy for Adult Social Care

Recommendations

That Cabinet

- 1) Approves the change to charging for residential respite under the community services charging rules.
- 2) Agrees the updated Charging Policy attached to the published report.

1.0 Background

- 1.1 Warwickshire County Council's last major review of the Charging Policy for Adult Social Care was for the implementation of the Care Act in April 2015.
- 1.2 In April 2015 the Cabinet decided to maintain its existing charging policy based on the following principles:
 - To charge for residential care based on the full cost
 - To charge for non-residential services based on the full cost, retaining the 'Minimum Income Guarantee' (whereby people retain Income Support plus 25%)
- 1.3 There is a specific policy document on Charging for Community Care Services (non-residential services) because the Council needs to show how it will deal with discretionary matters. This also includes a waiver policy which sets out how people may apply to have charges for non-residential care waived and the controls and authorisations for this.
- 1.4 The residential care charging policy simply adopts the framework set out in the Care and Support statutory guidance and the Care and Support (Charging and Assessment of Resources) Regulations 2014 ('the Regulations'). There is no separate policy document because there are no discretionary powers for the Council to exercise (apart from the decision to charge itself).

- 1.5 As a result of reviewing the information we provide to customers and reviewing the types of complaints and queries we receive relating to charging, it is suggested that we need a single, consolidated charging policy document, so that customers can easily understand the Council's policy across all types of care.
- 1.6 A particular issue has arisen relating to the calculation of charges for residential respite care. This is currently calculated using the residential care rules in the Care and Support Statutory Guidance, rather than as part of the Community Charging policy. This has been subject to a number of representations against policy.

2.0 Charging for Residential Respite Care

- 2.1 Residential respite care is a short break in a residential care setting for a person who normally lives in their own home. It provides care to the individual whilst their primary carer has a break from their caring responsibilities.
- 2.2 It is recognised that individuals who receive respite care often live in the family home and their personal finances are often closely related to those of the rest of the household.
- 2.3 The current policy of charging for residential respite in line with all residential charging means that in practice the individual's income for all aspects of living are taken into account for the financial assessment, including those aspects of income that would cover costs for housing and food. This is because their accommodation and food needs are met by the care provider whilst they are in residential accommodation.
- 2.4 However, if the household overall pools the costs of housing, bills and food, the absence of one member of that household for a period of respite (usually less than a week for a single instance), does not materially change the costs to the household. Therefore there is potential for the charging for care to the individual receiving respite to cause strain on the overall household's ability to meet its bills.
- 2.5 The consequences of this could be a reduced use of residential respite care, which can place additional strain on the caring relationship, and can also mean the accumulation of debt which may be difficult for the Council to recover.
- 2.6 In considering how best to support carers and maintain caring relationships, amending the charging policy to reduce the strain on family units has been identified as an area that should be addressed.
- 2.7 Amending the charging policy to use the community based charging policy for residential respite would have the following impacts:

- The income required to meet normal household costs – e.g. rent, bills, and standard living costs (e.g. food) – would be disregarded, reducing the liability for care costs for the majority of individuals receiving respite
- It will affect the ability to treat some income as shared (this will primarily impact those with a living spouse and an occupational pension)

2.8 Work has been done to assess the impact on the current customer group. Looking at the usage of respite over the last 12 months, the impact of the changes has been modelled. As not all individuals receive community care, as well as respite, we have not got impact data for all customers. For the 382 people who received a total of 9492 days of residential respite care during the year 01 June 2016 to 31 May 2017:

- The impact is known for 59% of customers (225 people)
- Of those where the impact is known 196 would see a decrease in their charges, 5 indicate higher but this is likely timing issues between assessments and 24 would see no change.
- There is nothing to suggest that the impact on those not known would be different from the impact levels that could be assessed.

2.9 Appendix 1 sets out the distribution of impact on customers by age group, gender and customer group, and Appendix 2 sets out the annual financial impact based on the usage in that year.

2.10 On this basis the known loss of income as a result of this policy would have been £68k. If this extended to cover the 43% of customers for which the impact is unknown, if they were all assumed to see a decrease in their charges, of the average size, the impact would be another £51k, bringing the total loss of income to £119k per annum. This would increase if the usage of residential respite increased as a result of the policy change.

2.11 We have consulted customers and carers about this proposed change through direct mail-outs to customers who have used respite in the last year, meeting with Learning Disability Partnership Board, making the consultation available on Ask Warwickshire. The consultation was available from period from 9th August to 8th September 2017 and the responses were:

Question	Yes	No	Unsure
1. Do you agree with the proposal to charge for residential respite under the community charging rules rather than the current residential ones?	60	8	8
2. Do you think that this change will support families to use respite services?	57	10	9

2.12 The responses received suggest clear support for the proposals, with 79% of respondents answering yes to question 1, and 75% answering yes to question 2.

2.13 In the comments raised by respondents raised included:

- A good idea if it benefits people to pay out less we found the service very good earlier on in the year
- Anything which helps people get respite can only be a good thing
- If I don't have to pay more I am in favour
- More people would probably go into respite if they didn't have to pay
- The system seems to be fairer. It will help more families financially
- Unfair to charge for short term respite care if it is needed
- I think that there should be an allowance for pensioners with low income and think the community charges are fairer although I don't agree with the "Value of your home" taken into effect. After all some people have worked hard all their lives to buy their home and want to leave it to their children but if they have to go into a care home to live permanently then their house has to be sold to pay the cost. I totally disagree with this we are supposed to be a caring country, where is the care in that act.
- Charging policy is discriminating on age and is not fair or equitable for different aged adult users. Is everyone going to be reassessed under the new scheme otherwise another discrimination

2.14 In response to the negative points raised above – that it is unfair to charge for respite care, that home values should not be taken into account, and that charging policies are age discriminatory:

- Warwickshire's policy is to charge for all care which is has the power to charge for under the Care Act 2014 and to exempt residential respite charging from that would not be equitable to customers who receive other types of support.
- Home values will no longer be taken into account for residential respite, where that home is the main residence of the recipient of that care. Warwickshire follows the statutory regulations and guidance for financial assessments for long stay residential care, which includes taking the value of homes into account where appropriate to do so.
- All adult users of care services, regardless of age, are subject to the same assessment and charging policies to determine the amount they contribute towards the cost of care. Those who have needed care later in life may have had the opportunity to accumulate more personal wealth and assets, and therefore may face higher charges as a result of their higher ability to pay. Warwickshire's policy is fully compliant with the powers under the Care Act, and charges are made on ability to pay rather than age.

2.15 A full list of the responses (excluding those which included personal information about their specific charges) has been included as Appendix 3.

2.16 Some respondents found the issues complex and struggled to understand the consultation and what the impact of it would be for them. Any respondent who

called and asked for a specific impact was given it where possible (impact is dependent on future usage so it is not possible to be absolute about this).

2.17 The responses included some wider feedback about the charging policy, which were outside of the issue being consulted on. These were:

- Representations against charging for respite at all. There were 5 responses which stated that Warwickshire should not charge those accessing respite care. This has been raised in previous charging consultations, however as all charges are means tested Warwickshire has decided that it is fair that all customers are charged for the care that they receive based on the means test, and that it would be unfair not to charge those who had support from their families as well as paid support, whilst charging those who only had access to paid support.
- 1 person expressed concerns about the quality of respite care services. These concerns will be addressed through Warwickshire's contractual relationships with providers
- 3 people expressed general concerns about the future and the impact of charging on their savings – e.g. those that they intended for their funeral costs. The means test ensures that people retain a set level of savings.

3.0 Clarifying the Charging Policy

3.1 If we change to how residential respite charges are calculated, the Charging Policy needs to be updated to reflect this. This presents the opportunity to address areas where there is insufficient clarity for customers and carers.

3.2 Customers and carers have raised queries and questions about the Charging Policy in the following areas:

- What is Warwickshire's residential care charging policy? Customers do not find the statutory guidance and regulations concise and accessible enough, and they do not set out exactly what Warwickshire does, only what we must do if we have decided to charge.
- What is considered as Disability Related Expenditure and how is it treated in the financial assessment? The guidance on this is old, and needs to reflect current practice.
- Can a waiver be applied where someone is experiencing financial hardship and is unable to meet their residential care charges?

3.3 To this end, a new Policy on Charging for Care Services has been produced. This:

- Covers both residential and non-residential care services – setting out the key provisions of the Care and Support Statutory Guidance in the Warwickshire context for residential care, as well as setting that out the policy for community care
- Includes the change to respite charging discussed in section 2

- Updates the Disability Related Expenditure guidance in the policy to best reflect practice and improve clarity
 - Incorporates a waiver policy which applies across all care types
- 3.4 This revised policy will enable customers to understand from a single document how Warwickshire charges for care, which should reduce complaints and make it easier for customers to navigate the system.
- 3.5 With the exception of the changes to respite, there is no change to charging policy or practice for financial assessments.
- 3.6 The revised Charging Policy is attached as Appendix 5.

4.0 Impact of Changes

- 4.1 As a result of the changes to respite care, there will be a cost pressure of approximately £119k to social care (assuming a consistent level of respite usage). This will be met through the additional funding that Central Government announced in March 2017 to support social care, which was approved by Cabinet in July 2017. The current national Spending Review does not go beyond 2020, but the expectation is that additional funding to support social care will continue beyond then. If not, then ongoing funding would need to be addressed as part of the budget refresh of the service.
- 4.2 An Equality Impact Analysis for the changes has been completed and is attached as Appendix 4.

