Appendix A: contributions policy for consultation

Summary of main changes agreed in report to Cabinet 18 May 2022

A1 For consultation: the following changes are now the subject of public consultation;

- <u>Joint financial assessment of couples</u>: we are proposing in the consultation to end the practice of offering a joint assessment of couples, as the Care Act no longer permits this;
- <u>Short-term (respite) care charges:</u> to comply with Care Act requirements and LGO rulings, we propose to base contributions on a financial assessment and the actual costs of the service, rather than a flat-rate fee;
- Three alternative contributions models have been proposed in the consultation for people to choose from. Each model changes the method by which a person's financial contribution is calculated for non-residential services, and all three models increase council income to varying degrees by modifying or removing the existing level of allowances currently provided. All three attempt to address some of the equity and case law implications and consequently have varying degrees of impact on individuals and on equalities data;
- <u>Disability Related Expenditure</u>: whichever model is selected, the
 consultation follows legal advice and proposes amending the method of
 allowing people's Disability Related Expenditure costs (a statutory
 requirement for non-residential services) to allow the full sum of any such
 costs against income, up to the total of their disability benefits. The change
 also reflecting recent rulings by the Local Government Ombudsman on
 the type of expenses that should be considered;
- <u>Transitional protection</u>: again, irrespective of the model selected, the consultation proposes using a process that will limit changes in a person's contributions solely attributable to changes in policy (such as those



















outlined in the Consultation paper) to a maximum sum for a period up to three years, if that person faces a significantly adverse impact.

A2 Clarifications of existing policy and practice: the following changes to policy and practice have now been implemented following Cabinet's approval;

- <u>Updating policy</u> to remove out-of-date references, clarify what the council's policy, take account of recent case law and decisions by the Local Government Ombudsman, and clarifying areas of ambiguity between the original policy and practice;
- Reviews and appeals: to implement a revised process for the review of financial assessments and contributions when people do not agree with our decisions;
- <u>Contributions start dates and backdating</u>: to ratify existing practice to limit the backdating of Non – Residential contributions;
- <u>Services excluded from assessed contributions</u>; to update the list of services where we have chosen to apply a fee which everyone must pay (rather than an assessed contribution), as well as the list of those that the council has have chosen to provide free of charge.
- Arranging care for self-funders: to offer an ad-hoc service on request, with no charge to be levied for this service under the policy. This situation would be reviewed if the volume of requests becomes significant.
- <u>Short-term (respite) care charges</u>: in line with revised Adult Social Care policy, to amend the contributions policy to reduce the number of days respite charged at flat rate from 56 to 28 within a 12-month period.
- <u>Contract issues</u>: to address identified equity issues in some services, where practice in the council may be inconsistent in terms of what contracts require of providers or what is included in people's care and support plan. These particularly impact on travel required to meet an assessed need, and the cost of any meals provided;



















- <u>Debts and client liability</u>: we have implemented a range of practice measures to reduce debt and better identify a person's ability to manage their finances;
- Residential services policies: to set out in policy what is already practised in terms of the limited discretion in the way in which financial contributions for residential care are assessed.

















