

Report to: The Cabinet

Date: 15th January 2018

Report of: John Daly, Director of People

**Report
No:**

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Report Title: **Post Consultation on proposed changes to paying for Non-Residential care (Fairer contribution policy)**

**Confidential /
Non Confidential:**
(delete as approp)

(Non-Confidential) This report does **not** contain information which warrants its consideration in the absence of the press or members of the public

Purpose:

This report sets out the results from the consultation on proposed changes to the 'Paying for Non-Residential care' charging policy.

These changes will achieve an increased income of approximately £550k as identified in the Council's strategic budget report.

Recommendations:

The Cabinet is recommended to:

- Approve the proposals as set out in the report to the cabinet on 11th September 2017 to remove the subsidies to apply a fair approach to charging for the full cost of care, and ensure that people who can afford to pay more are asked to do so. The policy changes will therefore be:
 - a. The Disposable Income to change from 95% to 100%
 - b. Removal of the maximum 'cap' of £300 per week
 - c. Move towards full cost recovery of care.
- Approve annual increases in charges from April 2018 onwards, in line with the rates paid by the Local Authority for commissioned care.
- Approve the revised policy, as detailed in Appendix C, from 1st April 2018.
- Delegate authority to the Director of People to exercise discretion on a case by case basis in exceptional circumstances.

Background Doc(s):

Policy – 'What will I pay?'

11th September 2017 Cabinet report - Consultation on proposed changes to paying for Non-Residential care (Fairer contribution policy)

Summary:

This report details the proposals to change the charging policy for Non-Residential services.

Appendix A – Public Consultation Results
Appendix B - Equality Impact Assessment
Appendix C – Updated Policy

1. EXECUTIVE SUMMARY

- 1.1 Since 2010, Bolton Council has had to find savings of over £100m, as a result of a reduction in central government grants and other income, whilst still being required to set and deliver a balanced budget. Ongoing austerity policies and other changes to Local Government funding mean that this situation is set to continue, resulting in the Council facing some very difficult decisions and a potential for fundamental changes to how services are delivered.
- 1.2 In February 2017, following consultation, the Council approved further savings options of £12.5m for the 2017-19 period. Given the significant budget reductions already achieved, these further savings will be extremely challenging, and will result in a reduction in staffing and resources across the Council that will inevitably impact on the services provided. Despite this, the Council remains committed to its core priorities of:
- Protecting the most vulnerable in the Borough
 - Supporting economic development.
- 1.3 This report sets out the details of final proposals following consultation on changes to the Fairer Contribution Policy - Paying for Non Residential Care. If agreed, the proposals would make a contribution of an estimated £550,000 to the £4.5 million departmental budget option identified in the February 2017 budget report to Council.
- 1.4 If agreed, the revised policy for charging will be implemented from the 1st April 2018.

2 INTRODUCTION

- 2.1 Adult Services provide care and support to adults assessed against national criteria as having eligible needs. Social care is not necessarily provided free of charge. Those people who have a care assessment and are eligible to receive social care support will receive a financial assessment to calculate how much they are required to contribute towards their care. No one is asked to pay more towards the cost of their care than they have been assessed as being able to afford. Local Authorities have been permitted to assess for financial contributions towards care since 1983 through the Charging for services - The Health and Social Services Security Adjudication Act 1983. This has now been superseded through the introduction of the Care Act and its statutory guidance 2014.
- 2.2 The key aims of the proposed revisions to Bolton's Fairer Contributions Policy for non-residential Care is to ensure that where an adult is charged for care and support, (including making a contribution to a personal budget), that they are not charged more than is reasonably practicable for them to afford and pay.
- 2.3 Non-Residential care services include: daycare, extra care, home care, shared lives, supported living and direct payments, as examples.
- 2.4 There are a number of services for which the legislation states that local authorities are not allowed to charge. These include as examples: intermediate care, including reablement; community equipment (aids and adaptations) costing £1,000 or less; after-care services under S117 of the Mental Health Act 1983, but this list is not exhaustive.
- 2.5 The following principles are set out in the Care Act regarding charging for services:
- Charging for care should be applied to the whole cost of a person's care:
 - A person only pays what they can afford
 - Charges should be applied equally between different care settings
 - The authority cannot recover more than the cost of services
 - People should know what they will be charged
 - The policy must be sustainable for local authorities in the long term

- 2.6 The government sets out key parameters around affordability, which are based on the amount of capital a person has, and their disposable income and it also sets the framework for local authorities to undertake financial assessments. These parameters are reviewed annually by government and can be found in Bolton's current policy at Fairer Contributions Policy.
- 2.7 The affordability parameter set nationally is known as a Minimum Income Guarantee (MIG), which is set to ensure that people have a minimum income to meet basic daily living needs; this is subject to age-related benefits plus a 25% buffer. The financial assessment will consider ensuring that an individual has the MIG and whether they have any disposable income above this level to contribute towards their care.

The basic formula used for a financial assessment

- Considers the person's income, pension, benefits, salary
 - Subtracts the national Minimum Income Guarantee (amount needed to live off – bills, food etc.) and any Disregard
 - Subtracts rent/mortgage and Council Tax
 - Subtracts any disability related expenses
- = Disposable income

- 2.8 The proposal for changes to the charging policy set out in this report focus on the following:

- Adherence to the Principles set out by the Care Act 2014
- Affordability for individuals
- Greater alignment with other GM Authorities

3 BOLTON'S CURRENT POSITION

- 3.1 The Care Act sets out the minimum requirements for a charging policy, but some areas are subject to the discretion of the local authority.
- 3.2 Bolton has discretion over how much disposable income is taken into account when charging someone for their care. Currently in Bolton this is 95%, which is more generous than most other Greater Manchester Councils.
- 3.3 Bolton also applies a subsidy for reducing the amount a person is asked to pay towards the cost of their care. This is known as a maximum 'cap' which is set at £300 per week. This means that no one, even if they are assessed as being able to afford more than this, is asked to pay above this limit irrespective of the actual cost of their care.
- 3.4 The other discretion relates to the Council subsidising the actual costs of care. This discards any fees uplifts or where there are 'double up' carers within the consideration of the financial assessment. The Council will consider annually the fees it pays to providers to deliver the care, e.g. hourly rate, and has given an uplift to providers. The fee rates considered in the financial assessment, however, have not been uplifted to reflect this. In addition, the financial assessment will only consider an individual receiving care provided by one person irrespective of whether they required 'double up' care. This means that people are not assessed against the actual full cost of their care.

4 CONSULTATION PROCESS

- 4.1 On the 11th September 2017, Cabinet approved a public consultation report for the proposals on changes to the Fairer Contribution Policy - Paying for Non Residential Care. This report outlined the key issues and options around the Charging Policy for Non-Residential services; in summary the proposals had three elements;
- a) **To increase the current level of disposable income taken into account in the financial assessment from 95% to 100%.**
Bolton residents have benefited from a charging policy that is more generous than other councils within Greater Manchester. Increasing the level of disposable income taken into account to 100% brings Bolton in line with most of the other councils in Greater Manchester.
 - b) **To remove the maximum 'Cap' of £300 per week**
Bolton Council is one of the few councils in Greater Manchester that still 'cap' the maximum amount payable, and that cap is one of the lowest still in place. Removing the cap will bring Bolton in line with the other Greater Manchester Councils. Up to now, Bolton residents who would have been able to pay more have benefited from this cap.
 - c) **To remove the difference between what it costs the council and what the council charges**
Bolton Council currently subsidises services such as homecare, day care, shared lives and where a person requires two carers for double-up care. The Care Act 2014 set out the legal principles for charging and said that financial assessments should be applied to the whole cost of a person's care package.
- 4.2 The public consultation commenced during September 2017 and closed on the 19th November after 60 days.
- 4.3 The 60 day consultation was conducted on proposals comprising of two main aspects;
- a) A targeted consultation was aimed at people who are currently in receipt of non-residential care services. Letters were sent to approximately 3,300 service users, or their carer/representative who may be impacted by the proposals.

The letter enclosed a summary of the proposals, a consultation questionnaire and advice number to call for support from named financial assessment officers to assist individuals in understanding the proposals, and any specific individual information.
 - b) A wider public consultation conducted through the Council's consultation website, consisting of a summary note offering an explanation of the proposals and a web link to the consultation questions.

The consultation was also shared with stakeholders and distributed through the Community Voluntary Service Hub and Healthwatch, this was to ensure groups representing different and disadvantaged client groups had opportunity to respond.
- 4.4 To ensure that the consultation information was fully accessible, the letter to service users and the public consultation website included the offer for people to contact the Council if they preferred to complete a paper version of the questionnaire, or to receive an 'Easy read' version of the consultation letter and/or the explanatory note.
- 4.5 The Council received 677 responses which is a response rate of 21%. There were also 80 telephone calls received via the helpline.

- 4.6 Just under half of respondents (48%) agreed with the principle that the Council should charge people who can afford to pay for the service they receive, and 28% disagreed. Those agreeing thought it was reasonable and the right thing to do. Those disagreeing felt that it penalised those who had worked and saved all their lives and subsidised those who had wasted their money.
- 4.7 Respondents were provided with details of the three elements of the proposal;
- To increase the current level of disposable income taken into account in the financial assessment from 95% to 100%
 - To remove the 'Cap' of £300 per week
 - To remove the difference between what it costs the Council and what the Council charges
- 4.8 They were then asked to state what impact the proposal would have on themselves or the person they cared for if it was taken forward. Approximately, 40% of respondents said the proposal would have a considerable impact on them; by far the most frequent comment was from respondents who felt that they would be adversely affected financially if they had to start paying for social care, or if these costs increased. They would have less to spend on necessities such as food, heating and repairs, and on things that improved their quality of life, such as entertainment and hobbies. It is to be noted that food and heating are considered in the 'affordability' calculation.
- 4.9 These responses were similar to the telephone calls received on the helpline. However, 80% were reassured that the proposals would either not impact upon them or the increase when calculated was affordable. Only 2 people out of the 80 calls felt that the increase would have an impact where they would consider reducing their care and 14 people were awaiting their financial assessment. Some respondents said they would not know the impact on them until their finances had been assessed.
- 4.10 Many of the comments received during the consultation period related to the national guidance and regulations that are outside of the Local Authority's control. A number of comments also demonstrated uncertainty of what was included in the financial assessment disregards and affordability guidance.
- 4.11 A small number of comments were received about the quality of social care provided, and others raised concerns about not being able to afford general maintenance on their property.
- 4.12 Full details of the consultation results can be found in Appendix A along with a copy of the questionnaire used.