5.0 Timescales and next steps

- 5.2 Implementation of the changes to respite charges will be from 1st November 2017.
- 5.3 The new policy will come into effect from 1st November 2017.

Background papers

1. None

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The report was circulated to the following members prior to publication:

Local Member(s): N/A

Other members: Councillors Parsons, Golby, Redford, Rolfe and Caborn

Appendix 1

Analysis of Impact of Respite Charging Changes - Number of Customers Impacted

Decrease	LD		MH		OP		PD		Total		Grand	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		Total
Age Band												
18-25	8	9	0	0	0	0	0	1	8	10	18	
26-35	21	16	0	0	0	0	0	2	21	18	39	
36-45	7	17	0	0	0	0	0	2	7	19	26	
46-55	5	8	0	0	0	0	1	1	6	9	15	
56-65	3	1	0	0	0	0	0	0	3	1	4	
66-75	0	1	0	0	12	7	1	0	13	8	21	
76-85	0	0	0	0	20	15	0	0	20	15	35	
86-95	0	0	0	0	10	25	0	0	10	25	35	
96+	0	0	0	0	1	2	0	0	1	2	3	
Unknown	0	0	0	0	0	0	0	0	0	0	0	
Total	44	52	0	0	43	49	2	6	89	107	196	

Increase	LD		MH		OP		PD		Total		Grand	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		Total
Age Band												
18-25	0	1	0	0	0	0	0	0	0	1	1	
26-35	0	0	0	0	0	0	0	0	0	0	0	
36-45	0	0	0	0	0	0	0	0	0	0	0	
46-55	1	0	0	0	0	0	0	0	1	0	1	
56-65	0	0	0	0	0	0	1	0	1	0	1	
66-75	0	0	0	0	1	0	0	0	1	0	1	
76-85	0	0	0	0	1	0	0	0	1	0	1	
86-95	0	0	0	0	0	0	0	0	0	0	0	
96+	0	0	0	0	0	0	0	0	0	0	0	
Unknown	0	0	0	0	0	0	0	0	0	0	0	
Total	1	1	0	0	2	0	1	0	4	1	5	

No Change	LD		MH		OP		PD		Total		Grand	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		Total
Age Band												
18-25	2	2	0	0	0	0	1	0	3	2	5	
26-35	1	0	0	0	0	0	0	0	1	0	1	
36-45	0	0	0	0	0	0	0	0	0	0	0	
46-55	0	0	0	0	0	0	1	1	1	1	2	
56-65	0	0	0	1	0	0	1	0	1	1	2	
66-75	0	0	0	0	2	4	0	0	2	4	6	
76-85	0	0	0	0	1	1	0	0	1	1	2	
86-95	0	0	0	0	1	4	0	0	1	4	5	
96+	0	0	0	0	0	1	0	0	0	1	1	
Unknown	0	0	0	0	0	0	0	0	0	0	0	
Total	3	2	0	1	4	10	3	1	10	14	24	

Unknown	LD		MH		OP		PD		Total		Grand	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		Total
Age Band												
18-25	2	1	0	0	0	0	0	0	2	1	3	
26-35	0	1	0	0	0	0	1	0	1	1	2	
36-45	2	2	0	0	1	0	0	0	3	2	5	
46-55	3	1	0	0	0	0	0	0	3	1	4	
56-65	1	0	0	0	2	1	1	0	4	1	5	
66-75	1	2	0	0	13	4	0	0	14	6	20	
76-85	0	0	0	0	26	24	0	0	26	24	50	
86-95	0	0	0	0	24	36	0	0	24	36	60	
96+	0	0	0	0	2	5	0	0	2	5	7	
Unknown	0	0	0	0	0	1	0	0	0	1	1	
Total	9	7	0	0	68	71	2	0	79	78	157	

Key:

LD = Learning Disabilities

MH = Mental Health

OP = Older People

PD = Physical Disabilities

Appendix 2

Analysis of Impact of Respite Charging Changes - Average Change in Total Charges for the Year

Decrease	LD		MH		OP		PD		All		All
Age Band	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Average
18-25	-£ 151	-£ 298	£ -	£ -	£ -	£ -	£ -	-£ 228	-£ 151	-£ 291	-£ 229
26-35	-£ 240	-£ 206	£ -	£ -	£ -	£ -	£ -	-£ 49	-£ 240	-£ 189	-£ 216
36-45	-£ 206	-£ 340	£ -	£ -	£ -	£ -	£ -	-£ 454	-£ 206	-£ 352	-£ 313
46-55	-£ 178	-£ 383	£ -	£ -	£ -	£ -	-£ 98	-£ 21	-£ 165	-£ 343	-£ 272
56-65	-£ 590	-£ 709	£ -	£ -	£ -	£ -	£ -	£ -	-£ 590	-£ 709	-£ 620
66-75	£ -	-£ 483	£ -	£ -	-£ 203	-£ 963	-£ 13	£ -	-£ 188	-£ 903	-£ 461
76-85	£ -	£ -	£ -	£ -	-£ 320	-£ 532	£ -	£ -	-£ 320	-£ 532	-£ 410
86-95	£ -	£ -	£ -	£ -	-£ 816	-£ 344	£ -	£ -	-£ 816	-£ 344	-£ 479
96+	£ -	£ -	£ -	£ -	-£ 110	-£ 375	£ -	£ -	-£ 110	-£ 375	-£ 287
Unknown	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
Total	-£ 235	-£ 308	£ -	£ -	-£ 398	-£ 491	-£ 56	-£ 209	-£ 310	-£ 386	-£ 352

Increase	LD		MH		OP		PD		All		All
Age Band	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Average
18-25	£ -	£ 137	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ 137	£ 137
26-35	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
36-45	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
46-55	£ 102	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ 102	£ -	£ 102
56-65	£ -	£ -	£ -	£ -	£ -	£ -	£ 1	£ -	£ 1	£ -	£ 1
66-75	£ -	£ -	£ -	£ -	£ 488	£ -	£ -	£ -	£ 488	£ -	£ 488
76-85	£ -	£ -	£ -	£ -	£ 557	£ -	£ -	£ -	£ 557	£ -	£ 557
86-95	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
96+	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
Unknown	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -	£ -
Total	£ 102	£ 137	£ -	£ -	£ 522	£ -	£ 1	£ -	£ 287	£ 137	£ 257

Key:

LD = Learning Disabilities

MH = Mental Health

OP = Older People

PD = Physical Disabilities

Appendix 3

Full Survey Narrative Responses (excluding those which contained personal data)

<p>3. Do you have any comments on this proposal?</p> <p>Community Charging Rules will help those on a lower form of income to avail themselves to the Respite system</p> <p>1. It would help + 2. Making it more affordable</p> <p>A good idea if it benefits people to pay out less we found the service very good earlier on in the year</p> <p>This system seems to be fairer. It will help more families financially.</p> <p>Sorry do not understand what this is about</p> <p>Not Sure</p> <p>Royston charge for respite we found very costly</p> <p>Anything which helps people to get respite can only be a good thing</p> <p>2. Don't know how the change affects individual families with completely different family finances. 3. But it appears that the change is a better method. Really don't know how the change would affect my daughter</p> <p>it should increase the number of people using respite services but are there enough respite places to accommodate this?</p> <p>As her needs are getting greater and her parents are getting older, the respite is becoming essential for them to be able to continue caring for her</p> <p>Unable to assess from this information whether there is any advantage or disadvantage to families. It seems unfair that 'Sue' has to pay because she has been frugal & saved during her life, whereas 'Bob' who may have spent his money & not saved, does not have to pay! Finally we have not used the respite as stated in your letter.</p> <p>I think it is a good idea, so you know everybody is paying what they should</p> <p>We do not use the respite facilities on a regular basis, but it is nice to know it is available should we need it. I am quite happy at the moment to care for my wife at home. We do not think 4 weeks is adequate. Looking after my father-in-law is a 24/7 job, he often gets us up 4/5 times a night for nothing. Sometimes within 10 minutes. This is extremely stressful for us</p> <p>Not at the moment, thank you.</p> <p>I do not understand how this would affect myself as I am on DLA & ESA and both examples are of pension credit. Please enclose more information for disabled young adults who use respite.</p> <p>Nothing to add</p> <p>If don't have to pay more, then in favour. Having said that grateful for service as I get older, and I find it more difficult to care.</p> <p>We are all struggling and I understand there is not enough resources to go around so costings are a must. But lack of resources and costs do affect how much longer we can care for family.</p> <p>I would like to have seen example of the customers who would have to pay the higher charges, in order to understand the proposal more clearly</p> <p>More people would probably go into respite if they didn't have to pay</p> <p>We agree that the increase costs of Respite Care and Day Services are becoming so expensive that it is becoming a concern and likely to discourage us as carers to use the services. This then puts additional pressure and anxiety on our health and defeats the purpose of allowing our son to continue in our house. it is also giving him much needed training to be away from us and the homes he loves. His only income is the benefits that he receives and with all the increased costs now being put on him this is just not enough to cover the charges being made.</p> <p>Last year we used respite services on a number of occasions for breaks and in order to attend functions (wedding and other such celebrations). We had no support from W.C.C. and as a result the cost to both myself and my mother was extremely high. My mother had to use money that she had put aside for her funeral and this has now depleted and we are struggling to make it up again. Therefore we think that the correct method of assessment is essential so other families do not experience the financial difficulties we have.</p> <p>No</p> <p>The wording of this letter is ridiculously ambiguous. I read and re-read this letter to my father and neither of us understand what it is saying. Warwickshire care homes are expensive and the received care bears no resemblance to this cost. I am not sure how you think older people are going to understand this letter and I think there are far larger issues about access to respite care to be dealt with. If provision is out of the price range of older people, if price doesn't reflect care and travelling further to access respite isn't an option, what choice do people have?</p> <p>This would be a very welcome change, as current charging leaves Dominic with very little DLA for anything else.</p> <p>No Change. None. You will still go ahead with it anyway.</p> <p>I think that there should be an allowance for pensioners with low income and think the community charges are fairer although I don't agree with the "Value of your home" taken into effect. After all some people have worked hard all their lives to buy their home and want to leave it to their children but if they have to go into a care home to live permanently then their house has to be sold to pay the cost. I totally disagree with this we are supposed to be a caring country, where is the care in that act.</p> <p>I personally have found day care respite and residential respite has made a great difference to my life. Previously I had felt totally unable to cope, now things are more bearable.</p> <p>Will there be sufficient respite places if there is an increase in uptake. Will this effect the amount of nights allocated to families.</p> <p>unfair to charge for short term respite care if it is needed</p> <p>while it certainly seems fairer for the currently least well-off, the policy still appears to 'penalise' people who have (perhaps?) made more effort towards savings during earlier stages of their life. From the brief presentation, it would seem reasonable to suppose that 'Sue' has also already contributed rather more in rates, tax & NI, so should not be required to use her savings in this way as well. It is a disincentive to saving.</p> <p>Why should a person who has saved all their lives pay more than some lazy bugger who has been feckless?</p> <p>Charging policy is discriminating on age and is not fair or equitable for different aged adult users. Is everyone going to be reassessed under the new scheme other wise another discrimination</p> <p>I have answered yes for people in the Bob example, as this change will not carry a financial burden, but in Sues case, it is not so fair. You are working on the assumption that someone with an occupational pension has the ability to pay (or is it because she has savings)- the example is not clear.</p> <p>Respite is an extremely important service for carers and any change which is likely to improve access to day care or short term respite care is to be welcomed.</p> <p>i feel its an insult to life long sick and disabled and learning difficulties especially on benefits – (and there family carers) to have to pay a contribution towards respite when without us carers the whole system would be in absolute meltdown - we save the county and the tax payer</p> <p>they should be giving us a break and not penalising us</p>
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Policy on Charging for Adult Social Care Services

