

Adult Social Care Charging Policy Consultation – Additional information

The Care Act 2014 has changed the way that Councils can charge for adult social care services. Under the previous legislation, residential and non-residential care have been charged under separate schemes. The Care Act 2014 brings these together under one new set of rules, which also gives the Council wider powers to decide whether different care services should be charged for or not.

Due to these factors, a new charging policy is being produced that not only sets out the amounts we charge, but clearly sets out the key principles that we will always use when working out whether or not a person should make a contribution towards the cost of their care.

The Adult Social Care Charging Policy is proposed to replace the current Fairer Contributions Policy and the current Residential and Nursing Charging process with one combined policy. The Policy Statements outlined in this questionnaire have changed as part of the new proposed policy.

The full proposed policy is included in your consultation pack for you to read. This consultation covers only the changes we are proposing to make.

Please consider the proposed changes to the policy statements contained in this document and use the consultation questionnaire provided to state whether you agree or disagree with each, there is also space to make comments if you would like.

Combining charges for residential and non-residential care under one policy – The Adult Social Care Charging Policy.

PROPOSAL

What we do now	At present we have a local 'Fairer Contributions Policy' and use the Charging for Residential Accommodation Guide for residential and nursing charges.
What we are proposing	To create one single policy for residential and non-residential charges – 'The Adult Social Care Charging Policy.'
Why?	So that information on charging for non-residential and residential charges is in one policy, and is updated to align with the latest legislation.

Classification: OFFICIAL

The following consultation questions relate to specific policy statements that we are proposing to change. The context and reasons for each proposed change are described in each question. You can also look at the full proposed Adult Social Care Charging Policy, including the sections that we are not proposing to change.

1. Disregarding 50% of an occupational pension in financial assessments for unmarried couples

CONTEXT

When undertaking a financial assessment for residential care for a married person, the Council currently disregards 50% of any occupational pension or annuity where half of that pension or annuity is paid to a spouse who continues to live at home. This is unfair to unmarried couples in the same situation, so this is being extended to include all situations where 50% of an occupational pension or annuity is paid to a partner who continues to live at home.

PROPOSAL

What we do now	We do not take into account 50% of an occupational pension or annuity paid to a married person, when half of that pension or annuity is paid to a spouse who continues to live at home.
What we are proposing	We will apply the same principle for married and unmarried couples.
Why?	The current financial assessments are unfair to unmarried couples.

2. Removing the cap on non-residential charges

CONTEXT

Under the current policy, customers receiving non-residential service do not pay more than £125 per week for their care and support, no matter how much it costs the Council to provide those services, or how much the customer could afford to contribute. We are planning to remove it.

PROPOSAL

What we do now	Currently, anyone receiving non-residential services will be charged no more than £125 per week towards the cost of their care
What we are proposing	People will pay the full cost of their care, subject to the outcome of their Financial Assessment, which determines their ability to contribute.
Why?	To make this fairer for all customers receiving care.

3. Charging from the start of the service rather than from the date of the Financial Assessment.

CONTEXT

Previously, the Council could not charge for services until a Financial Assessment had been completed. At present, if a delay occurs for whatever reason in completing the Financial Assessment, then the customer may continue to receive services

Classification: OFFICIAL

Classification: OFFICIAL

without making a contribution. This is potentially unfair to customers whose Financial Assessments are completed promptly. There is also a loss of income for the Council. The Care Act allows the Council to charge from the start of the service, ensuring that all customers are subject to the same starting point for their charges, and removing the unfairness of different starting points.

PROPOSAL

What we do now	We do not charge for services until a Financial Assessment has been completed.
What we are proposing	We will charge for services from the day that they start. A nominal charge will apply from the start of a service and will be adjusted and back-dated after a financial assessment has been completed.
Why?	Applying charges from the start of the service ensures that all customers are at the same starting point. The nominal charge will help prevent a debt arising if a financial assessment takes longer to complete.

4. Meals charged the full cost (including meals-on-wheels and at day centres)

CONTEXT

Where meals are currently provided at a customer's home or at a day care centre, the Council currently charges less than the cost of providing those meals. Continuing with this would mean some people would receive a cheaper priced meal, while people who can afford to pay, would pay the full cost of the service.

PROPOSAL

What we do now	We currently subsidise the cost of providing meals at a customer's home or at a day care centre.
What we are proposing	All meals, whether provided at a day centre or delivered to a customer's home, will be charged at full cost regardless of the income of the person who wants one.
Why?	To ensure all customers pay an equal price for meals, as meals are not regarded as a social care service.

5. Charging for Telecare equipment

CONTEXT

Providing the remote sensing lifeline and Telecare service known as Carelink is not something the Council needs to do by law.

Most people who use the service pay the full price of the service regardless of their care and support needs. Some people with eligible care and support need to pay for the Carelink service with part of their personal budget. This means they may only be paying for part of the cost of the service depending on the result of their financial assessment. Continuing with this would mean that those who pay for the service themselves will continue to pay more than others.