5 EQUALITY IMPACT ASSESSMENT

- 5.1 Under the Equality Act 2010, the Council must have due regard to:
- Eliminating unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act;
 - Advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and
 - Fostering good relations between people who share a protected characteristic and people who do not share it.
- 5.2 It is therefore important to consider how the proposals contained within this report may positively or negatively affect this work. To support this analysis, an Equality Impact Assessment (EIA) has been completed for the proposals outlined in this report, and is attached at Appendix B.
- 5.3 The EIA looks at the anticipated (positive and/or negative) impacts of the proposals on people from Bolton's diverse communities, and whether any group (or groups) is likely to be directly or indirectly differentially affected.

- 5.4 Due to the nature of the proposals, and the need to make significant savings, it is anticipated that there could be some adverse impact on some groups. Care has been taken to understand the issues arising, and to take action to mitigate the possible impacts as far as practicable.
- 5.5 Consultation confirmed our earlier analysis that this proposal could have differential impacts on grounds of age, disability, caring status and socio-economic status. In addition, consultation identified the potential for a differential impact on grounds of gender. Details of these potential impacts and the steps that will be taken to mitigate them as far as possible are set out in the EIA attached to this report.

6. RESPONSE TO CONSULTATION

- 6.1 Having taken into account the feedback received during the consultation, the final proposals remain unchanged, there are however further proposals of support to be offered in response to the concerns raised;
- All those affected will be sent information about how their contribution will be calculated, and what income / capital is included in the assessment.
 - Service users will receive reassurance that those who are assessed as not being able to afford to pay more would not be asked to do so.
 - Promotion of other key considerations where assistance may be available but may not be known about, e.g. 'Safe, Warm and Well' schemes, 'Care and Repair'.
 - A communication pack will be sent out to service users including information about what service users can expect to pay and promotion of other services and support.
 - The advice helpline will be available and drop in sessions in 'Access Bolton' during the implementation period.
 - Individuals who have concerns about the impact of their individual charge increase will be able to request a financial reassessment.
 - It is also requested that the Director or People has delegated authority to exercise discretion on a case by case basis in exceptional circumstances.

7 RECOMMENDATIONS

- 7.1 The Cabinet is recommended to;
- Approve the proposals as set out in the report to the cabinet on 11th September 2017 to remove the subsidies to apply a fair approach to charging for the full cost of care, and ensure that people who can afford to pay more are asked to do so. The policy changes will therefore be:
 - a. The Disposable Income to change from 95% to 100%
 - b. Removal of the maximum 'cap' of £300 per week
 - c. Move towards full cost recovery of care.
 - Approve annual increases in charges from April 2018 onwards, in line with the rates paid by the Local Authority for commissioned care.
 - approve the revised policy, as detailed in Appendix C, from 1st April 2018.

- Delegate authority to the Director of People to exercise discretion on a case by case basis in exceptional circumstances.

Appendix A – Public Consultation Results

Methodology

Consultation was undertaken to ascertain views on a proposal to change the policy on how much people pay for the care that they receive at home (non-residential care).

A survey pack was posted to everyone currently in receipt of non-residential care services. The pack included a letter summarising the proposals, a consultation questionnaire and an advice number to call for support from financial assessment officers. The survey pack was sent to 3,300 individuals. An 'easy-read' version of the consultation pack was available on request. A copy of the questionnaire is provided at the end of this section.

The same information and survey form was also placed on the Council's consultation website so that the wider public could have their say.

The consultation period ran from the 18 September until 19 November 2017.

Response

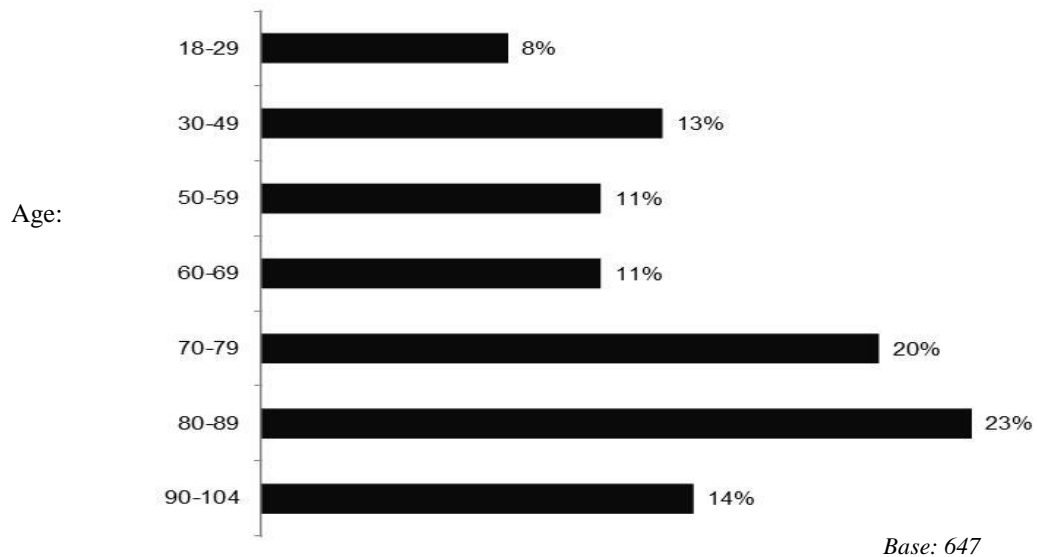
677 responses were received. A response rate of 21%

Respondents were asked to tick a box that most closely described their interest in this issue:

- 58% As (or on behalf of) a person in receipt of adults social care, who pays towards the cost of their care
- 32% As (or on behalf of) a person in receipt of adult social care, who DOES NOT pay towards the cost of their care
- 2% As (or on behalf of) a person who arranges their social care privately
- 8% As a resident of Bolton
- 0% On behalf of a local community group / organisation (3 respondents)

About the person receiving care

The age range of respondents was between 18 and 104, distributed as follows:



- 40% were Male and 60% were Female
- Respondents were asked whether their day to day activities were limited because of a health problem or disability which has lasted or expected to last at least 12 months.
 - 88% answered 'Yes limited a lot'
 - 10% answered 'Yes limited a little'
 - 2% answered 'No'

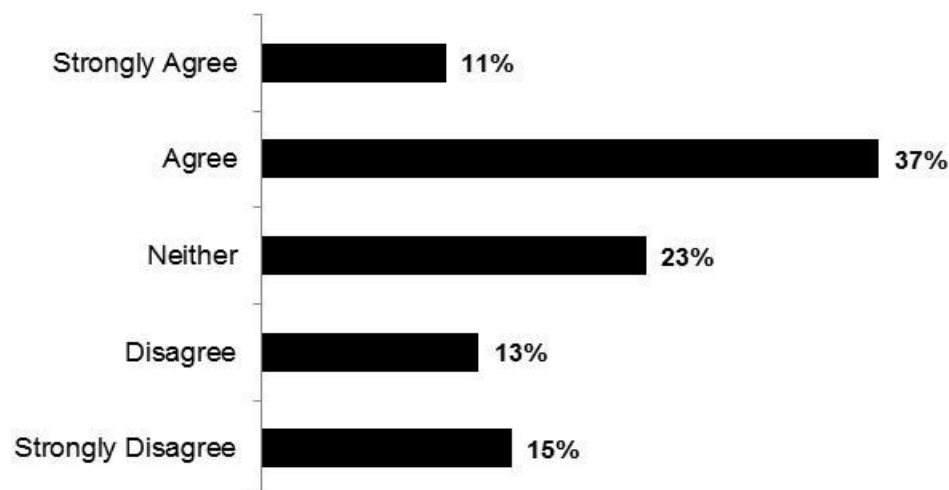
During the consultation period, 80 telephone calls were received from concerned individuals. Categorised as follows:

Estimated increased charge per week	No. of calls	Response
Awaiting to be assessed	14	
Nil payers	35	Reassurance given
£0 - 5	26	Reassurance, generally okay with small increase, some think unfair that worked hard all life and others receive for free
£5 - 10	2	Reasonably okay with increase
£10 – 25	3	Not too happy, one said can afford it, others may try to reduce level of care
£25+	0	
Total	80	

The principle

Respondents were asked, via the survey form, to what extent they agreed or disagreed with the following principle:

The council should charge people who can afford to pay for the service they receive to help protect services to the most vulnerable in the borough



Base: 656

Just under half of respondents (48%) agreed with the principle that the council should charge people who can afford to pay for the service they receive, 28% disagreed.

Comments

Respondents were asked to explain why they agreed or disagreed. A total of 471 comments were received. These comments have been coded and categorised. Categories with 5 or more respondents are presented in the table below, with example comments for each category also listed.

Categorised comments	No. of respondents
Reasonable / right thing to do	194
Penalises savers / workers, subsidises those who have wasted their money	132
All who receive these services are vulnerable / penalises people for being ill or disabled	123
Concerns about definition of affordability	103
Alternative funding suggestions	46
£300 cap should be retained	12
Shouldn't pay for social care as don't pay for NHS care	7
All services users should pay towards their care costs	7

Table includes categories with comments from 5 or more respondents

Sample comments – verbatim

Reasonable / right thing to do

Respondents felt that it was right that those who could afford to pay more for care should do so, in order to protect services for those who were less well-off and subsidise their care.

- Because it's right you should do if you have the right income
- Paying a contribution will mean that people worst off will not lose out
- I agree but only if they can afford it.
- To make it fairer to all, so poor people can have the same care as rich people
- Because they don't need it.
- Funding is limited, so it's only fair that funding should be allocated to those most in need.
- Would hate to think someone in need had to be refused help.
- Because they can afford to pay due to their income or savings.
- By not charging those who can afford to pay it impacts on those who can't afford to. It does this by the council increasing the contribution across the board.
- If after a financial assessment a person has a level of disposable income for them to pay for services then this should be taken to pay for care services.
- It is a fair thing to do, to help those most in need who don't have as much income coming in. It would not be fair to charge people the same who are struggling financially
- Ethically its the right thing to do
- Those with a higher income should pay to protect the most vulnerable (like myself who cannot afford to contribute).
- If they have got a bit of savings - at least they can pay for their own funeral costs. They don't have to worry about things as well like treating themselves. We would have piece of mind if we had savings.

Penalises savers / workers, subsidises those who have wasted their money

Respondent felt that they had, in effect, already paid for these services by paying taxes in the past. They were reluctant to support those who had chosen not to work or save.