Warwickshire County Council
People Group

Version: 1.0

Date Issued: 1st November 2017

Team: Benefits, Assessments and Income Control

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1. Overview of charging in Warwickshire

1.1. Introduction

This policy outlines our aims and principles for a fair approach to contributions made by a person to their social care services. It covers:

- background to charging
- regulations and guidance used
- aims and principles
- who is charged
- the services charged for
- how charges are calculated
- what to do if a person's circumstances change
- obtaining advice
- what happens if a person fails to pay charges; and
- what if a person has a dispute and would like to make a complaint.

The policy is split into 4 sections for ease of use:

1. Overview of charging in Warwickshire
2. Financial assessments for residential based services
3. Financial assessments for community services
4. Further Information

1.2. Background to charging

Warwickshire County Council is able to charge a contribution for care services provided to adults under Sections 14 and 18 of the Care Act 2014. The Act is supported by the Care and Support (Charging and Assessment of Resources) Regulations 2014 and the Care and Support Statutory Guidance that the Council adheres to.

Any costs covered by the NHS (either under Continuing Health Care or Funded Nursing Care) are not subject to this policy.

1.3. Legislation, regulations and guidance used

The legislation, regulations and guidance that apply within this policy are;

- Care Act 2014
- The Care and Support (Charging and Assessment of Resources) Regulations 2014.
- Care and Support Statutory Guidance chapter 8 and Annex A-E
- Warwickshire County Council Direct Payments guidance.

1.4. Aims and principles

A key principle applied in this policy is that charges will be based on the full cost of the services being received and a person will pay 100% of this charge where they

have been assessed as being able to do so.

The following aims and principles are adopted to ensure a person pays the correct charges:

- Individual financial assessments will ensure that a person contributes in line with their ability to pay. This will be calculated using national guidelines and this policy.
- The full financial assessment will ensure that a person will retain some income. This level is set by the Department of Health and is known as the Personal Expense Allowance (PEA) when in residential care and the Minimum Income Guarantee (MIG) when receiving non-residential care.
- A person can receive a benefits check as part of their financial assessment to check they are receiving what they are entitled to.
- A person has the right to decline a full financial assessment. If they do they will be required to pay the full cost of their care.
- Where a person does not provide the Council with sufficient information to determine how much they can pay towards their care, they will be required to pay the full cost of their care.
- Where a person fails to pay the charges incurred by the Council for their care, debt recovery processes will be followed to obtain payment from the person, after consideration and the offer of a deferred payment agreement in appropriate circumstances (residential and nursing care only).
- A waiver process is in place for charges in exceptional cases as defined by the waiver policy.

1.5. Who is charged

This policy applies to adults provided with care services where Warwickshire County Council is entitled to charge a contribution under the Care Act 2014 with the following exceptions:

- Individuals with Creutzfeldt Jacob Disease (CJD) in accordance with the Care Act 2014
- Individuals with services provided under section 117 of the Mental Health Act (1983).
- Any services funded by the NHS for example Funded Nursing Care

1.6. Financial assessments

A person is liable to pay the full cost of their care service unless it is demonstrated through a financial assessment that they are unable to contribute the full amount. The financial assessment will follow the requirements of the Care and Support (Charging and Assessment of Resources) Regulations 2014 and Care and Support Statutory Guidance and requires a person to supply appropriate information. This information is used to calculate what, if anything a person may have to pay towards a service.

1.7. Providing information to the Council

The collection of information for the financial assessment may be undertaken in different ways including:

- On-line a person may be sent a link to an on-line form to give information
- Post a person may be sent a form to give information and return by post
- Telephone a person may be given an appointment and information is given over the telephone
- Face to face a person may be given an appointment and an officer will visit to collect information where there are complex circumstances or customers would have substantial difficulty in using other forms of assessment

A person has the right not to provide details about their financial circumstances, in such cases a person will be deemed as able to pay for their care costs in full as it is for the person to satisfy the Council that their means are insufficient to be able to pay the full cost.

1.8. Failure to provide information

The onus is on the person or their representative to provide all information required for a financial assessment.

A person or representative responsible for their finances is considered to have refused to co-operate with a financial assessment if he or she without good cause, fail to participate in the assessment process within a stated time scale. This includes where a person;

- Does not agree an appointment to allow the Council to obtain necessary information for an assessment or review despite there being two requests to do so.
- Fails to keep a pre-arranged appointment for the purpose of obtaining information for an assessment or review.
- Fails to provide satisfactory proof of income, capital, expenditure or other information following a written request from the Council.

- Fails to complete and return a financial form either by post or on-line where requested to obtain necessary information for an assessment or review.

1.9. Light touch financial assessments

In some cases a person may not need a full financial assessment and so may not have to provide full details about their financial circumstances. We will apply a light touch financial assessment in the following circumstances:

- Where a person owns capital that is included as an asset for financial assessment purposes and this is clearly worth more than the upper capital limit.
- Where a person confirms that they do not wish to undergo a full financial assessment.
- Where an individual is in receipt of certain benefits and they clearly demonstrate that they would not be able to contribute towards their care and support costs.

If a person does not agree the charges that they have been assessed as being able to afford to pay under this route, they will be required to provide full details to enable a full financial assessment to be completed.

1.10. Financial representatives and mental capacity

A person can request that we liaise with another person who will act as their financial representative for the financial assessment and charging process.

While a request to liaise with a representative can be accepted, the legal responsibility for the financial assessment and any charge remain with the person having a service.

At the time of the assessment of care and support needs, the Council will establish whether a person has the capacity to take part in the assessment, including a financial assessment.

Where a person lacks capacity the same financial tests and charges will apply for care services.

2. Financial assessments for residential based services

2.1. Calculating charges

The financial assessment considers a person's income, capital and in some cases appropriate expenses.

Where capital included is above the upper limit the person will pay the full cost of the care.

Where capital is below the upper capital limit the basic principles of the financial assessment calculation are:

Income LESS Personal Expense Allowance = **Charge**

The full financial assessment will ensure that individuals retain a basic level of income after charges have been deducted, known as the Personal Expenditure Allowance.

A person will be expected to pay the full cost of the care if:

- They are assessed to be able to afford to pay the full cost through their financial assessment.
- They choose not to disclose their financial details.
- They refuse to co-operate with a financial assessment.

2.2. Capital

The value and treatment of capital and assets will be based on the definitions in the Care Act 2014, Care and Support Statutory Guidance Annex B. Some examples of capital included in the guidance are money held in a bank or building society, stocks and shares, bonds or land.