Classification: OFFICIAL

PROPOSAL

What we do now	We currently subsidise the cost of providing lifeline and telecare services to those who are eligible for support with care services.
What we are proposing	All lifelines and other Telecare equipment and services will be charged for and will not be subject to a Financial Assessment.
Why?	To ensure all customers pay an equal cost for lifeline and Telecare services.

6. Charging for late cancellation of services

CONTEXT

Previously, the Council bears the cost of all late cancellations of services that we are arranging for customers. Some people don't tell the Council if they are not going to need a service, so the Council is left paying for services that aren't delivered, rather than being able to use these funds to support other people. The Council wants to change this to make better use of the available resources.

PROPOSAL

What we do now	We pay for all late cancellations for services
What we are proposing	Where we arrange support for someone and where there is no valid reason or the correct notice given, we will make a charge for the cost of the service.
Why?	The Council can use this money elsewhere to support other people and minimise any waste of resources.

7. Nominal charging for outcome-based services

CONTEXT

When providing care and support in non-residential settings, the Council wants service providers to work with people to meet goals – sometimes known as “outcomes”. In the future, the support arranged by the Council should not be delivered to a timetable set by the Council, but in partnership between the customer and the provider. The timing and duration of support visits, and the tasks carried out during them, will be more flexible to meet customer needs and could vary significantly from one day to the next. However, without a fixed timetable in place, it will be harder for the Council to charge customers who can afford to contribute to their care.

The proposed approach is to apply a nominal charge so that customers make a contribution within their overall Personal Budget.

PROPOSAL

What we do now	We charge customers only for the services that they actually receive, subject to the outcome of their Financial Assessment, and based on information from providers about the services that they have delivered.
----------------	--

What we are proposing	Where we arrange “outcome-based” services on behalf of a customer, we will charge a flat weekly fee, regardless of the exact services that they receive each week. The charge will not exceed the cost of the care.
Why?	Working with customers and care providers to be more flexible means we need to change how individuals are charged for their care and support. In the future we want to pay providers a set amount for helping customers and allow them to devise a plan to suit each individual. They will adjust the support they give to customers as required, but this change means the cost to the Council and the charge to the customer will remain the same.

8. Charging for “double-up” calls

CONTEXT

Where more than one carer is needed to provide care and support for a customer, (known as “double-up” calls), the Council charges as if one carer was present. This has resulted in the Council paying the cost even for some people who could afford to pay for the full cost of their care.

PROPOSAL

What we do now	Where more than one carer is needed to safely provide care and support for a customer, (known as “double-up” calls), the Council only charges for the cost of one carer.
What we are proposing	To charge each customer the actual cost of their care including the cost of providing a second carer where appropriate. The charges paid by eligible customers will still be subject to the outcome of their Financial Assessment.
Why?	The Council is paying for an extra carer for some people who could afford to pay the additional cost of the second carer. The charges for these customers are complex to administer, which costs the Council time and effort. The Council can use this money elsewhere to support other people.

9. Deferred Payment Scheme administration charge and interest rate

CONTEXT

A deferred payment scheme is an arrangement which means the person agrees to pay some of their care fees at a later date, usually following the sale of their home, or after their death.

The Council already has a local deferred payments scheme. The Care Act provides for a national universal deferred payment scheme, which allows some things to be decided locally.

Any fee we charge for organising a deferred payment scheme must be on the basis of what it costs us to set up the arrangement. There is a cost to the Council administering these plans, and we are proposing to make a charge that covers these

costs. The charge will be added to the deferred payment plan and will be payable only when the loan itself is repaid.

The Care Act allows councils to charge interest on a deferred payment plan up to a maximum set by government (currently around 2.65%). The Council incurs costs providing the loan, so we are proposing to charge the interest allowed. The charge will be added to the deferred payment plan and will be payable only when the loan itself is repaid.

PROPOSAL

What we do now	We do not currently make any charges for setting up and maintaining loans under The Council's local deferred payments scheme for people in residential and nursing care. Interest is only applied from the day that the loan becomes repayable (that is, when the house is sold, or the resident dies), regardless of how long the loan has been in place.
What we are proposing	To charge an administration fee to set-up each deferred payment scheme loan, and to charge the maximum interest allowed by the Care Act during the lifetime of the loan.
Why?	We incur costs in setting up and providing the loan and using the maximum interest rate allowed by the Care Act is still less than it costs the Council to borrow money to fund the loan.

10. Arranging support for self-funders

CONTEXT

We want to ensure that individuals who fund their own care are able and encouraged to make their own arrangements, and that the way of doing this is easy to navigate. To help with this we have created an online advice and information website called 'Your Life Your Choice', and we also work together with other providers of information and advice in the City to ensure that face-to-face support is available.