- Why should people who have worked all their lives and paid their taxes now be expected to subsidise those who have never saved or worked all their lives
- In the past years we have paid our taxes and insurance. This should be taken into consideration by the government. They have used this for other things over the years.
- Some people have scrimped and saved all their lives to ensure they are independent and do not have to rely on benefits, now they are being asked to use their savings! Others spend every penny they earn and waste money and expect to be looked after by others
- People who do nothing to pay pensions / save money for retirement get better looked after by the government. My sister pays no rent, no council tax - she gets £170 a week after doing nothing for years - it's all wrong.
- Discourages anyone to save money for later in life
- After working all through life, why should I now in my hours of need be disadvantaged to pay once more when contributed all my working life
- We have paid for NI all our working life and we now expect to have the help we were promised.
- Should be based on income! People who have had moderate incomes and saved a bit should not be penalised for their correct use of money, as opposed to those who have had similar incomes that wasted it on alcohol, tobacco and or drugs on other riotous forms of living

- Those that have chosen to use their own money without thought for their later care needs should not receive support above the very basic care needs.
- People may have scrimped and saved throughout their lives, not wasted money on tobacco, drinks, gambling etc...
- People with an income and / or savings and receiving services should not have to pay for / subsidise services should not have to pay for / subsidise services being received by people without money. Those people should be looked after by everybody not just by those receiving services.
- My family has paid tax all their lives - letting more into the UK when they have paid nothing into the system is wrong... enough is enough

All who receive these services are vulnerable / penalises people for being ill or disabled

Respondents felt that people who received these services should all be classed as vulnerable. They felt that they were being penalised for something they could not help, as someone who was well and able bodied would not require these services

- These people (regardless of whether they have money) are still some of the most vulnerable in society.
- Any individual who uses non-residential care are the most vulnerable in the borough. These are the people who need protecting
- People with disabilities should not have to live of a bare minimum income because of a condition they cannot help, to do so would be nothing less than disability discrimination
- 5th largest economy in the world and we can't take care of the elderly.
- Whenever cutbacks and shortfalls need to be met it's always people with disabilities and the elderly that I feel are targeted
- Some people have no option in regards to needing some services and therefore should NOT have to pay for full service
- You blame all old people for everything - it is not my fault. I am old and need care.
- I do not agree with this at all putting more pressure onto old vulnerable people
- I am a vulnerable person and I do not agree to any charge for the social care I receive.
- You are targeting the most vulnerable people who are not in a position to fight these cuts.
- I am being penalised for living too long and it is not fair.

Concerns about definition of affordability

Respondents raised concerns about whose definition of affordability is used, and what income / capital is included. They felt that the thresholds were too low and that they already paid enough for care services.

- I am already paying for a PA privately. The money used for this is still counted as disposable income. The money used is from DLA care which is what it is paid for. It isn't used for shopping or cigs or beers or banked but for the purposes given. This should be apportioned and counted after paying carers wages.
- I don't have any savings but if I did that is a lot of money to pay each week
- I have no disposable income yet somehow I pay £14.18 / week. This is a lot
- My concerns are for the people who are contributing already towards their care. Can they afford to pay more in reality?
- How would you classify people who can afford - would this be if they are able to work etc.?
- When they means test you for care they should take into consideration all bills, gas, electric etc., as them aren't included.

- I have care but also have to pay other people who you don't seem to recognise such as my gardener, window cleaner, chiropodist, hair dresser, deliveries, people who shop for me need paying. Bills keep rising - things need replacing
- May have enough money coming in but also many outgoings that affect their housings, care, work etc. I would not like to judge on income alone.
- I don't think that it should be done at the cost of those already struggling.
- There appears to be no correlation between amount of benefit received and the financial contribution we have to make towards the cost. It seems strange that a football season ticket is a legitimate use of direct payment whereas other activities e.g. cinema, bowling is not. What is and is not legitimate expenditure needs an overhaul.
- What the council say people can afford and what people can actually afford are two different things
- My benefits are mine

Alternative funding suggestions

Respondents suggested other ways that the costs could be funded, including savings & efficiencies, and other sources of income / raising capital

- Look elsewhere - like councillors salaries or unnecessary council literature
- The amount of equity in our properties could be released and put towards care
- Perhaps the council should target the excessive charge for administrators in the town hall and other offices. Where else would you get 8 hours pay / day for less than 5 hours actual work
- Cost should be added to taxes either nationally or locally
- Rightfully the central government should fill the shortfall
- Bolton Council keep inviting foreign people into Bolton giving them homes, hospital care and all number of things costing a fortune - then now are saying they can't afford to look after the old folk who have paid all their lives - totally wrong
- The Tory government provides adequate funding for social care to Bolton Council. Increase in council tax should be made if there is a shortfall.
- Bolton Council have made some costly decisions running Bolton - an example would be the mess they've made of the market hall
- Don't agree with the Council borrowing £100m to re-vamp Bolton Town Centre when services to the most vulnerable are under threat
- There are many other areas of waste within the bureaucracy of government which need addressing before the cost is passed on to the elderly, this is just the easiest option
- If a person has paid into the system they should receive free care, in proportion to what they have paid over the years. Nothing paid into the system, nothing received.

£300 cap should be retained

Respondents felt that it would be unfair to remove the £300 cap, as this would place an undue burden on those receiving care

- Stopping subsidies is not only wrong it is immoral especially removing the max / week charge as many people who require carers 4 times a day cannot and may not be able to afford more than £300 per week. Their pensions should not be spent on carers; it should be spent on enjoying their final years.
- You say currently it is capped at £300 but we are already paying more.
- Anyone who is currently assessed as "full cost" at £300 per week would be liable to pay an unknown higher amount that is potentially unaffordable.

- If the cap of £300 is removed, this may affect my future costs if I become frailer
- As some of the cost of care is provided by central government and council budgets, removing capped charges and changing the cost of care I think would be unfair.
- Removing the cap would mean I wouldn't be able to have money left over for food and bills

Shouldn't pay for social care as don't pay for NHS care

Respondents felt that there was a disparity in policy, as NHS care was free at the point of use, and did not see why social care, which was primarily needed because of health issues, should be chargeable.

- The care of the elderly should be placed back into the NHS system.
- People with mental health received free treatment when they used to be in hospital for recovery etc. Now that is changed to homecare services and you want them to pay. That is not fair.
- Are people who can 'afford to pay' for NHS services (and let's face it there are plenty of people who can afford to contribute) being expected to pay? No they are not... When people pay for NHS services that's when people should pay for social care.

All services users should pay towards their care costs

Respondents suggested that everyone who received care services should pay something towards their costs to make it fairer for everyone and so that people understood that such services were not free.

- I think everyone should pay towards their social care even if only a minimal amount. To make people aware of the costs involved and whether the money spent is spent wisely
- You say 50% of people don't pay ANYTHING. You are taking money off the other 50% to keep them paying nothing. It is NOT FAIR, it is UNFAIR.
- Should be all treated the same.

The proposal

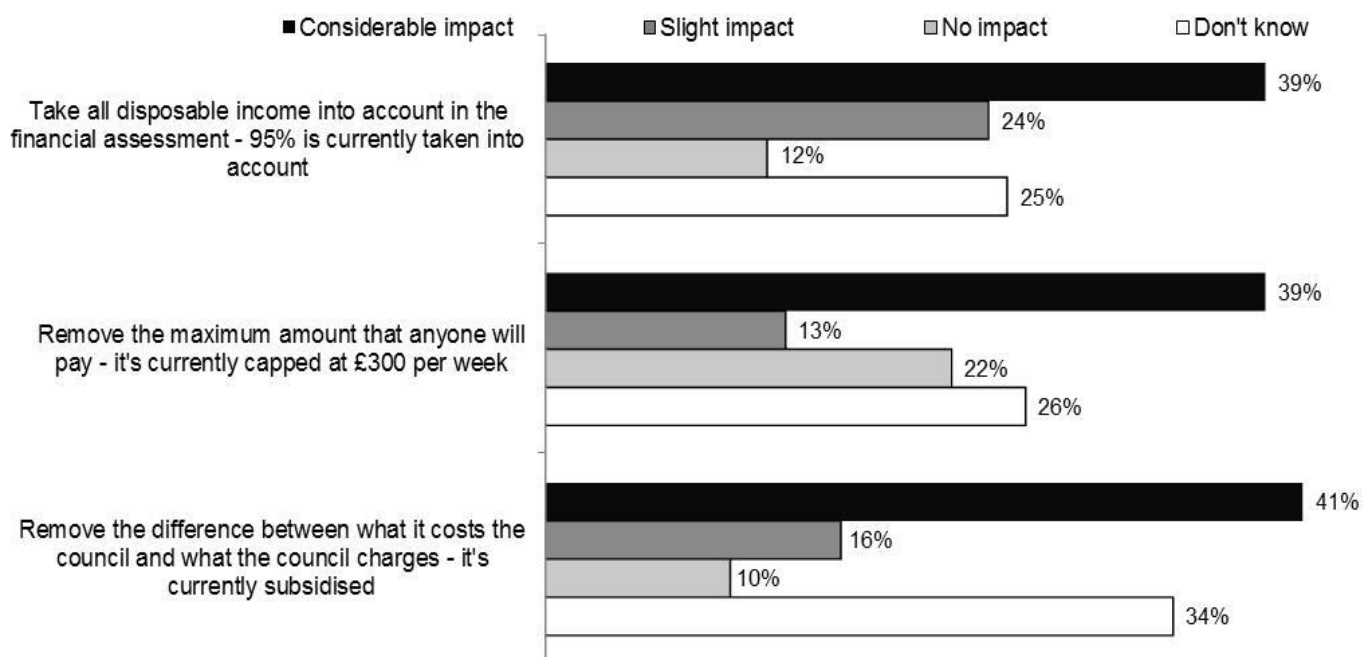
Respondents were presented with a proposal which had three elements:

- d) To increase the current level of disposable income taken into account in the financial assessment from 95% to 100%.
Bolton residents have benefited from a charging policy that is more generous than other councils within Greater Manchester. Increasing the level of disposable income taken into account to 100% brings Bolton in line with most of the other councils in Greater Manchester.
- e) To remove the maximum 'Cap' of £300 per week
Bolton Council is one of the few councils in Greater Manchester that still 'cap' the maximum amount payable, and that cap is one of the lowest still in place. Removing the cap will bring Bolton in line with the other Greater Manchester Councils. Up to now, Bolton residents who would have been able to pay more have benefited from this cap.
- f) To remove the difference between what it costs the council and what the council charges
Bolton Council currently subsidises services such as homecare, day care, shared lives and where a person requires two carers for double-up care. The Care Act 2014 set out the legal principles for charging and said that financial assessments should be applied to the whole cost of a person's care package.

They were reassured that those who are assessed as not being able to afford to pay more would not be asked to do so.