The value of a person's capital will be used to decide how much of it should be used to contribute towards the cost of their care. The value of a capital asset will be based on the market or surrender value of the capital asset, minus:

- 10% of the value, if there will be any actual expenses involved in selling the asset. Any expense must be connected with the actual sale and not simply the realisation of the asset. For example the costs to withdraw funds from a bank account are not expenses of sale, but legal fees to sell a property would be.
- any outstanding debts secured on the asset, for example by a legal charge such as a mortgage.

Where a person has joint beneficial ownership of capital (for example they have a joint savings account), the total value will be divided equally between the joint owners and the person will be treated as owning an equal share, except where there is evidence that the person owns an unequal share.

In some instances a person may need to apply for access to capital assets but has not yet done so. In such circumstances this capital may be treated as belonging to the person and so included as notional capital within the financial assessment from the date it could have reasonably been acquired.

Some capital resources are disregarded (not included) within the financial assessment, details of these are given in the Care Act, regulations and guidance.

The levels of capital considered with a financial assessment are:

- Capital **below £14,250** will be disregarded (not included) for financial assessment purposes.
- Capital **between £14,250 and £23,250** will be taken into account and a person will be required to pay £1 per week for every £250 of capital owned between £14,250 and £23,250.
- Capital **over £23,250** will be taken into account and a person will be required to pay the full cost of the care home.

2.3. Property

Property is a capital asset and may either be included or disregarded within a financial assessment in accordance with Annex B of the Care and Support Statutory Guidance.

If a person is in temporary or respite care the property they normally live in will be disregarded (not included as a capital asset) where they intend to return to it. However, where a person is in permanent care the property may be included in the financial assessment or it may be disregarded (not included) depending on circumstances. Some examples where a property may be disregarded include:

- Where the property has been continuously occupied by the person's partner, former partner or civil partner, except where they are estranged since before the person went into a care home.
- Where the property has been continuously occupied by relatives (defined in the guidance), aged 60 or over since before the person went into a care home.
- Where the property has been continuously occupied by relatives (defined in the guidance), who have been incapacitated since before the person went into a care home.

A person may request in writing that the Council use its discretion to apply a property disregard in circumstances that do not fall within the above definitions. The use of this discretion will be balanced with ensuring that a person's assets are not maintained at public expense. The Head of Social Care and Support or delegated person will consider requests to the Council based on the evidence supplied and circumstances of each case.

2.4. Deferred payments

Where a property is included within the assessment a person may be eligible for the Council's Deferred Payments Scheme. The Deferred Payments Scheme is to help those who have been assessed as having to pay the full cost of residential care but cannot pay the full amount because their capital is tied up in a property.

The Council may accept a property as security and the person pays a weekly contribution towards care based on their income and savings only. The part that the person cannot pay will be paid by the Council and a debt builds up called a deferred payment. This debt will then have to be paid at a later date. For many people this will be done by selling the property or payment may be made from other sources.

The Council has a separate policy for deferred payments that gives more information on eligibility and the scheme itself. This can be found at:

<http://www.warwickshire.gov.uk/deferredpaymentsscheme>

2.5. Income

The value and treatment of income will be based on the definitions in the Care Act 2014 Care and Support Statutory Guidance Annex C. Some examples of income included in the guidance are State Retirement Pension, Pension Credit and occupational pensions.

Income will always be taken into account unless it is disregarded under the regulations. Income that is disregarded will either be:

- partially disregarded
- fully disregarded

In some instances a person may need to apply for access to income, for example a means-tested benefit but has not yet done so. In such circumstances this income may be treated as belonging to the person and so included as notional income within the financial assessment from the date it could have reasonably been acquired.

Where deductions are taken from benefits or income, e.g. if deductions are made to repay debts or social fund payments, the financial assessment will be calculated on the gross amount the person would be entitled to not the actual amount received.

Where a person receives income as one of a couple, the starting point is that each has an equal share of the income unless it can be proved that the share is not equal.

2.6. Deprivation of income or assets

Deprivation is the attempt to avoid or reduce charges by removing income or capital assets from a person's ownership in order to avoid them being included in the financial assessment.

Questions of deprivation of capital or income will be considered in accordance with Annex E of the Care and Support Statutory Guidance. For example if:

- A person ceases to possess capital assets or income which would otherwise have been taken into account for the purpose of assessing charges for care;
- A person deprives themselves of capital assets or income which would otherwise have been available to them, i.e. ownership of a property other than their main residence is transferred to another person or the beneficiary of an insurance policy is changed so that the monies are not available to the person.

Where deprivation is established the person will be treated as still possessing the capital asset or income and this will be known as notional capital or notional income within the financial assessment. This means that the person will be assessed as if they still have the income or capital.

If the asset has been transferred to someone else, that person may become liable to pay the difference between what has to be paid and what the person can pay from their remaining income and capital.

2.7. Personal Expense Allowance

The Personal Expense Allowance (PEA) included in the financial assessment is an amount a person may retain for personal expenditure. The amount is set by the Department of Health each year. However, the Council has the ability to vary the amount of Personal Expense Allowance in individual cases. Warwickshire will follow Annex C of the Care and Support Statutory Guidance when using this discretion.

For temporary residents an additional Personal Expense Allowance may in some circumstances be considered if the person is unable to meet a particular expense from their capital or income. Some examples that may be considered include:

- Rent (less Housing Benefit)
- Mortgage costs (less any benefits or assistance payments)
- Water rates and charges
- Council Tax (less Council Tax Support)
- Building insurance (not including contents insurance)

Where expenditure is joint expenditure then it will be divided equally between the liable individuals when considering any additional Personal Expense Allowance.

Permanent residents are not normally considered to have property related outgoings when living in the care home. However, it may be that a person still has outgoings e.g. while a property is for sale, subject to 12 week property disregard or during the notice period for a rented property. In these cases, an additional Personal Expense Allowance may be considered at the discretion of the Council if evidence of actual expenditure is supplied and where a person has no other means to meet the costs for example from their capital.

Where a person has a deferred payment agreement (DPA) a person may choose to

retain sufficient resources to maintain and insure the property up to a disposable income allowance and therefore increase the amount of debt they are deferring. The maximum disposable income allowance is set by the Department of Health.

2.8. Changes of circumstances

A change of circumstances either by a change in type, cost of service or the financial circumstances of the person may result in a change to the financial assessment.

A person must notify the Council of a change to financial circumstances as these can affect a person's financial assessment.

If a person does not inform the Council of a change and, as a result of that change, the assessed charge would increase it will be backdated to the date the change took effect.

If a person informs the Council of a change within 1 month of it occurring and, as a result of that change, the assessed charge would decrease, this will be applied from the date the change took effect.

If a person informs the Council of a change that took place more than 1 month ago and, as a result of that change, the assessed charge would decrease, this will be applied from the date that notification was received by the Council.

A person will be notified of the date on which any change of circumstance affects their financial assessment. If a person does not notify the Council within the required time they may apply for an extension to the time limit if there are good reasons why that change was not reported on time. The maximum time the Council will consider backdating in these circumstances is 26 weeks from the date actual notification of the change was received in writing.

A person must request backdating and must explain the reasons why they were unable to notify the office within the time limit. The longer the delay, the more compelling the reasons must be. If the Council is satisfied that there are good reasons the notification may be treated as if it was received in time. Before backdating an advantageous change beyond the one month time limit, the Council must be satisfied

- a person has shown good cause for failing to notify earlier and
- that good cause existed continuously during the period for which backdating (if any) is allowed, up until the date the request for backdating was made.

To establish if a person has shown good cause for not notifying the Council earlier, the Council must be satisfied the reason for not claiming earlier is such that any reasonable person of that age, health and experience would probably not have notified the Council earlier in the same way as the person. The burden of proving good cause rests with the person and relevant facts in each case such as care needs, capacity, whether a representative should have notified the Council etc. will be considered.

The Council reserves the right to review a financial assessment at any point relating to current or historical services provided. This may require a person to provide new

or additional information and evidence where necessary.

Where a person fails to provide information following written requests, charges will be recalculated to the full cost from the date of the first written request. This may also be backdated to earlier dates dependent upon information available and the backdating policy.

A person may request a review of a financial assessment for example due to revised information or error at any time by notifying the Council and providing appropriate information.

Where appropriate, financial assessments may be revised automatically based on known changes due to changes in policy, regulations or information from the Department of Work and Pensions, for example due to an increase to benefit payments, State Retirement Pension increases or service cost increases.

Details of financial assessments will be sent in writing and it is the person's responsibility to check the information and report any details that are inaccurate or change.

3. Financial assessments for community services

3.1. Calculating charges

The financial assessment considers a person's income, capital and appropriate expenses.

Where appropriate capital is above the upper limit the person will pay the full cost of the care.

Where capital is below the upper capital limit the basic principles of the financial assessment calculation are:

$$\text{Income LESS } \left[\begin{array}{l} \text{Minimum Income Guarantee} \\ \text{Eligible Housing Costs \& Expenses} \\ \text{Disability Related Expenditure} \end{array} \right] = \text{Net Available Income for Charging}$$

The full financial assessment will ensure that individuals retain a basic level of income after charges have been deducted, known as the Minimum Income Guarantee and have income to meet basic housing costs and agreed disability related expenditure.

The net available income for charging will be the maximum level a person may be asked to contribute towards services.

The actual charge will be the lower of either the individual's available income or the full cost for the service.

The minimum weekly charge raised is £1.00 per week.

A person assessed with no available income for charging purposes will not have to contribute towards the service.