The Care Act allows self-funders (people with care needs but who can afford to pay for all or some of their care) to ask the Council to make the necessary arrangements to meet their needs.

The Council must make these arrangements when requested to do so, but is proposing to charge an arrangement fee to cover only the costs incurred in arranging the care and support.

PROPOSAL

What we do now	We currently take on the cost of arranging services when a "self-funder" asks us to arrange their care for them.
What we are proposing	To charge a Care Arrangement Fee to cover the costs of setting up and maintaining services for self-funders.

Why?	We incur costs in setting up and maintaining these services. With the current arrangements, the Council bears some of the cost, even though some people can afford to pay. The Council can use this money elsewhere to support other people.
------	--

11. Selling Council services directly to members of the public

CONTEXT

The Council is a direct provider of residential care and day care services. Often these services have capacity to support customers without eligible care and support needs, and customers wishing to supplement their care and support over and above their eligible services.

The Council needs to find ways to raise income to ensure that they remain economically viable to continue operating.

A separate Trading Policy will cover the details of how this service will operate. The Council is also a direct provider of the remote sensing lifeline and Telecare service known as Carelink. The service includes installation, 24 hours a day /7 days a week monitoring and an emergency response.

A separate Trading Policy will cover the details of how this service will operate.

PROPOSAL

What we do now	We do not promote all of our services to people who may want to use them, but who have no care and support needs.
What we are proposing	We will introduce new charges, at the actual cost of providing the service, to anyone who asks to use our services. We will set up a Trading Policy do this. We will set up an Individual Service Agreement with each customer setting out the details of the contracted services and outlining the obligations of both the Council and the customer. We will charge the actual cost of providing the services purchased privately.
Why?	These arrangements will establish a firm legal footing for offering services to anyone who wants to buy them and will help the Council to maximise the income from its services which will help to ensure that they remain economically viable to continue operating.

Exercising Discretion

The Care Act regulations state that Councils should develop and maintain a policy on how they wish to apply discretion locally and should consult people with care and support needs when deciding how to exercise this discretion.

The Council's approach to exercising discretion is mostly explained in the draft policy. The remaining areas that allow for discretion and the Council's proposed approach are outlined below.

12. Allowing top-ups

CONTEXT

The Council recognises that some families may wish to contribute more towards the cost of their relative's care in order to buy more expensive accommodation – perhaps a bigger room, or one with a nicer view. This is known as a “top-up”.

Under the Care Act, the Council may accept any top-up deemed to be reasonable but will retain some discretion over whether or not to agree to the level of the top-up.

PROPOSAL

What we do now	We decide whether to allow top-ups on a case-by-case basis.
What we are proposing	We will require evidence that a person offering to pay a top-up can afford and will be willing to pay the extra fees throughout the expected duration of the stay in residential care. We will ask the donor to enter into a binding agreement to continue to pay the top-up. If the evidence is provided, and the agreement is signed, we will normally agree that a top-up can be made.
Why?	This will help ensure more consistent decision-making although we may still have to use our judgement on a case by case basis using the principles of our overall Policy to assist.

13. Allowing top-ups to be deferred

CONTEXT

The Council recognises that some residential customers may wish to contribute more towards the cost of their residential or nursing care in order to buy a bigger room, or one with a nicer view.

The Council also wants to offer customers a range of ways to pay their care costs, which include the option to defer payment where an individual has an asset, such as a house, that can be used later to pay for the cost of care.

The Council wants to avoid a situation where customers may be unable to continue paying their “top-ups” and then find themselves having to move to a less expensive care home later in life.

The Council has discretion over whether to allow a top-up payment to be deferred after the first 12 weeks of long-term residential care.

PROPOSAL

What we do now	We use our judgement when we decide whether to allow “top-ups” to be deferred.
What we are proposing	We will normally agree that a top-up payment <i>can</i> be deferred, provided that we are satisfied that there will be enough money within the person's financial estate for the expected lifetime of the loan.
Why?	This will help ensure more consistent decision-making although we may still have to use our judgement on a case by case basis using the principles of our overall Policy to assist.

14. Managing deferred top ups

CONTEXT

If a customer reaches the equity limit of a deferred top-up and moves on to Council support in paying for their care, the Council may not be willing to fund the top-up, and the customer may need to find alternative ways to pay for it or be prepared for a change in their care package.

PROPOSAL

What we do now	We decide what happens on a case-by-case basis.
What we are proposing	When a top-up is put in place, an agreement will be established that explains what will happen if the arrangements fail or the loan reaches its equity limit. We will usually move person to accommodation suitable for their needs but at a cost that they and the Council can afford. The Council may decide to not move the resident if this would be seriously detrimental to their health and wellbeing.
Why?	This will help ensure more consistent decision-making although we may still have to use our judgement on a case by case basis using the principles of our overall Policy to assist.