Respondents were then asked to state the impact of each of the three elements of the proposal on themselves, their family or the person they care for.

What impact (if any) would each of the three elements detailed below have on you / your family or the person you care for?



Base: 600 - 640

Around 40% of respondents said each element of the proposal would have a considerable impact on them. Around a quarter (a third for the last element) said they didn't know what the impact would be on them.

The impact

Respondents were also asked to describe the impact that there would be on themselves or the person they care for if the proposal was taken forward. A total of 378 comments were received. These comments have been coded and categorised. Categories with 5 or more respondents are presented in the table below, with example comments for each category also listed.

Categorised comment	No. of respondents
Financial: unhappy, will affect quality of life	210
Impact unclear	56
Concerns for future / stressful	47
Little / no effect currently	34
Will cancel / not apply for services	34
Care is unsatisfactory / poor value for money	28
Just saying impacted	7
Consultation won't be listened to	7
Financial - but acceptable	6

Table includes categories with comments from 5 or more respondents

Sample comments – verbatim

Financial: unhappy, will affect quality of life

By far the most frequent comment was from respondents who felt that they would be adversely affected financially if they had to start paying for social care, or if these costs increased. They would have less to spend on necessities such as food, heating and repairs, and on things that improved their quality of life, such as entertainment and hobbies. Some respondents were already struggling financially.

- I am housebound. I use my disposable income to make my life more bearable from extra heating costs to hobbies and interests
- I struggle with the paying amount now
- Would have less to spend on items / food to make a long term seriously ill person more comfortable and the illness easier to live with
- No spare money left for elec goods, clothes, shoes etc
- My brother who I care for is not a wealthy man ...has a small amount of savings,... means he can have a break away - but if these changes took place it will completely change his way of life.
- With extra cost in winter we would be unable to pay additional costs
- I understand that people need to contribute to their care, however, this in turn impacts on the parents as they end up supporting the young adult for living costs.... The young adult still needs to have some quality of life.
- No disposable income means no extra, private services which would result in main carers health deteriorating and service users needing more council care.
- I am a carer for my mum. I am desperate for her to stay in her own home. (next door to me). It is becoming a complicated, stressful balancing act paying for carers, transport and meals

for a day centre and keeping her house going. I am now subsidising for any extra care required. It's hard and unfair.

- The benefits we get for our son only go up by small amounts. These benefits are for us to look after him the best way we can, as he is unable to work. We like to have him nicely dressed and take him on decent holidays etc. If you keep taking money from these we will be unable to look after him as we like to do. He is now 50 years old and we hope to look after him as long as we can.
- We need work doing on the roof. The flags on the drive need resetting and repointing. The gutters need cleaning out. Trees need pruning. All jobs that I can't do any more. Mainly because I haven't the time. I take her out almost every day. Or it is too dangerous to be climbing ladders. So I will have to pay someone to do the jobs. Next year 2018 we will have to change the car. Mobility because it has been specially adapted allowed us to keep it an extra two years so we will have to find money for a deposit on a new one. We also pay for a cleaner every week.
- I don't just need help from the carers to look after myself. I pay for someone to do my cleaning, changing my bed, ironing shopping, keeping the outside of my home clean and tidy. If I have to pay more for the carers I don't know if I will be able to afford the other help I need.
- I am a person on benefit as are many others. I am already struggling to pay bills etc... So if I was faced with another increase, it would have considerable impact on my finances, and my mental / physical health... All I ask from life is to be left with a little self-respect, independence, pride and to be treated like a human being, not just a number.

Impact unclear

Respondents felt that the proposals were unclear and they did not know the extent to which they would be affected.

- I do not think it impacts me. It may if spouse income is included
- Your explanations of not dropping below a certain amount of savings are not clear enough for the elderly audience you are communicating with.
- Don't know what the last statement means.
- I really have no idea I don't understand a lot of it.
- I did not understand the implication of the question on the three statements as I am unclear about the three statements
- They will impact me in some way but at this stage I don't have enough information to make an informed decision.
- How can I know the impact if I don't know how much the day care will go up?
- Without knowing any figures it's difficult to answer this question ... I need more information.
- Depends on whether I will have to make a contribution to the cost of my care and if so how much.

Concerns for future / stressful

Respondents worried about how they would be affected by the proposed changes and disliked the uncertainty. They were concerned about how they would afford care in future if their needs changed, and how often they would be reassessed for example as their savings dwindled.

- People who can afford it now may not be able to do so in the future
- Should I choose to live in sheltered accommodation in the future rather than living with my parents, I imagine the impact of all 3 proposals would be considerable as I am reliant on benefits and am unable to work due to my disabilities
- This will cause unnecessary stress to the elderly and disabled residents
- I would be worried about my finances
- I do not agree with this at all - putting more pressure onto old vulnerable people
- Stress on the elderly.
- Charges cause stress and hardship which adds to their medical needs.
- Likely to need more care as disease progresses so might have little effect now but will have considerable impact in years to come.
- Something else to worry about
- I don't know how I am going to pay for all this.
- I find it difficult to make ends meet as it is. If this happens I don't know how I will manage.
- It is wrong we already struggle to live on low income without all this extra worry.

Little / no effect currently

Respondents felt there would be minimal effect currently: some were concerned about future impact should circumstance change

- No impact at present
- I have no money now so won't make any difference to me
- Very little impact as we already pay for care
- Little effect now but will have considerable impact in years to come.
- My husband is subject to sec 117 and does not pay charges because of this
- Cannot see that these proposals will make any difference
- Little impact as only has a minimum service that is well under the capped £300.
- It would mean that I would have to pay more which is alright at the moment but after Christmas I will be moving and will have a child to support as well.
- I am a student so no impact for now, this may change when I am working in the future

Will cancel / not apply for services

Respondents said that they would cut back on care services if they became too expensive, which could affect their health and result in them needing extra support. It could also affect the health of family carers as a greater burden would fall on them.

- I fear the changes will have an adverse effect on the amount of care I can afford to receive
- My husband will not be able to attend and lose out on enrichment and, secondly I will lose out on some time that I can use to enrich my life. I care 24/7 and currently have around 8 hours of time to distress and unwind.
- If we have to pay anymore for day-care my husband will have to stay at home
- Further add-ons may reduce the days I got to day-care which is now 3 days a week
- I would have to pay considerably more which will make me disinclined to ask for further services which I may soon need.

- There would be a great impact. I am 85 years old and my daughter is mentally and physically handicapped...with the care I receive for her it helps enormously but with my income and hers I would not be able to have the care that I receive now for her.
- I think this is outrageous... I have always paid my way; council tax, my own dentist, spectacles etc. I have never asked for anything... next year I will be 90, and you now want me to pay more still. Well you can forget it... I will cancel and do without or commit suicide. Yours in anger.

Care is unsatisfactory / poor value for money

Respondents described the poor quality of care they received, which they felt was not value for money.

- The standard of care SOME care companies are offering are very poor... not enough time allocated for them to complete their rota... failing to attend at correct times. ... I have experienced first-hand below-standard care being provided. Why should people be made to pay for this? More work needs to be done with care companies to bring adequate standards up first.
- Bolton council tender sub-standard cheap carers without training.
- Bolton Council should NOT use any care services which are rated inadequate
- I at present pay for help – it's disgusting what they charge. All I get each day apart from Friday is breakfast, makes the bed, occasional body wash - I dress myself - then off they go till the next day. I have no one until the following morning. When I asked if I could have someone to light the gas fire when the weather gets colder - they reply was 'can't you do it?' Just 1 call a day - I have no-one, I make my own tea and anything that needs to be done. I have told them I disagree with their charges.
- My sister already pays towards her care and that care is sometimes used for another property (even though SHE has paid towards it) so she will be scammed more than she is currently.
- I do not want to make an issue on this but I strongly suspect that my care company is not strictly honest over timings. Can you assure me that the Council regularly checks this?
- You are paying for someone to come into your home, so are really working for you, then mentally abuse you, can't cook, leave wet soiled pads in bins in living room, talk about boyfriends on drugs etc...The service provided is very poor and I reluctantly would not want my mother or the tax payer to pay for this service.

Consultation won't be listened to

Respondents felt that the consultation was a waste of time and money as changes were a fait accompli.

- You have probably paid out a lot of money towards developing and distributing this survey, and the proposals are going to be carried out anyway!
- You have already decided (I believe) the outcome, no matter what the people say.
- Not prepared to answer these questions because these changes are already decided this is just a paper exercise.

Financial - but acceptable

Respondents described the financial impact of the proposed changes, but felt they would be able to manage, although some said their situation could change in the future.

- Would probably be able to manage financially if the impact was not too much

- A slight impact but if it helps others who are most in need, it is worth it.
- It only has a slight impact as there are people who are less fortunate who are struggling, if it means paying a little more each week to help the more vulnerable it is worth it.

Help desk calls

In total 80 calls were received on the help desk. The main concerns were:

- Seeking clarification to what the monetary impact would be
- Reassurance to nil payers
- Worried that the charging policy may change again
- Needed assistance completing the form so contacted relevant social workers
- Not very happy, may reduce amount of care receives as a result as can't afford it. Arranged for new financial assessment to be completed.

Conclusion

A survey pack was sent to 3,300 people who currently receive non-residential care services to ask them for their views on a proposal to change the policy on how much people pay for the care they receive at home. A total of 677 responses were received.

Just under half of respondents (48%) agreed with the principle that the council should charge people who can afford to pay for the service they receive, 28% disagreed. Many agreed with the principle because they felt it was the 'right thing to do'. Many disagreed with the principle because it 'penalised those who have worked and saved'.

Around 40% of respondents said the proposal would have a considerable impact on them; mainly financially, explained that there could be increased stress and that some would cancel services. Some respondents said they would not know the impact on them until their finances had been assessed.

Paying for your care - proposed changes

Background

Bolton Council is proposing to change the way it charges people for the care that they receive at home (non-residential care). Please complete the enclosed questionnaire. Your views are important to us to continue to deliver services to the most vulnerable people.

Since 2010, Bolton Council has had to find significant savings as a result of a reduction in central government grants and other income. Savings of £12.5m are required for 2017-19 and these changes will contribute towards this.

This comes at a time when Bolton is facing an increase in the number of people needing care, including people with more complex needs.

We will continue to use a financial assessment to calculate how much a person can afford to pay. This assessment will continue to make allowances for housing costs such as council tax, rent, mortgage payments and any money a person has to spend as a result of a disability. This assessment will also make an allowance for daily living costs like food, gas and electricity.

The proposals will increase charges for those who have a disposable income left once these allowances are taken into account.