A person will be expected to pay the full cost of the care if:

- They are assessed to be able to afford to pay the full cost through their financial assessment.
- They choose not to disclose their financial details.
- They refuse to co-operate with a financial assessment.

3.2. Capital

The value and treatment of capital and assets will be based on the definitions in the Care Act 2014, Care and Support Statutory Guidance Annex B. Some examples of capital included in the guidance are money held in a bank or building society, stocks and shares, bonds or land.

The value of a person's capital will be used to decide how much of it should be used to contribute towards the cost of their care. The value of a capital asset will be based on the market or surrender value of the capital asset, minus:

- 10% of the value, if there will be any actual expenses involved in selling the asset. Any expense must be connected with the actual sale and not simply the realisation of the asset. For example the costs to withdraw funds from a bank account are not expenses of sale, but legal fees to sell a property would be.
- any outstanding debts secured on the asset, for example by a legal charge such as a mortgage.

Where a person has joint beneficial ownership of capital (for example they have a joint savings account), the total value will be divided equally between the joint owners and the person will be treated as owning an equal share, except where there is evidence that the person owns an unequal share.

In some instances a person may need to apply for access to capital assets but has not yet done so. In such circumstances this capital may be treated as belonging to the person and so included as notional capital within the financial assessment from the date it could have reasonably been acquired.

Some capital resources are disregarded (not included) within the financial assessment, details of these are given in the Care Act, regulations and guidance.

The levels of capital considered with a financial assessment are:

- Capital **below £14,250** will be disregarded (not included) for financial assessment purposes.
- Capital **between £14,250 and £23,250** will be taken into account and a person will be required to pay £1 per week for every £250 of capital owned between £14,250 and £23,250.
- Capital **over £23,250** will be taken into account and a person will be required to pay the full cost of the care home.

3.3. Property

Property is a capital asset and may either be included or disregarded within a financial assessment in accordance with Annex B of the Care and Support Statutory Guidance.

The property a person lives in as their main or only home will be disregarded (not included as a capital asset).

However, a property that is not the main or only home that a person lives in, for example a second property will be included in the financial assessment.

3.4. Income

The value and treatment of income will be based on the definitions in the Care Act 2014 Care and Support Statutory Guidance Annex C. Some examples of income included in the guidance are State Retirement Pension, Pension Credit and occupational pensions.

Income will always be taken into account unless it is disregarded under the regulations. Income that is disregarded will either be:

- partially disregarded
- fully disregarded

In some instances a person may need to apply for access to income, for example a means-tested benefit but has not yet done so. In such circumstances this income may be treated as belonging to a person and so included as notional income within the financial assessment from the date it could have reasonably been acquired.

Where deductions are taken from benefits or income, e.g. if deductions are made to repay debts or social fund payments, the financial assessment will be calculated on the gross amount a person would be entitled to not the actual amount received.

Where a person receives income as one of a couple, the starting point is that each has an equal share of the income unless it can be proved that the share is not equal.

3.5. Deprivation of income or assets

Deprivation is the attempt to avoid or reduce charges by removing income or assets from a person's ownership in order to avoid them being included in the financial assessment.

Questions of deprivation of capital or income will be considered in accordance with Annex E of the Care and Support Statutory Guidance. For example if:

- A person ceases to possess capital assets or income which would otherwise have been taken into account for the purpose of assessing charges for care;
- A person deprives themselves of capital assets or income which would otherwise have been available to them, i.e. ownership of a property other than their main residence is transferred to another person or the beneficiary of an insurance policy is changed so that the monies are not available to the person.

Where deprivation is established the person will be treated as still possessing the capital asset or income and this will be known as notional capital or notional income within the financial assessment. This means that the person will be assessed as if they still have the income or capital.

If the asset has been transferred to someone else, that person may become liable to pay the difference between what has to be paid and what the person can pay from their remaining income and capital.

3.6. Minimum Income Guarantee (MIG)

The Minimum Income Guarantee (MIG) is an amount within a financial assessment that a person will be left with before a charge may apply. This is to ensure a person has funds to meet basic needs such as purchasing food, utility costs or insurance.

The level of Minimum Income Guarantee varies depending on a person's circumstances and these amounts are determined within the Care and Support (Charging and Assessment of Resources) Regulations and published by the Department of Health.

3.7. Household costs/bills

Some expenditure may be allowed based on a person's liability and circumstances to cover housing costs. These may also be determined through discussion with a person and include consideration of average levels for household types.

Evidence of expenditure may be requested to verify requests for example receipts, bank statements or invoices where involving exceptionally high values, unusual types of expense. Failure to supply evidence will result in those expenses being excluded from the calculations.

Allowances may be made depending on housing tenure and circumstances, including:

- Rent (less Housing Benefit). If a person is entitled to receive full Housing Benefit but has the benefit reduced by a 'non-dependent deduction', the financial assessment will not show an allowance for the non-dependent deduction amount.
- Essential service charges and ground rent (less Housing Benefit)
- Mortgage (less any benefits or assistance payments)
- Council Tax (net of Council Tax Support). If a person is entitled to receive full Council Tax Support but has the support reduced by a 'non-dependent deduction', the financial assessment will not show an allowance for the non-dependent deduction amount.
- Building insurance (including contents)

3.8. Joint/shared costs

If more than one person lives in a person's home, costs may be shared between occupants when calculating the financial assessment. This will be determined by the decision maker within Warwickshire County Council. If allowed, costs will be attributed to all the adult occupants of the home unless it can be shown that the expense is only for a person's benefit.

If a person shares a household with other adults, and the additional disability-related expense item relates to a service that supports the household as a whole (for example, payments to a cleaner), the amount of the expense item that is allowed in the financial assessment will be on the basis that the costs are shared evenly by the number of adults in the household, unless there is evidence to show

that a different way of sharing costs should be considered.

3.9. Other allowable expense commitments

An allowance for expense commitments may be made in the financial assessment, if a person incurs unavoidable payments under a court order e.g. child maintenance.

Any other expenses not considered housing or disability related expense would not be eligible within the financial assessment, unless agreed, at the discretion of the Head of Social Care and Support or delegated person.

3.10. Disability related expenditure

Disability related expenditure is considered as a necessary additional expense to meet needs that are not being met by the Council that a person incurs due to a disability or condition.

Expenditure must be reasonable and verified for example with receipts. Where expenditure cannot be verified or where reasonable alternatives are available at a lower cost or for free, the expense may not be included or may be restricted to a lower cost determined by the Council.

A guide list of recognised disability related expenditure items (appendix a) based around the items listed within Statutory Guidance, with indications of reasonable costs is used to determine disability related expenditure allowances within an assessment, although this is not an exhaustive list.

If a person has disability related expenses shown within the disability related expenditure guide, the expense allowed in a financial assessment will usually be the actual amount spent up to the maximum amount indicated in the guide. However, discretion may be used to consider some requests where higher expenditure is incurred or where an item is not reflected within the guide. These decisions will usually consider a person's care plan to help identify necessary disability related expenditure.

3.11. Changes of circumstances

A change of circumstances either by a change in type, cost of service or the financial circumstances of the person may result in a change to the financial assessment.

A person must notify the Council of a change to financial circumstances as these can affect a person's financial assessment.

If a person does not inform the Council of a change and, as a result of that change, the assessed charge would increase it will be backdated to the Monday after the date the change took effect.

If a person informs the Council of a change within 1 month of it occurring and, as a result of that change, the assessed charge would decrease, this will be applied from the Monday after the date the change took effect.

If a person informs the Council of a change that took place more than 1 month ago and, as a result of that change, the assessed charge would decrease, this will be applied from the Monday after the date that notification was received by the Council.

A person will be notified of the date on which any change of circumstance affects their financial assessment. If a person does not notify the Council within the required time they may apply for an extension to the time limit if there are good reasons why that change was not reported on time. The maximum time the Council will consider backdating in these circumstances is 26 weeks from the date actual notification of the change was received in writing.

A person must request backdating and must explain the reasons why they were unable to notify the office within the time limit. The longer the delay, the more compelling the reasons must be. If the Council is satisfied that there are good reasons the notification may be treated as if it was received in time. Before backdating an advantageous change beyond the one month time limit, the Council must be satisfied

- the individual has shown good cause for failing to notify earlier and
- that good cause existed continuously during the period for which backdating (if any) is allowed, up until the date the request for backdating was made.

To establish if a person has shown good cause for not notifying the Council earlier, the Council must be satisfied the reason for not claiming earlier is such that any reasonable person of that age, health and experience would probably not have notified us earlier in the same way as the individual. The burden of proving good cause rests with the person and relevant facts in each case such as care needs, capacity, whether a representative should have notified us etc. will be considered.

The Council reserves the right to review a financial assessment at any point relating to current or historical services provided. This may require a person to provide new or additional information and evidence where necessary.

Where a person fails to provide information following written requests, charges will be recalculated to the full cost from the date of the first written request. This may also be backdated to earlier dates dependent upon information available and the backdating policy.

A person may request a review of a financial assessment for example due to revised information or error at any time by notifying the Council and providing appropriate information.

Where appropriate, financial assessments may be revised automatically based on known changes due to changes in policy, regulations or information from the Department of Work and Pensions, for example due to an increase to benefit payments, State Retirement Pension increases or service cost increases.

Details of financial assessments will be sent in writing and it is the person's responsibility to check the information and report any details that are inaccurate or change.

4. Further Information

4.1. Policy

In this policy charges will be based on the full cost of the services being received and a person will pay 100% of this charge where they have been assessed as being able to do so. Further details regarding charges can be found on the Council's website at:

<http://www.warwickshire.gov.uk/abilitytopay>

4.2. Residential and residential nursing care

Under this policy, the cost of residential or nursing care includes the care and support provided and the accommodation and living costs in the care home.

The full cost of the service can vary due to the type of care and care home; the full cost will be shown on the Individual Placement Agreement (contract) between the Council, care home, person resident or representatives.

4.3. Community services

Under this policy, the full cost of non-residential care services can vary due to the type of care service. Details of services and basis of charge are given below:

Service	Explanation of the charge
Home care (Including care provided in Extra Care premises)	The charge will be based on the agreed level of service with the provider. A person who fails to provide 24-hours' notice to cancel or change care arrangements; will be charged in accordance with planned/proposed service activity. This is a standard rate for all homecare regardless of provider.
Night support	The charge will be based on the actual cost of the service.
24 live in support	The charge will be based on the actual cost of the service.
Day care	The charge will be based on attendance per day. A person has the option to be charged by the hour if they wish.
Take a Break	The charge will be based on the actual hourly rate of the service.
Transport	The charge will be based on a standard rate per journey. A journey can be defined as getting from one place to another.
Telecare	The charge will be based on the actual cost of the weekly "Telecare" monitoring service.
Direct payments	For Direct payments used to employ personal assistants the charge will be based on the total

Service	Explanation of the charge
	cost of paying and employing personal assistants.
Carers replacement services; Sitting service	The charge will be based on the agreed level of service with the provider. A person who fails to provide 24-hours' notice to cancel or change care arrangements will be charged in accordance with planned/proposed service activity.
Respite care (in a residential setting)	The charge will be based on the actual cost of the service with the care provider.
Other chargeable services	Other chargeable services apply when a person receives a service that does not ordinarily fall into the chargeable services defined above i.e. home care, day care, transport, telecare and personal assistants. The charge will be based on the support the customer receives.

Current charging rates are contained within the factsheet "Charges for Community Services" and are available on Warwickshire's website or by telephoning 01926 410410.

4.4. Exemptions from contributions

The following services are exempt from contributions:

- Community equipment and minor adaptations in accordance with the Care Act 2014
- Day Care service where it forms part of a person's residential care contract as defined within the residential charging guidance under the Care Act 2014
- Other services offered by the authority agreed to be exempt from Charging. If this applies, details can be found in the relevant service policy.

4.5. Advice about benefits

As part of the financial assessment process and where applicable, advice may be provided to a person regarding benefit entitlement. This may include referrals or signposting to relevant agencies and services.

It is a person's responsibility not the Council's to progress any claim and supply appropriate information to relevant agencies and services.

4.6. Independent financial advice

There will be times when a person needs to obtain financial advice which is impartial and independent of the Council to make the right decisions. For example:

- where there are a number of options available and advice is needed on which one to choose, bearing in mind that the Council may not be allowed to recommend one.
- when there is potential conflict between the Council and person's interests, such as advice on how assets are taken into consideration as part of the financial assessment.
- when a person is to enter into a legal agreement. For example, the Council can provide information about the consequences of entering into a **deferred payment agreement (DPA)**, but cannot advise whether a person should enter into it.
- where a person wants advice on specific financial products to get the most out of an asset.

4.7. Independent or 'regulated' financial advisers

Independent financial advice is available from a number of sources. Some services are free and provided by not-for-profit organisations, such as:

- **Money Advice Service** – or phone 0300 500 5000;
- **Citizen's Advice Bureau** – getting financial advice;
- **The Society of Later Life Advisers** – helps find trusted financial advisers who understand financial needs in later life.

There are also more formal 'independent financial advisers' (IFA), who charge for advice on financial matters and can recommend suitable financial products. The Council cannot recommend specific IFAs or provide a list.

4.8. Obtaining and understanding advice

If a person does not have family or friends to help, and may have difficulty getting or understanding independent financial advice, the Council may be able to provide an independent advocate.

An independent advocate can support or advocate on a person's behalf to help support and represent their well-being and interests. This may help a person get the most out of any independent financial advice.

Other situations may mean a person should have an independent advocate, such as when a long stay in a hospital or care home is required, or if there is a disagreement over a person's involvement in the decision.

4.9. Paying for care

Any charge will start from the day that service commences.

Where a full financial assessment is outstanding, the charge may be the full cost until completion of the financial assessment. Any subsequent adjustment in contribution may be backdated to the service start date subject to the backdating guidance.

Residential, Nursing, Home Care, Day Care, Transport and Telecare Services will be invoiced four weekly and in arrears. Payment can be made by a variety of methods and information about methods of payment are available on Warwickshire's website or by telephoning 01926 413012.

Direct payments are made four weekly to bank accounts less the person's charge. A person will pay their charge into that account on the same basis in accordance with a Direct Payment Agreement.

4.10. Non-payment of contribution

Where a person fails to make payment of invoices, or in line with the Direct Payment Agreement, action will be taken in accordance with our Debt Recovery Policy and/or Direct Payment Policy. This may result in legal action being taken and extra cost to the person.

4.11. Cancellation of services

If a person wishes to cancel a services or direct payment due to the level of the charge they should contact the Customer Service Centre or social worker to discuss the matter. Services cannot be cancelled through the Benefits, Assessments and Income Control section.

4.12. Disagreements or complaints

Where a disagreement or complaint occurs we will attempt to work with individuals to resolve and this may involve:

- A review of the financial assessment, for example if there has been an error in the calculation, there is new information that should be taken into account or a change to the type of care service.
- An appeal under the non-residential charging appeals process; for example after a review a person still believes that the financial assessment has not been calculated correctly or that a person believes there are exceptional circumstances that should be considered as a special case.
- A complaint or representation against policy; for example where a person believes the Council has not acted appropriately or that the policy is wrong.
- An application for a waiver of the charge; for example if a person agrees that the policy has been applied correctly, but they cannot afford to pay the charge as it would mean that the person would suffer severe hardship or health would be at serious risk. The Head of Social Care and Support holds overall responsibility for waiving charges but has delegated some of the decision making tasks to relevant managers.

A person must explain the reasons for any disagreement or complaint, providing supporting information and evidence to enable consideration of matters raised. Where a person does not provide explanations or supporting documentation following a written request the request may be rejected.

4.13. How personal information can be used

The Council will work with partners to provide public services. To do this, information may in some circumstances be shared in a way that protects an individual's privacy in accordance with Warwickshire Full Privacy Notice.

The Council is under a duty to protect public funds and may use any of the information provided for the prevention and detection of fraud. This may also include sharing information with other bodies that are responsible for auditing or administering public funds.

A person has the right to know what information is held about them and the Council will try to make sure it is correct.

Date of policy implementation:	1 st November 2017
Policy Owner:	Purnima Sherwood Strategic Finance Manager

Appendix A - Disability related expenditure guide

- (applicable from 11th April 2017)

Warwickshire County Council policy for community services takes into consideration disability related expenditure within the financial assessment process. Disability related expenditure (DRE) is considered a necessary additional expense that a person has to meet needs, due to a disability or condition that is not being met by the Council.

The over-riding principles that govern the assessment of disability related expenditure are:

1. Where there is another adult residing in the home that would ordinarily have a responsibility for the maintenance and upkeep of the property, or benefits from a service that supports the household as a whole (for example, payments to a cleaner), the Council would expect them to assume an equal proportion of the costs incurred, unless we have information to show that a different way of sharing costs should be considered.
2. If a relative is residing with a person, then the Council would not normally accept payments to that relative as disability related expenditure.
3. Validation and verification of expenses form part of the financial assessment process. Claimed expenditure must be verifiable, for example with receipts, invoices or appropriate documentation. Where expenditure cannot be verified the expense may not be included, or may be restricted to a lower cost determined by the Council until future receipts can be provided. Where an amount of disability related expenditure requested is lower than discretionary amounts specified within this guide, decision makers may at their discretion not require evidence of expenditure.
4. Principles of reasonableness are to be applied and consideration given to whether claimed expenditure is likely to be necessitated by the person's disability or condition. The care plan can be a starting point for considering what is necessary disability related expenditure; however, flexibility is required and disability related expenditure may not be limited to what is recorded as necessary for care and support. Where there is any dispute or query additional information may be required that may include medical evidence, for example from a GP. Where reasonable alternatives are available at a lower cost or for free, the expense incurred by a person may be limited to the lower cost or considered ineligible.

No allowance will be made for any item or service that is required or used by the general population and would be considered normal expenditure. The exception to this is where an item or service is used specifically because of a person's disability or condition and would not otherwise be used and/or the item or service is not available at a lower cost. A person will be asked to provide evidence to support claims and should there be any doubt as to the appropriateness or amount of any item claimed as disability related expenditure, details will be

referred to Adult Social Care for a decision.

5. Disability related expenses will not be awarded for expenses which could be considered a lifestyle choice e.g. satellite television, some purchases, loan and credit agreements, or purchasing things privately that are available for free on the NHS etc. In some cases a disability related expense could be capped as expenditure over and above this amount could be considered a lifestyle choice.