Current fairer contributions policy

The council's current Fairer Charging Policy covers how people will be financially assessed to work out how much they can afford to pay towards the cost of their care. Examples of this include: the care that they may receive at home, in supported living, and/or through a direct payment.

We use a financial assessment to calculate the most a person can afford to pay and to work out the charges we make. Around half of people receiving care are able to contribute towards the cost of their care.

The financial assessment looks at a person's income from pensions or state benefits, savings, and/or investments they have. An allowance is made for any housing costs such as council tax, rent and mortgage payments, and any money a person has to spend as a result of their disability. This is the person's assessed income.

Also, the government says that after paying any charges for care, everyone should be left with enough income to meet their daily living costs, like food, gas, and electricity, and this is known as the Minimum Income Guarantee (MIG).

The difference between someone's assessed income and the Minimum Income Guarantee is their 'disposable income' and what they are able to afford to pay towards the cost of their care.

The council has discretion over how much disposable income is taken into account when charging someone for their care. Bolton Council currently takes 95% of disposable income into account, which is more generous than other councils in Greater Manchester.

At the moment nobody pays more than £300 per week, even if they are assessed as being able to afford more than this. The cost is capped to this level regardless of what it really costs.

The council also subsidises costs of care in other ways too e.g. only including the cost of one carer in the financial assessment, even if they have more. This means that people are not assessed against the actual full cost of their care.

These proposals consider removing these subsidies to get us to a fair approach to charging, and to ensure that people who can afford to pay more are asked to do so.

The proposals

The council is consulting on the following elements as part of the proposals:

a) To increase the current level of disposable income taken into account in the financial assessment from 95% to 100%.

Bolton residents have benefited from a charging policy that is more generous than other councils within Greater Manchester. Increasing the level of disposable income taken into account to 100% brings Bolton in line with most of the other councils in Greater Manchester.

b) To remove the maximum 'Cap' of £300 per week

Bolton Council is one of the few councils in Greater Manchester that still 'cap' the maximum amount payable, and that cap is one of the lowest still in place. Removing the cap will bring Bolton in line with the other Greater Manchester Councils.

Up to now, Bolton residents who would have been able to pay more have benefited from this cap.

c) To remove the difference between what it costs the council and what the Council charges.

Bolton Council currently subsidises services such as homecare, day care, shared lives, and where a person requires two carers for double-up care. The Care Act 2014 set out the legal principles for charging, and said that financial assessments should be applied to the whole cost of the person's care package.

Who is affected?

We will continue to use the financial assessment to calculate how much a person can afford to pay. This assessment will continue to make allowances for housing costs such as council tax, rent, mortgage payments and any money a person has to spend as a result of their disability. This assessment will also continue to make an allowance for daily living costs like food, gas and electricity.

The proposals will potentially impact on people who have a disposable income left once these allowances are taken into account.

Some people don't pay anything, either because they do not have any disposable income or because they are exempt from charging. Those who are assessed as not being able to afford to pay more **would not** be asked to do so.

Have your say - proposed changes

The principles

Please state how strongly you agree or disagree with the following principle:

The council should charge people who can afford to pay for the services they receive to help protect services to the most vulnerable in the borough

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why do you say this?

The Proposal

A proposal is being considered which has three elements.

What impact (if any) would each of the three elements detailed below have on you / your family or the person you care for?

	Considerable impact	Slight impact	No impact	Don't know
Take all disposable income into account in the financial assessment - 95% is currently taken into account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove the maximum amount that anyone will pay - it's currently capped at £300 per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove the difference between what it costs the council and what the council charges - it's currently subsidised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Impacts of the proposals

Please describe what (if any) impact there will be if these proposals are taken forward.

About you

So that we can understand how our proposals affect different residents, we would be grateful if you could answer the following questions.

Please tick the box that most closely describes your interest in this issue [tick one box]

- ☐ As (or on behalf of) a person in receipt of adult social care, who pays towards the cost of their care
- ☐ As (or on behalf of) a person in receipt of adult social care, who DOES NOT pay towards the cost of their care
- ☐ As (or on behalf of) a person who arranges their social care privately
- ☐ As a resident of Bolton
- ☐ On behalf of a local community group / organisation
- ☐ Other (please state below)

The following questions need to be answered only for the person receiving care

What is your age?

Are you ...? ☐ Male ☐ Female

Are your day to day activities limited because of a health problem or disability which has lasted or expected to last, at least 12 months?

☐ Yes, limited a lot ☐ Yes, limited a little ☐ No

What is your postcode...?

**Thank you for completing this questionnaire.
Please return your completed questionnaire in the enclosed pre-paid envelope before
19th November 2017. You do not need a stamp.**

Equality Impact Assessment

Title of report or proposal:
Post Consultation on proposed changes to paying for Non-Residential care (Fairer contribution policy)

Department:	People Services
Section:	Adult Social Care
Date:	15 th January 2018

Public sector bodies need to be able to evidence that they have given due regard to the impact and potential impact on all people with 'protected characteristics' in shaping policy, in delivering services, and in relation to their own employees.

Under the Equality Act 2010, the council has a general duty to have **due regard** to the need to:

1. **eliminate unlawful discrimination**, harassment, victimisation and any other conduct prohibited by the Act;
2. **advance equality of opportunity** between people who share a protected characteristic and people who do not share it; and
3. **foster good relations** between people who share a protected characteristic and people who do not share it.

By completing the following questions the three parts of the equality duty will be consciously considered as part of the decision-making process.

Details of the outcome of the Equality Impact Assessment must also be included in the main body of the report.

1. Describe in summary the aims, objectives and purpose of the proposal, including desired outcomes.

This report sets out proposals for changes to charges for non-residential care. These changes would achieve an increased income of approximately £550k as identified in the Council's strategic budget report. If agreed, the revised policy for charging will be implemented from the 1st April 2018.

The key aim of the proposals is to ensure that where an adult is charged for care and support, (including making a contribution to a personal budget), that they are not charged more than is reasonably practicable for them to afford and pay.

The proposals focus on the following:

- Adherence to the Principles set out by the Care Act 2014
- Affordability for individuals
- Greater alignment with other GM Authorities

The proposal is to remove subsidies in order to apply a fair approach to charging for the full cost of care. This will ensure that people who can afford to pay more are asked to do so. Due to the interdependencies within the charging policy, the proposal has three elements that will change:

- a. The proportion of Disposable Income taken into account when service users' contribution to care costs is calculated to change from 95% to 100%
- b. Removal of the maximum 'cap' of £300 per week
- c. Move towards full cost recovery of care in situations where more than one carer is needed to provide care safely

Thereafter charges would increase annually in line with the rates paid by the authority for commissioned care.

The government sets out key parameters around affordability, related to the Minimum Income Guarantee (MIG), which are based on the amount of capital a person has, and their disposable income, and it also sets the framework for local authorities to undertake financial assessments. The financial assessment will consider ensuring that an individual has the MIG and whether they have any disposable income above this level to contribute towards their care.

If agreed, the proposals would contribute an estimated £550,000 towards the £4.5 million departmental budget option for People Services identified in the February 2017 budget report to Council. The Council remains committed to its core priorities of:

- Protecting the most vulnerable in the Borough
- Supporting economic development.

2. Is this a new policy / function / service or review of existing one?

This is a review of existing charging policy for non-residential care.

3. Who are the main stakeholders in relation to the proposal?

Existing adult social care service users, caregivers and families
Potential adult social care service users, caregivers and families
Partner organisations, voluntary and community organisations and advice agencies
Elected Members
Bolton Council - Health and Adult Social Care employees
Care Quality Commission
Provider Services: in-house and commissioned

4. In summary, what are the anticipated (positive or negative) impacts of the proposal?

Although service users on the lowest incomes will see little or no impact from these changes, some service users will be required to pay significantly more for services than they have in the past.

Currently, Bolton takes into account 95% of a person's disposal income when assessing a service user's contribution to the cost of their care. If this proposal is adopted, 100% of disposable income will be taken into

consideration. This will mean that some people's charges increase and that some people who do not currently pay for care will now be required to make a contribution to the cost of their care.

Service users who require 'double up' care, where two carers are required to complete personal care activities safely, will be affected. Under the current model a charge is only made for the cost of a single carer – it is proposed that the cost of both carers will now be charged.

The removal of the current £300 cap on the amount an individual would pay will affect those whose care costs over £300 per week and who are assessed as being able to make a contribution of over £300 to the cost of their care. The number of people that this will affect is comparatively small, but the impacts of this on people who fall into this category could be substantial.

There remains some uncertainty about the full effect of these changes. This uncertainty largely arises because some people currently receiving care costing over £300 a week, whose contribution to the cost of their care will increase under these proposals, have not taken up the offer of a financial assessment. We anticipate that some service users in this category will now request a financial assessment and that some of the service users who receive a financial assessment in these circumstances will not be required to meet the full costs of the care they receive as a consequence.

Consultation also suggested that some service users – including those who will see little or no increase in the amount of the contribution to care costs that they are being required to make – are anxious about the impact that these proposals will have. It is therefore proposed to carry out a range of activity designed to reassure service users around the impact of these changes and to encourage service users who might be affected to claim all the help with care costs that they are entitled to.

It is proposed that the Director of People Services should be given delegated authority to exercise discretion on the level of charges levied in exceptional circumstances.

5. What, if any, cumulative impact could the proposal have?

There are clear interdependencies between the three elements of the proposal. All care packages will increase over time as fees increase in line with the increases in the rate paid for commissioned care. A small group of people will be substantially affected by the removal of the £300 cap. However, people's ability to pay will be taken into account when care costs are being confirmed and service users who are affected by this increase will be encouraged to request a financial assessment of their circumstances.

6. With regard to the stakeholders identified above and the diversity groups set out below:

Consider:

- How to avoid, reduce or minimise negative impact (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- How to **advance equality of opportunity**. This means considering the need to:
 - Remove or minimise disadvantages suffered by people with protected characteristics due to having that characteristic.
 - Take steps to meet the needs of people with protected characteristics that are different from people who do not have that characteristic
 - Encourage protected groups to participate in public life and in any other activity where participation is disproportionately low
- How to **foster good relations**. This means considering the need to:
 - Tackle prejudice; and
 - promote understanding between people who share a protected characteristic and others.