Process for allowing disability related expenditure

During the financial assessment process a person or representatives will be given the opportunity to advise if they have any additional expenses due to their disability or condition. This may involve, where necessary prompts and further questions to a person with examples of things that may be considered. A person must provide details and where appropriate evidence of identified costs. If evidence is not available at the date of the financial assessment a person may be given a period of time to obtain and supply documentation.

Where required evidence is not provided no expense will be included, and where evidence is provided after an agreed time any reduction will only be made from the date the supporting evidence is received.

In cases where a person is asking for a larger disability related expense than is usually allowed or is requesting an unusual disability related expense this may be referred to Adult Social Care for a decision.

The following provides examples of common items for consideration. The guidance is neither exclusive nor exhaustive but represents items referred to within the Care and Support Statutory Guidance.

1. Fuel (Household Gas and Electricity)

Additional fuel costs are calculated by comparing a person's actual costs over a 12 month period with the average costs for a similar household for the West Midlands. The actual costs are then compared to the average and the difference (calculated to a weekly amount) is taken into account as disability related expenditure. West-Midland averages for the Financial Year 2017/18 are shown below:

Accommodation type	1 Occupant	2 Occupants	Each additional adult occupant
Flat or Terraced house	£1367	£1802	£435
Semi-detached house	£1452	£1913	£461
Detached house	£1769	£2329	£560

2. Community alarm scheme

The actual cost of a Community Alarm is taken into account as disability related expenditure as evidenced by invoices and costs can differ throughout the county dependant on the area and service provider.

3. Private care

Costs for private care where provided professionally may be taken into account where evidence is produced in the form of invoices or receipts (for at least 4 weeks) and it is confirmed by Adult Social Care that it is reasonably required.

Confirmation of requirements may also be required from Adult Social Care to determine whether current services are sufficient or need to be reconsidered to meet needs where these may have changed, for example changing care hours to cover privately arranged care or whether privately arranged care is a personal choice rather than a care need.

4. Private domestic help

Costs of private domestic help may be taken into account where evidence is produced in the form of invoices or receipts (for at least 4 weeks), up to a maximum of 2 hours per week at £7.05 per hour. If a request is made for an amount greater than the maximum, or if there is any query about the level of need a decision will be made by Adult Social Care.

5. Laundry

A fixed price of £1.13 per load is allowable for each load in excess of 2 each week for a person and in excess of 4 loads each week for a couple. 2 loads each week is considered as the normal wash load for a person and 4 as the normal wash load for a couple.

Where there is no access to a washing machine at home the full launderette price can be allowed minus the price that is considered as the normal wash load. That is £2.26 for a person and £4.52 for a couple

6. Bedding

Where bedding must be replaced on a regular basis due to spillages or incontinence etc. and no provision is made for the person through the NHS, the reasonable cost of replacement may be attributed to disability related expenditure.

7. Diet

Advice from Health Authority dieticians to the National Association of Financial Assessment Officers has suggested that most medical conditions can be dealt with through a healthy diet which does not necessarily involve additional or exceptional costs. These include diabetes, weight reduction or low fat diets. Therefore expenses are at the discretion of the Council will be based on medical confirmation provided by a person from a GP/dietician of special dietary need.

Evidence must be provided of actual additional expenditure where those needs are likely to improve or maintain a person's health and are not available through the NHS. In cases where dietary requirements are agreed, details must be provided (from shopping receipts) as to the additional weekly cost of a person's diet. The excess expenditure attributable to a person can be calculated by deducting £29.41 per week for a person from the person's weekly bill and the difference may be allowed as disability related expenditure.

8. Clothing

Additional costs for clothing or footwear, particularly where these are specially made, due to exceptional wear and tear caused by a person's disability or where they must be specially made may be allowed. This may also be due to tearing of clothing, staining or exceptional wear due to a person's particular circumstances. Additional costs of care should distinguish clearly between need based on disability as indicated in the care plan and "choice" where, for example, an individual may opt for "designer" rather than practical/functional items.

9. Water

Additional metered costs of water evidenced by a bill, above the average levels for the area and housing type can be attributed to disability related expenditure where water consumption results in higher costs due to the person's disability. The following table shows the average levels for the area and housing type published by Severn Trent Water.

No. of occupants	Flat or terraced	Semi-detached	Detached
1	£197.54	£229.34	£251.72
2	£295.42	£321.65	£347.88
3	£372.33	£398.56	£432.01
4	£444.47	£463.22	£489.44

10. Gardening

Up to £7.05 per week can be allowed for basic maintenance with verification e.g. receipts or invoices. Consideration of whether the costs are reasonable would take into account the person, the circumstances and health of others living in the household, the availability of voluntary help and the size of the garden.

11. Wheelchairs

Where a person has had to purchase their own wheelchair as not available via the NHS the replacement cost, maintenance and service contract costs up to a weekly maximum of £3.80 per week (manual) and £9.23 per week (powered) may be allowed where evidenced for example by a receipt or invoice. An expense allowance will be calculated over a five year life expectancy from the date of purchase and where the purchase has not been through the Motability Scheme.

12. Powered bed

The actual cost of a powered bed where not available from the NHS or under the Disabled Facilities Grant can be allowed up to a maximum of £4.25 per week based on a life expectancy of 10 years. Verification of the expense will normally be through receipts or an invoice, although in exceptional circumstances a visual confirmation that the item is "in situ" with confirmation from Adult Social Care that it is required may be agreed. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as disability related expenditure.

13. Turning bed

The actual cost of a turning bed not available from the NHS or under the Disabled Facilities Grant can be allowed up to a maximum of £7.36 each week based on a life expectancy of 10 years. Verification of the expense will normally be through receipts or an invoice, although in exceptional circumstances a visual confirmation that the item is "in situ" with confirmation from Adult Social Care that it is required may be

agreed. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as disability related expenditure.

14. Powered riser/recliner chair

The actual cost of the item where not available from the NHS or under the Disabled Facilities Grant can be allowed up to a maximum of £3.34 per week based on a life expectancy of 10 years. Verification of the expense will normally be through receipts or an invoice, although in exceptional circumstances a visual confirmation that the item is “in situ” with confirmation from Adult Social Care that it is required may be agreed. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as disability related expenditure. Discretion may be required where an individual has had to obtain a customised chair to meet their particular needs which may require Adult Social Care confirmation.

If a manual reclining chair has been purchased life expectancy should be treated as 5 years.

15. Stair lift

The actual cost can be allowed up to a maximum of £5.95 per week where this has not been provided by NHS or under the Disabled Facilities Grant and based on a life expectancy of 10 years. Verification of the expense will normally be through receipts or an invoice, although in exceptional circumstances a visual confirmation that the item is “in situ” with confirmation from Adult Social Care that it is required may be agreed. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as disability related expenditure.

16. Hoist

The actual cost can be allowed up to a maximum of £2.91 each week where this has not been provided by NHS or under the Disabled Facilities Grant and based on a life expectancy of 10 years. Verification of the expense will normally be through receipts or an invoice, although in exceptional circumstances a visual confirmation that the item is “in situ” with confirmation from Adult Social Care that it is required may be agreed. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as disability related expenditure.

17. Holidays

Additional disability related costs in excess of normal costs for a similar holiday can be allowed usually based on 1 holiday per year where evidence is provided of the additional costs incurred e.g. increased costs of accommodation that specialise for people with disabilities demonstrated by an actual invoice and quote for a similar holiday cost not including specialist costs

Discretion may be required where therapeutic aspects are involved resulting in more than 1 holiday per year and/or where the costs of carers/companions are a requirement and these will be confirmed by Adult Social Care.

18. Prescriptions

Where the individual does not have an exemption from prescription charges the actual cost of items or the cost of an annual prescription prepayment certificate, whichever is the lower can be allowed as disability related expenditure. The 2017/18 annual prescription prepayment certificate fee is £104.00 therefore the maximum weekly amount allowed is up to £2.00 per week.

19. Transport

Transport costs are discretionary and may be included where necessitated by illness or disability, if they are considered reasonable and over and above the mobility component of Disability Living Allowance or Personal Independence Payments; they must also be evidenced by receipts and details. Transport provided by Warwickshire County Council (for example to attend day care) is a chargeable service based on a financial assessment and so not to be included as a disability related expense.

20. Communications

Additional costs of communications equipment due to a person's disability and established needs may be included, if not normally incurred by most of the public. For example telephone or internet access is often a normal part of everyday living and therefore evidence will be necessary to confirm that a cost is disability related. Receipts or invoices are required for verification of specialist equipment and the cost calculated over its estimated life expectancy.

21. Chiropody

The cost of services provided by a Chiropodist can be allowed up to a maximum of £27.51 per 6 weekly visits (£4.59 per week) where identified in the care assessment, evidenced by receipts and where the NHS does not provide this.

22. Disability equipment

Items such as frames, walkers, trolleys, specialised equipment, infra-red systems etc. including surgical and support wear that cannot be provided by the NHS may be allowed with the cost averaged over a 52 week period to provide an aggregated weekly amount of disability related expenditure.

23. Other items

Consideration may be where a person requires additional items due to their disability not detailed in this document. Decisions may be based on a person's need, support plan requires and with confirmation from Adult Social Care.