	Is there any potential for (positive or negative) differential impact? Could this lead to adverse impact and if so what?	Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why	Please detail what actions you will take to remedy any identified adverse impact i.e. actions to eliminate discrimination, advance equality of opportunity and foster good relations
Race (this includes ethnic or national origins, colour or nationality, and caste, and includes refugees and migrants; and gypsies and travellers)	No differential impact is anticipated in relation to race.	N/A	N/A
Religion or belief (this includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief)	No differential impact is anticipated in relation to religion or belief.	N/A	N/A

	Is there any potential for (positive or negative) differential impact? Could this lead to adverse impact and if so what?	Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why	Please detail what actions you will take to remedy any identified adverse impact i.e. actions to eliminate discrimination, advance equality of opportunity and foster good relations
Disability (a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities)	It is anticipated that there will be some differential impact around disability, in that the need for a service to be supplied usually arises as a result of the disability or infirmity of the individual service user.	In February 2017, the Council approved further savings options of £12.5m for the 2017-19 period. Given the significant budget reductions already achieved, these further savings will be extremely challenging. This proposal seeks to increase fee income from care services while ensuring that where an adult is charged for care and support, (including making a contribution to a personal budget), they are not charged more than is reasonably practicable for them to afford to pay.	<p>Service users who may be required to make an increased contribution to the cost of their care will be encouraged to identify all possible sources of financial support to mitigate the impact of that increase.</p> <p>As part of this mitigation, service users who have not previously received a financial assessment will be encouraged to request one. The financial assessment will consider the person's income, pension, benefits etc. and subtracts disability related expenses and other eligible living expenses before determining the contribution that the service user will be required to make to the cost of their care.</p> <p>In exceptional circumstances it is proposed that authority to vary the charge levied will be delegated to the Director of People.</p>
Sex / Gender	60% of consultation responses received were from women. This is consistent with service usage data, which shows that 61% of service users are women. This proposal will therefore have a greater impact on women than on men.	In February 2017, the Council approved further savings options of £12.5m for the 2017-19 period. Given the significant budget reductions already achieved, these further savings will be extremely challenging. This proposal seeks to increase fee income from care services while ensuring that where an adult is charged for care and support, (including making a contribution to a personal budget), they are not charged more than is reasonably practicable for them to afford to	<p>Service users who may be required to make an increased contribution to the cost of their care will be encouraged to identify all possible sources of financial support to mitigate the impact of that increase.</p> <p>As part of this mitigation, service users who have not previously received a financial assessment will be encouraged to request one. The financial assessment will consider the person's income, pension, benefits etc. and subtracts disability related expenses and other eligible living expenses before determining the contribution that the service user will be required to make to the</p>

	Is there any potential for (positive or negative) differential impact? Could this lead to adverse impact and if so what?	Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why	Please detail what actions you will take to remedy any identified adverse impact i.e. actions to eliminate discrimination, advance equality of opportunity and foster good relations
		pay.	cost of their care. In exceptional circumstances it is proposed that authority to vary the charge levied will be delegated to the Director of People.
Gender reassignment / Gender identity (a person who's deeply felt and individual experience of gender may not correspond to the sex assigned to them at birth, they may or may not propose to, start or complete a process to change their gender. A person does not need to be under medical supervision to be protected)	No differential impact is anticipated in relation to gender reassignment or gender identity	N/A	N/A
Age (people of all ages)	<p>All services are for adults aged 18 and above, with some service areas such as home care and community meals having a predominantly older (over 65) clientele.</p> <p>A large proportion of adult social care service users are older people who require support with care and daily living. Consultation responses support the view that these services mostly affect older people, with a majority of responses to consultation being received from people aged over 70.</p> <p>It is therefore anticipated that there will be some differential impact on older people.</p> <p>.</p>	In February 2017, the Council approved further savings options of £12.5m for the 2017-19 period. Given the significant budget reductions already achieved, these further savings will be extremely challenging. This proposal seeks to increase fee income from care services while ensuring that where an adult is charged for care and support, (including making a contribution to a personal budget), they are not charged more than is reasonably practicable for them to afford to pay.	<p>Service users who may be required to make an increased contribution to the cost of their care will be encouraged to identify all possible sources of financial support to mitigate the impact of that increase.</p> <p>As part of this mitigation, service users who have not previously received a financial assessment will be encouraged to request one. The financial assessment will consider the person's income, pension, benefits etc. and subtracts disability related expenses and other eligible living expenses before determining the contribution that the service user will be required to make to the cost of their care.</p> <p>In exceptional circumstances it is proposed that authority to vary the charge levied will</p>

	Is there any potential for (positive or negative) differential impact? Could this lead to adverse impact and if so what?	Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why	Please detail what actions you will take to remedy any identified adverse impact i.e. actions to eliminate discrimination, advance equality of opportunity and foster good relations
			be delegated to the Director of People.
Sexual orientation - people who are lesbian, gay and bisexual.	No differential impact is anticipated in relation to sexual orientation.	N/A	N/A
Marriage and civil partnership (Only in relation to due regard to the need to eliminate discrimination)	No differential impact is anticipated in relation to marriage and civil partnership	N/A	N/A
Caring status (including pregnancy & maternity)	<p>It is anticipated that there could be some differential impact in relation to caring status, as support is given by families and other caregivers of adult social care service users, who may be affected by the proposed increase in charges.</p> <p>Potentially, caregivers could be called upon to support service users in dealing with the impact of any increase in their care charges. Some caregivers expressed concern that they might be required to make up some of the increased cost of care from their own funds.</p>	In February 2017, the Council approved further savings options of £12.5m for the 2017-19 period. Given the significant budget reductions already achieved, these further savings will be extremely challenging. This proposal seeks to increase fee income from care services while ensuring that where an adult is charged for care and support, (including making a contribution to a personal budget), they are not charged more than is reasonably practicable for them to afford to pay.	<p>Service users who may be required to make an increased contribution to the cost of their care will be encouraged to identify all possible sources of financial support to mitigate the impact of that increase.</p> <p>As part of this mitigation, service users who have not previously received a financial assessment will be encouraged to request one. The financial assessment will consider the person's income, pension, benefits etc. and subtracts disability related expenses and other eligible living expenses before determining the contribution that the service user will be required to make to the cost of their care.</p> <p>In exceptional circumstances it is proposed that authority to vary the charge levied will be delegated to the Director of People.</p>

	Is there any potential for (positive or negative) differential impact? Could this lead to adverse impact and if so what?	Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why	Please detail what actions you will take to remedy any identified adverse impact i.e. actions to eliminate discrimination, advance equality of opportunity and foster good relations
Socio-economic	<p>As noted above, changes to the amount of disposable income used to calculate service users' contributions mean that some people's charges increase and that some people who do not currently pay for care will now be required to make a contribution to the cost of their care.</p> <p>Under the current model a charge is only made for the cost of a single carer – it is proposed that the cost of all carers attending a service user will now be charged.</p> <p>The removal of the current £300 cap on the amount an individual would pay will affect those whose care costs over £300 per week and who are assessed as being able to make a contribution of over £300 to the cost of their care. The number of people that this will affect is comparatively small, but the impacts of this on people who fall into this category could be substantial.</p> <p>Consultation also suggested that some service users – including those who will see little or no increase in the amount of the contribution to care costs that they are being required to make – are anxious about the impact that these proposals will have. It is therefore proposed to carry out a range of activity designed to reassure service users around the impact of these changes and to encourage service users who might be</p>	<p>In February 2017, the Council approved further savings options of £12.5m for the 2017-19 period. Given the significant budget reductions already achieved, these further savings will be extremely challenging. This proposal seeks to increase fee income from care services while ensuring that where an adult is charged for care and support, (including making a contribution to a personal budget), they are not charged more than is reasonably practicable for them to afford to pay.</p>	<p>There remains some uncertainty about the full effect of these changes. This uncertainty largely arises because some people currently receiving care costing over £300 a week, whose contribution to the cost of their care will increase under these proposals, have not taken up the offer of a financial assessment. We anticipate that some service users in this category will now request a financial assessment and that some of the service users who receive a financial assessment in these circumstances will receive a contribution to the cost of their care.</p> <p>In exceptional circumstances it is proposed that authority to vary the charge levied will be delegated to the Director of People.</p>

	Is there any potential for (positive or negative) differential impact? Could this lead to adverse impact and if so what?	Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why	Please detail what actions you will take to remedy any identified adverse impact i.e. actions to eliminate discrimination, advance equality of opportunity and foster good relations
	affected to claim all the help with care costs that they are entitled to.		
Other comments or issues.			
Please provide a list of the evidence used to inform this EIA, such as the results of consultation or other engagement, service take-up, service monitoring, surveys, stakeholder comments and complaints where appropriate.	Service usage data. Consultation responses.		

Bolton Council

This EIA form and report has been checked and countersigned by the Departmental Equalities Officer before proceeding to Executive Member(s)

Please confirm the outcome of this EIA:

No major impact identified, therefore no major changes required – proceed	<input type="checkbox"/>
Adjustments to remove barriers / promote equality (mitigate impact) have been identified – proceed	<input checked="" type="checkbox"/>
Positive impact for one or more groups justified on the grounds of promoting equality - proceed	<input type="checkbox"/>
Continue despite having identified potential for adverse impact/missed opportunities for promoting equality – this requires a strong justification	<input type="checkbox"/>
The EIA identifies actual or potential unlawful discrimination - stop and rethink	<input type="checkbox"/>

Report Officer

Name:

Date:

Departmental Equalities Lead Officer

Name:

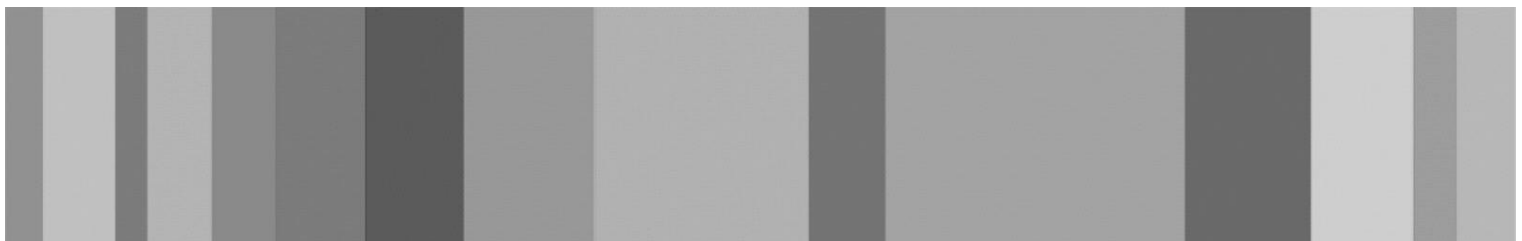
Andy Bent

Date:

13 December 2017



Charging Policy: Adults Non-Residential Care



Author (name):	Yvonne Kaye-Bedford and Veronica Fletcher
Author (designation):	
Date approved by QGB	
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Introduction

- 1.1 This policy sets out Bolton Council's Charging framework for adults (over 18) in receipt of Non-Residential services i.e. those services which support Adults to live at home in the community.
- 1.2 This policy includes all non-residential care and support services included within a personal budget. The policy also details those community services which are provided at no cost to the individual and the standard charges applied for transport and community meals.
- 1.3 Exclusions to this policy are:
 - Residential care and residential respite care
 - Support services provided through rent/housing service charges
- 1.4 The policy has been revised following a review of charging, and to comply with the Care Act 2014 which provides a single legal framework for charging for care and support in Adult Care services. Section 14 of the Care Act 2014 gives Local Authorities discretionary powers to charge adults in receipt of non-residential care services.
- 1.5 The policy has been developed by the Authority's finance team in conjunction with social care professionals. Consultation was conducted with non-residential care service users, representative groups and elected members.

Purpose

- 2.1 The policy explains how the Authority applies Section 17 of the Care Act 2014 which permits local authorities to undertake a financial assessment to determine the Adults/service users' financial resources, and the amount, if any, that the adult/ service user is assessed as able to pay towards meeting their care and support needs.
- 2.2 The policy also determines the discretionary elements of the Care Act 2014, with reference to setting the disposable income limit, the cap on weekly charges and recharging the full cost of care.
- 2.3 The key principles of the policy are that it:
 - √ Is clear and transparent
 - √ Is equitable and fair
 - √ Is based on an individual's needs, and their ability to pay
 - √ Promotes independence and those who wish to stay in or take up employment, education or training
 - √ Reflects the true cost of services and is sustainable for the Local Authority over the longer term
 - √ Minimises anomalies between different care settings

- 2.4 The policy will be used to set up the systems to calculate the amount a person will have to pay towards their care.
- 2.5 The Council will not charge more than a person can afford to contribute.
- 2.6 The policy will be followed by all staff advising on financial assessment, service provision and charging for non-residential care services.

Definitions

- 3.1 The following terms used in this policy are explained below:

Assessment of Need – the assessment carried out by social care, and in some cases health, professionals to determine an individual's eligible care needs

Authority (the) – Bolton Council

Capital – the financial resources and assets available for use, including income, second properties, savings, and other forms of investments. This list is not exhaustive.

Capital Limits – the limits set by Central Government which determine how much people are able to contribute towards their care

Contribution – the amount an individual is expected to pay towards their care

Day Care – care provided during the day, in a care setting outside the home

Direct Payments – payments made by the Authority made directly to an individual to allow them to purchase services to meet their care and support needs, rather than using care services organised/provided by the Authority.

Disposable Income – the amount of income an individual has left over, after expenditure, allowances and disregards and the minimum income guarantee are taken into account. This equates to the maximum contribution.

Disability Related Expenditure – the types of expenditure required as a result of the individual's disability, this is personalised according to need

Domiciliary Care, also known as **Home Care** - care provided within an individual's own home

Extra Care – care provided within an Extra Care Housing environment

Financial Assessment - refers to the process the Authority uses to determine a person's ability to pay for the care they receive. This assessment is based on national guidance. Home Care, also known as Domiciliary Care – care provided within an individual's own home,

Income Disregards – the types of income that are not taken into account when calculating weekly income

Individual – the person in receipt of care i.e. the service user

Minimum Income Guarantee – the minimum income set by Central Government that a person needs to cover daily living costs.

Non-Residential Care – services provided in the community to support individual's living at home. Care services include: Day Care; Direct Payments; Extra Care; Home/Domiciliary Care; Shared Lives; Supported Living

Personal Budget – the amount of money the Authority has agreed it will cost to fund the care and support needs identified in the approved support plan.

Residential Care – care provided in a registered residential or nursing home

Residential Respite Care – short breaks provided within residential care

- 3.2 The Care and Support regulations (Statutory Instruments) and Care and Support Statutory Guidance and Annexes issued under the Care Act inform this policy, and should be referred to where clarification is required.
- 3.3 The policy should also refer to any changes made to the capital or income limits set out annually by Central Government in Local Authority Circulars.

Cost of Care Services

- 4.1 The Care Act 2014 enables the Authority to determine whether or not to charge an individual to meet their care and support needs. There are also some types of support that the Authority is required to provide free of charge.
- 4.2 Information, Advice and Guidance are provided by the Authority at no cost to the individual. This includes the social care assessment, arranging care services, financial assessment and advice regarding benefit maximisation.
- 4.3 The following services are also provided at no cost to individuals. This list is not exhaustive.
- Services, or parts of services that the NHS is under a duty to provide
 - Aftercare services under Section 117 of the Mental Health Act
 - Intermediate Care and Re-ablement for up to six weeks (following a stay in hospital) and where the individual was not receiving care before going into hospital
 - Support for Carers
 - Independent advocacy services
 - Aids and equipments up to £1000
 - Care and support provided to persons with Crueutzfeldt Jacobs Disease
- 4.4 All other care services included within the Personal Budget are subject to charges.
- 4.5 The Authority will not charge more than it costs to meet the assessed eligible needs of the individual.
- 4.6 The maximum an individual will pay is determined by the financial assessment i.e. an individual will pay no more than they can afford.

- 4.7 Transport and meals are provided at a flat rate cost but as they are not a care service, they are expected to be paid from household income as normal daily living expenses.
- 4.8 Charges will be reviewed on an annual basis and will reflect the real cost of care, unless the Authority chooses to provide a subsidised service. Charges to individuals will never exceed the cost of care to the Authority.
- 4.09 Residential and residential respite care is subject to a separate charging policy.
- 4.10 Clients who do not give 24 hour notice for homecare will be charged for the care package for that day.

Determination of Need

- 5.1 The care and support needs of an individual will be determined through a social care assessment, which identifies whether the individual reaches the threshold for services and whether they receive any help and support from relatives, friends or neighbours. If a person is assessed as having eligible needs, a personal budget will be calculated and an individual support plan will be developed. A financial assessment will then be requested to determine the individual's ability to pay for care.
- 5.2 Where an individual has been identified as potentially lacking the capacity to deal with finance, then a mental capacity assessment must be undertaken, and appropriate arrangements must be established.
- 5.3 Where a person does not meet the council's eligibility criteria for need, they will be given information and advice about other sources of support including, where appropriate, mainstream services and voluntary sector services which are free to everyone.

Financial Assessment Process

- 6.1 The Financial Assessment will be undertaken by the Authority's Financial Income and Assessment Team. A form will be completed by post, or in most cases by an officer visiting the person in their own home or at an agreed location. The person may wish to have a carer, advocate, relative or friend present. Financial information will be gathered and recorded on a Financial Assessment Form which must be signed by the person.
- 6.2 The Authority will take care to communicate and implement a charging system which takes capacity into consideration. Where an individual lacks capacity, they may still be assessed as being able to contribute towards their care. If the person has a representative who deals with their financial affairs i.e. Deputy, Attorney they must be present at the visit to sign the documentation. If there is no such person an approach to the Court of Protection may be required.
- 6.3 A 'light touch' assessment may be conducted for those who are clearly under the limit (on means tested benefits), those who have demonstrated they have significant resources, above the maximum capital limit, or those who do not want to undergo a full assessment for personal reasons. However, the declaration must still be signed by the individual where they have capacity, and for those without capacity, by a person who has the legal authority to do so.

- 6.4 For couples, if both partners are receiving care, a joint financial assessment will be carried out to determine what income and capital they have.
- 6.5 If only one of the persons is receiving services then a single person's financial assessment will be undertaken. The couple will then be given the opportunity to have a couple's assessment and whichever is the lowest contribution will be levied. **Note: the Care Act Guidance (8.8) says the local authority has no power to assess couples or civil partners according to their joint resources and each person must be treated individually.**
- 6.6 This financial assessment takes into account both capital and income. The information collected by the Financial Assessment officer will be used by the Authority to calculate the person's ability to contribute towards the cost of their care.
- 6.7 Capital will include cash, savings and other forms of investments. The capital value of a person's home will not normally be taken into account in the financial assessment where they continue to occupy the dwelling as their only or main residence. The capital value of any other property owned or part owned by the person will be regarded as capital. The policy will follow Care Act Statutory guidance issued by the Department of Health.
- 6.8 Income will be assessed according to Department of Health guidance, and advice and information on the benefits will be available to maximise income entitlement as part of the financial assessment, and if required, assistance will be provided by our visiting service to complete any benefit forms. Any notional income i.e. benefits that an individual are entitled to if they apply for them is taken into account within the financial assessment.
- 6.9 The Council may use information obtained from the DWP for determining whether an individual is applying for or receiving a specific pension or benefit.
- 6.10 As per fact sheet 1 an individual can be identified and classified as:
- a **full cost payer** if they have savings over the statutory amount determined by Central Government or has sufficient income to cover the weekly cost of care.
 - a **variable payer** if they have savings between the statutory amounts determined by Central Government and/or has sufficient income to pay for part of their care package.
 - a **nil payer** if they have savings under the statutory amount determined by Central Government and has a minimum income.
- 6.11 Any individual who chooses not to have a financial assessment or refuses to co-operate with the assessment to the extent that a full financial assessment cannot be completed will be required to pay the full cost of their care.
- 6.12 If, following a financial assessment, a person is found to have sufficient funds to meet the full cost of their care themselves, they will still be offered assistance with planning and making appropriate care arrangements if they wish for the council to arrange the same for them. However they may also choose to arrange their own care privately.
- 6.13 Once a personal budget has been agreed, the financial contribution can be finalised and will be confirmed in writing to the person.

- 6.14 Contributions will normally apply from the start of the care package when the social worker has the initial meeting with the client. A financial assessment will be completed and backdated and if the client has been overcharged a credit will be arranged.
- 6.15 Where a person receives a Direct Payment to pay for their support, any contribution payable will be netted off before the payment is made.
- 6.16 Where services are purchased by the Council on behalf of the person an invoice will be issued 4 weekly in arrears for any contributions payable.
- 6.17 The Council's preferred method for income collection is by Direct Debit.

Contributions

- 7.1 To determine ability to pay two elements are considered – capital/savings and disposable income.
- 7.2 If an individual has capital/savings of: as described in para 6.10 and attached in fact sheet 2.
- 7.3 Disposable income is considered where an individual has less than the upper capital limit in capital/savings. The Disposable Income (DI) is the maximum amount that an individual can contribute towards care. It is calculated as follows:

$$\begin{aligned}\text{Total Income} &= \text{Income received} \\ \text{Minus} &= \text{Allowances/Disregards} \\ \text{Minus} &= \text{Disability Related Expenditure} \\ \text{Minus} &= \text{Minimum Income Guarantee} \\ &= \text{Disposable Income}\end{aligned}$$

- 7.4 The Allowances and Disregards are listed in fact sheet 1.
- 7.5 Disability Related Expenditure will be assessed according to individual need. Any reasonable expenditure will be allowed but receipts may be required for certain items.
- 7.6 The Minimum Income Guarantee is set by Central Government on an annual basis and the rates applied. No-one should be left with less than the minimum income as a result of charging.