EQUALITY IMPACT ASSESSMENT/ ANALYSIS (EqIA)

Adult Social Care Charging Policy Changes

Equality Impact Assessment/ Analysis (EqIA)

Group	People Group / Resources Group
Business Units/Service Area	Social Care and Support / Finance
Plan/ Strategy/ Policy/ Service being assessed	Adult Social Care Charging Policy Changes
Is this is a new or existing policy/service?	Amendment to existing policy.
If existing policy/service please state date of last assessment	January 2016
EqIA Review team – List of members	Caroline Potter Purnima Sherwood Pete Sidgwick
Date of this assessment	21/08/17
Signature of completing officer (to be signed after the EqIA has been completed)	Caroline Potter
Are any of the outcomes from this assessment likely to result in complaints from existing services users and/ or members of the public? If yes please flag this with your Head of Service and the Customer Relations Team as soon as possible.	NO
Name and signature of Head of Service (to be signed after the EqIA has been completed)	John Betts
Signature of GLT Equalities Champion (to be signed after the EqIA is completed and signed by the completing officer)	

A copy of this form including relevant data and information to be forwarded to the Group Equalities Champion and the Corporate Equalities & Diversity Team



Working for Warwickshire

Form A1

INITIAL SCREENING FOR STRATEGIES/POLICIES/FUNCTIONS FOR EQUALITIES RELEVANCE TO ELIMINATE DISCRIMINATION, PROMOTE EQUALITY AND FOSTER GOOD RELATIONS



High relevance/priority



Medium relevance/priority



Low or no relevance/ priority

Note:

1. Tick coloured boxes appropriately, and depending on degree of relevance to each of the equality strands
2. Summaries of the legislation/guidance should be used to assist this screening process

Business Unit/Services:	Relevance/Risk to Equalities																										
	Gender			Race			Disability			Sexual Orientation			Religion/Belief			Age			Gender Reassignment			Pregnancy/ Maternity			Marriage/ Civil Partnership (only for staff)		
State the Function/Policy /Service/Strategy being assessed:	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adult Social Care Charging Policy (community care)	✓					✓	✓					✓			✓	✓					✓			✓			
Adults Social Care Charging Policy (residential care)	✓					✓	✓					✓			✓	✓					✓			✓			
Residential Respite charging	✓					✓	✓					✓			✓	✓					✓			✓			
Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities? If yes please explain how.																						NO					

<p>Are your proposals likely to impact on a carer who looks after older people or people with disabilities? If yes please explain how.</p> <p>In changing the charging mechanism for respite care, it will reduce the charging burden of carers having a break. Whilst this charge is met by the customer not the carer, it will reduce pressure on overall household finances.</p> <p>Improvements to the clarity of the charging policy should make it easier for customers and carers to understand and therefore reduce the pressure on carers.</p>	<p>YES</p>

Form A2 – Details of Plan/ Strategy/ Service/ Policy

<u>Stage 1 – Scoping and Defining</u>	
(1) What are the aims and objectives of Plan/Strategy/Service/Policy?	<p>The Adult Social Care Charging Policy is being updated with 2 aims.</p> <p>The first is to change the basis for assessment for contributions towards residential respite care from the residential to the community assessment basis. This is to reflect that stays in respite often do not mean changes to household bills for which individuals remain liable – e.g. rent.</p> <p>The second is to bring the whole charging policy into one document for customers, whereas before it was in two documents – a charging policy for community care, and then the Care Act statutory regulations and guidance for residential care with no local document setting out local practice. The intention is that one document will make it clearer and easier for customers.</p>
(2) How does it fit with Warwickshire County Council’s wider objectives?	It supports the delivery of the objective that “Vulnerable members of our communities are supported to be independent and safe” by ensuring that there is a fair and consistent approach to charging, and therefore being fair to customers as a whole.
(3) What are the expected outcomes?	<p>The expected outcomes are that fewer customers contribute towards their respite care, and more contribute less towards their respite care, improving the usage of respite care and increasing the sustainability of caring relationships, and increasing the net cost of respite care services to the council.</p> <p>Also decreased questions about complaints about the charging policy because the guidance is easier to access and navigate.</p>
(4) Which of the groups with protected characteristics is this intended to benefit? (see form A1 for list of protected groups)	<p>Older and younger adults with disabilities, and their carers and families should benefit from the reduced financial impact of accessing respite care.</p> <p>They should also benefit from a clearer and more understandable policy.</p>
<u>Stage 2 - Information Gathering</u>	

(1) What type and range of evidence or information have you used to help you make a judgement about the plan/ strategy/ service/ policy?	The usage of respite services for between 1 st June 2016 and May 2017 has been used to model the impact, using the age, gender, usage and financial differences to model the impact and understand who is impacted.
(2) Have you consulted on the plan/ strategy/ service/policy and if so with whom?	Yes – with the Learning Disability Partnership Board, with all customers and their carers who accessed respite between the above dates or who currently are (and are still alive), and with the wider Warwickshire population through Ask Warwickshire.
(3) Which of the groups with protected characteristics have you consulted with?	All of the groups will be picked up through the consultation, with existing service users receiving targeted consultation, therefore age, disability and gender mixes will reflect the existing cohort of service users.

Stage 3 – Analysis of impact

<p>(1) From your data and consultations is there any adverse or negative impact identified for any particular group which could amount to discrimination?</p> <p>If yes, identify the groups and how they are affected.</p>	RACE	DISABILITY	GENDER
	NO	All of these proposals relate to people who need support with a disability or who care for someone with a disability	<p>In the older people age range, the gender balance is that there are more females than males.</p> <p>In the working age range, the gender balance is that there are more males than females.</p>

	MARRIAGE/CIVIL PARTNERSHIP n/a	AGE This impacts on adults of all ages who receive chargeable services, however respite services are more commonly accessed by younger adults. Younger adults generally have lower ability to pay for services, so where older adults do access respite, they are likely to benefit greater from the changes.	GENDER REASSIGNMENT n/a
	RELIGION/BELIEF n/a	PREGNANCY MATERNITY n/a	SEXUAL ORIENTATION n/a
(2) If there is an adverse impact, can this be justified?	There is a small potential adverse impact on those who have an occupational pension, which they are able to share 50/50 with their partner under residential charging rules, but not under community charging rules. This can be justified in that this is the same treatment for those who access other services than residential respite for breaks (e.g. daycare or community respite options), and therefore is consistent in treatment for all care accessed to provide a break for the family carer(s).		
(3) What actions are going to be taken to reduce or eliminate negative or adverse impact? (this should form part of your action plan under Stage 4.)	Giving notice of the changes and helping customers to understand the impact on them at a personal level. Consistent application of a means test which has regard to ability to pay. These proposals so not change the means test, but change which determination of ability to pay is used for residential respite charges only.		

<p>(4) How does the plan/strategy/service/policy contribute to promotion of equality? If not what can be done?</p>	<p>It treats all respite under the same charging calculations, instead of treating residential respite under a different basis to community respite options. This removes the charging disincentive from choosing a residential respite stay, if that is the best option for continuing the caring relationship.</p>
<p>(5) How does the plan/strategy/service/policy promote good relations between groups? If not what can be done?</p>	<p>It does not have any positive or negative impact in terms of relationships between groups.</p>
<p>(6) Are there any obvious barriers to accessing the service? If yes how can they be overcome?</p>	<p>This proposal is designed to remove one of the potential barriers to accessing residential respite services.</p>
<p>(7) What are the likely positive and negative consequences for health and wellbeing as a result of this plan/strategy/service/policy?</p>	<p>The likely positive consequences are that there is increased usage of residential respite and reduced stress on families and caring relationships within the,.</p> <p>The likely negative impact is that for a very small number of customers charges will increase.</p>
<p>(8) What actions are going to be taken to reduce or eliminate negative or adverse impact on population health? (This should form part of your action plan under Stage 4.)</p>	<p>Clear communication of the impact to customers. Opportunities for those adversely impacted to be able to reconsider their support options.</p>
<p>(9) Will the plan/strategy/service/policy increase the number of people needing to access health services? If so, what steps can be put in place to mitigate this?</p>	<p>No.</p>
<p>(10) Will the plan/strategy/service/policy reduce health inequalities? If so, how, what is the evidence?</p>	<p>No.</p>

Stage 4 – Action Planning, Review & Monitoring

If No Further Action is required then go to –
Review & Monitoring

(1)Action Planning – Specify any changes or improvements which can be made to the service or policy to mitigate or eradicate negative or adverse impact on specific groups, including resource implications.

EqlA Action Plan

Action	Lead Officer	Date for completion	Resource requirements	Comments
Letters to customers to notify them of decision and whether information is needed from them for a new financial assessment	Purnima Sherwood	October 2017	Finance, Care management	Analysis of current available assessments and likely impacted customers
Updated financial assessments for affected customers	Darren McCafferty	October 2017	Finance	
Implementation of new assessment rates	Darren McCafferty	October 2017	Finance	
Upload new policy to the web	Purnima Sherwood	October 2017	Finance, Comms	
Monitoring of respite take up and impact on income	Purnima Sherwood	March 2018	Finance	This should be straightforward to monitor from standard data sets.

(2) Review and Monitoring
State how and when you will monitor policy
and Action Plan

The policy and plan will be managed through the Adult Customer Journey Programme arrangements.

Please annotate your policy with the following statement:

'An Equality Impact Assessment/ Analysis on this policy was undertaken on (date of assessment) and will be reviewed on (date three years from the date it was assessed).'