Review of Contributions and Changes in Financial Circumstances

- 8.1 The Financial Assessment of a person's ability to contribute towards the cost of their social care will be reviewed at least annually and earlier if there are significant changes in either the financial circumstances of the person, or at the request of the individual or their representative.

- 8.2 Individuals, or their representatives, have a duty to notify the Authority's Financial Income and Assessment Team if there is a change to their financial circumstances, as this may result in an adjustment to contributions. This includes any state benefit awards.
- 8.3 Any additional contributions identified in a reassessment of charges will be backdated to the date of the change in the financial circumstances.
- 8.4 Service users' contributions will be adjusted each year and the effective date will be in line with Department for Work and Pensions (DWP) changes.
- 8.5 A standard amount or percentage increase will be levied in line with DWP changes or inflation rates to avoid unnecessary paper work being completed by the service user.
- 8.6 The service user will be offered an individual reassessment if they are not in agreement to having a standard increase in their contributions; in these cases the service user will be asked to complete a reassessment form themselves. We are not able to offer a face to face visit in the service user's home unless it is deemed necessary by a finance officer.

Appeals and Complaints Procedure

- 9.1 Individuals have the right to ask the Authority for a review of a contribution for which they have been assessed if they consider that they cannot pay it.
- 9.2 Individuals or their representative may request a review of a contribution or appeal against a contribution in full or part, which will be carried out by an independent person/Senior Officers of the Council.
- 9.3 This may happen either when initial assessment or annual review has taken place or when an individual has a change in circumstances.
- 9.4 Individuals also have the right to make a complaint about any aspect of the financial assessment through the Authority's complaints procedure which complies with The Local Authority Social Services and NHS Complaints (England) Regulations 2009.
- 9.5 The Appeals and Complaints procedure are attached in fact sheet 3.

Debt Recovery and Deprivation of Assets

- 10.1 The Authority will at all times require users to pay the assessed contribution.
- 10.2 The overall approach will be to obtain current compliance while at the same time working with any individuals experiencing difficulty in making payment. While individual's personal circumstances will be considered with sensitivity, in fairness to those people who meet the contributions, non-payment must be handled in line with the council's overall policy on unpaid invoices
- 10.3 Any individuals failing to pay or refusing to pay the assessed contribution, who are unable to come to an arrangement with the council about payment, will be subject to the council's overall policy on recovery of debt, using the powers under the Care Act.

- 10.4 Recovery action will be taken where non-payment occurs. Follow up reminders and recovery action will be taken on all outstanding unpaid invoices.
- 10.5 If a person has deprived themselves of assets – either capital or income in order to reduce the charge, for example by excessive spending or gifting, and the Authority has evidence to support this, then this will either be treated:
- as if the individual still possesses the asset, or
 - if the asset has been transferred to someone else, the authority can seek to recover the lost income from that person. However, we will not recover more than the person has gained from that transfer.

What competences will staff who are implementing this policy need?

- 11.1 All adult social care and finance staff working with individuals are required to understand the basis of this policy, and the changes from the previous policy.
- 11.2 Financial assessment officers are required to understand the details of the policy i.e. the allowances, disregards, how to assess disability related expenditure and the requirement to maximise income through claiming benefits.

What resources will be needed to implement this policy?

- 12.1 IT systems will be updated to take into account the new calculations of contributions and the new charges need to be input into the system on an annual basis.
- 12.2 Additional resources may be required to ensure financial assessments are reviewed and are up to date.

Implementation and Review

- 13.1 The Finance, Income and Assessment Team are responsible for the implementation of this policy and the changes required with the IT systems. They will also be responsible for compliance, monitoring and quality assurance.
- 13.2 The Finance, Income and Assessment Team are required to be fully conversant with this policy and be able to provide detailed advice and support to services users and families.
- 13.3 This policy should also be understood by all frontline social care staff and managers. The policy will be disseminated through the adults social care teams, including mental health. This will be done through Heads of Service/Team manager meetings with briefings to staff. The policy needs to be included as part of staff induction.
- 13.4 The policy will be available on the intranet, and will be sent to all staff via the Children and Adults newsletter.

- 13.5 The policy should be reviewed on an annual basis, prior to each new financial year, and appendices updated to reflect uplifts in charges, and changes to Central Government income and capital limits.
- 13.6 Following the review the policy and appendices should be circulated across the relevant teams.

Fact Sheet 1 - How we work out how much you pay

We will need to give you a financial assessment to look at all your money and benefits.

If you have savings and property:

Over £23,250 you will pay the full costs of your support. We refer to people who access care services from us but pay for them themselves as self-funders.

Between £14,250 and £23,250 you will be expected to contribute £1 per week for every £250 you have over £14,250. Your charge will be based on your weekly income, and any capital above £14,250.

Under £23,250 you will probably have to make a contribution to the cost of your care.

(These figures will change from 2020)

Information you will need to complete your assessment

You must provide this information if you are the financial representative and have the legal authority to do so ie are a Deputy or an Attorney.

Personal details:

- Client Reference (You will find this on any letters you have received from Adult Social Care Services)
- Your full name, address and telephone number
- Your National Insurance Number
- Your date of birth
- A current email address if applicable

Capital

This includes money in or from the following:

- Bank and savings accounts
- Cash
- Stocks and shares
- Property or land that you own (excluding your main or only residence that you live in if you are receiving care at home)
- Rental income from other properties (after tax)

You will need to specify whether these are yours or shared with someone else, as only your share is taken into account.

Income

This includes information about your wage/salary and you will also be asked about benefits to which you are entitled even if you have not claimed them. These include:

- Attendance Allowance, including Constant Attendance Allowance and Exceptionally Severe Disablement Allowance
- Bereavement Allowance, previously known as Widow's Pension
- Carer's Allowance
- Disability Living Allowance (Care component)
- Employment and Support Allowance or the benefits this replaces such as Severe Disablement Allowance and Incapacity Benefit
- Income Support
- Industrial Injuries Disablement Benefit or equivalent benefits
- Jobseeker's Allowance
- Maternity Allowance
- Pension Credit
- Personal Independence Payment (Daily Living component)
- State Pension
- Universal Credit
- Working Tax Credit
- Private pensions including occupational pensions
- Annuities

What is not included?

We won't take into account money you earn from working – earnings are not counted towards the costs of your care and support. Nor do we count the following:

- Direct payments
- Guaranteed Income Payments (GIPs) made to veterans under the Armed Forces Compensation Scheme
- The mobility component of Disability Living Allowance
- The mobility component of Personal Independence Payments
- Your partner's income or capital (unless, for care at home, you wish to disclose this in order to see whether additional allowance can be made)
- Expenditure related to your disability, e.g. if you buy special equipment, food or clothing relating to your disability (for care at home)
- Light touch financial assessments

If you can afford to pay the full costs of your care, you may ask us to carry out a light-touch financial assessment if you do not wish to provide full details of your finances.

Deprivation of assets

If you dispose of any capital, assets or savings before you receive support, we are required to investigate the circumstances. If we decide that a significant factor in your decision for the disposal was to avoid or reduce the amount you have to pay towards your support, this may result in the financial assessment being completed as if you still have the assets.

Fact Sheet 2 – Capital Tariff Income

Capital Tariff Income with effect from 10th April 2017

£14000.01	£14,250.00	Nil
£14,250.01	£14,500.00	1.00
£14,500.01	£14,750.00	2.00
£14,750.01	£15,000.00	3.00
£15,000.01	£15,250.00	4.00
£15,250.01	£15,500.00	5.00
£15,500.01	£15,750.00	6.00
£15,750.01	£16,000.00	7.00
£16,000.01	£16,250.00	8.00
£16,250.01	£16,500.00	9.00
£16,500.01	£16,750.00	10.00
£16,750.01	£17,000.00	11.00
£17,000.01	£17,250.00	12.00
£17,250.01	£17,500.00	13.00
£17,500.01	£17,750.00	14.00
£17,750.01	£18,000.00	15.00
£18,000.01	£18,250.00	16.00
£18,250.01	£18,500.00	17.00
£18,500.01	£18,750.00	18.00
£18,750.01	£19,000.00	19.00
£19,000.01	£19,250.00	20.00
£19,250.01	£19,500.00	21.00
£19,500.01	£19,750.00	22.00
£19,750.01	£20,000.00	23.00
£20,000.01	£20,250.00	24.00

£20,250.01	£20,500.00	25.00
£20,500.01	£20,750.00	26.00
£20,750.01	£21,000.00	27.00
£21,000.01	£21,250.00	28.00
£21,250.01	£21,500.00	29.00
£21,500.01	£21,750.00	30.00
£21,750.01	£22,000.00	31.00
£22,000.01	£22,250.00	32.00
£22,250.01	£22,500.00	33.00
£22,500.01	£22,750.00	34.00
£22,750.01	£23,000.00	35.00
£23,000.01	£23,250.00	36.00
£23,250.01		Self-funding

Fact Sheet 3 - Adult Social Care Appeals

An appeal is a request for a review of a decision taken by the Finance Income and Assessment Team. It is one of a range of options for dealing with concerns. If you think the Council has made a decision about your financial assessment which you think is unfair you can ask for the decision to be looked at again.

Bolton Council tries to make sure that they always give people a high-quality service and sort problems out straight away wherever possible. However, there may be times when you are not satisfied. The Appeals Process is a simple way for you to ask for a decision to be looked at again and to receive a quick reply.

Who can appeal?

Any adult who:

- already gets social care support;
- the Council has a duty to provide support to;
- is your representative, for example, a carer, relative or advocate; or
- a carer (in their own right).

What you can appeal about

The appeals process can be used to deal with concerns about:

- Financial Assessment (this decides what you need to pay)
- Support Plan (this is a plan of the support you need)
- Deferred Payment Agreement (this scheme helps people who need to sell their homes to pay to live in a care home)

Help to make an appeal

If you need to make an appeal and find it difficult to share your views and feelings, or understand the information it may be useful to have an advocate. An advocate is a person who speaks up for you, or helps you to speak up for yourself. You may want this to be a family member or friend, however if there is no one available we can give you information about how to find an independent advocate to support you with raising your concerns.

