

Report to:	EXECUTIVE CABINET
Date:	27 October 2021
Executive Member:	Councillor Eleanor Wills – Executive Member (Adult Social Care and Health)
Reporting Officer:	Stephanie Butterworth – Director, Adults Services
Subject:	PERMISSION TO CONSULT ON DRAFT REVISED NON-RESIDENTIAL CHARGING POLICY
Report Summary:	<p>This report seeks permission to consult with the public on the revised Non-Residential Charging Policy. The current Policy was approved on 25 March 2015, following the implementation of the Care Act 2014.</p> <p>The residential and non-residential arrangements for financial assessment and charging have been separated out to make it easier for the public to access the information relevant to them.</p> <p>There are two key elements included in the consultation, as well as general feedback on the revised Policy.</p> <p>The report also states elements of the Policy that will not be consulted on, as permission is sought to maintain the current position on these powers.</p>
Recommendations:	<p>That Executive Cabinet be recommended to agree:</p> <ul style="list-style-type: none"> (i) That permission is given to consult on the following elements of the revised Adult Services Charging Policy: <ul style="list-style-type: none"> • The Minimum Income Guarantee level the Council uses • The level of disregarded Disability living Allowance (DLA) / Personal Independence Payment (PIP) • Introducing an arrangement fee for setting up care for self-funders and an annual fee for managing the account. • General feedback on the Charging Policy (ii) That permission is also given to carry out a wider review of the charges for Adult Social Care services to ensure the Council is charging in line with other local authorities. This exercise will involve a further consultation exercise once the review has been completed. (iii) It is recommended that the Council continues with its current policy not to charge for Care services for informal carers (iv) That permission is granted for a separate consultation exercise to be undertaken regarding the implementation of Housing Benefit regulations in Shared Lives, on receipt of Counsel advice, should this be required.
Corporate Plan:	Healthy, Safe and Supportive Tameside
Policy Implications:	This report seeks permission to consult with the public on the revised Non-Residential Charging Policy. The current Policy was approved on 25 March 2015, following the implementation of the Care Act 2014.

**Financial Implications:
(Authorised by the statutory
Section 151 Officer & Chief
Finance Officer)**

The Council's Charging Policy is framed by the requirements of the Care Act. The Council also has a Value for Money duty, obliging it to collect all fees due from social care clients and to ensure the sustainability of social care and other services in the Borough. In achieving this, the Charging Policy should avoid the creation of perverse incentives or false economies.

As noted at 3, funding for social care is scarce and wherever possible, compensating savings or alternative income streams would be identified to match any reduction in fee income. One option as discussed at 4.31-4 and 5.6-7 is to introduce an arrangement fee for fully self-funding clients whenever a new package of care is set up. A fee in the range of £50 to £250 is proposed, subject to consultation and consideration of the most effective charging structure. The overall financial impact is difficult to quantify given the change in demand that would result, but for illustration given current levels of demand, an annual (rather than one-off) fee set at £100 per year would generate £49,700 in income before any reduction in volume is considered. This would generate at least some level of income and potentially reduce demand on constrained Council services.

Per 4.12, the direct financial pressure arising from the proposed changes in treatment of Disability Living Allowance and Personal Independence Payment is estimated to be £203k, almost entirely affecting non-residential care charges. This is essentially the cost of bringing the current policy into line with the Norfolk Judgement and avoiding future challenges to the Council's policy. For context, this amount represents approximately 1.5% of Adult Services' total fee income and 0.2% of its gross expenditure. No direct mitigation or alternative income stream is identified, so a pressure would arise against the department's budget from FY 22/23 onwards.

Within this paper, there is an option 2 for the proposed change to the Minimum Income Guarantee that has the potential to deliver recurrent savings to the Council of approximately £180k. By doing so will move the council to the minimum statutory levels whilst still adhering to legislation. However TMBC have been providing a more generous amount to our most vulnerable residents for some time and would be a financial detriment to the vulnerable residents that we currently support who would be left with a lower level of income to cover their living costs.

The risks associated with revisions to the Charging Policy are set out at Section 7. The probable reduction in fee income must be weighed against the potential legal and financial impacts of non-compliance. In certain instances, the potential cost of non-compliance with the Care Act and the Norfolk Judgement would outweigh the direct loss of income arising from changes to the charging policy.

**Legal Implications:
(Authorised by the Borough
Solicitor)**

All of the Council's charges are in line with the Care Act 2014. Section 14 of the Care Act 2014 allows the Council to charge for Care and support Services. This framework enables the Council to decide whether or not to charge a person when it is arranging to meet a person's care and support needs, and is intended to make charging fairer and more clearly understood by everyone. Where the Council decides to charge, it must follow the Care and Support

(Charging and Assessment of Resources) Regulations, or whichever regulations apply at the time, and have due regard to the associated guidance, ensuring that it does not charge more than is permitted therein.

This means that where a local authority chooses to charge, the maximum and the way in which it does so is determined by the current regulations, and in turn, the Council must develop, agree and maintain policies setting out how they will do so in settings other than care homes, where separate rules apply. Only where a financial assessment has been carried out in accordance with the regulations can a charge be made, and this should be fully explained within local authority policies.

Policies should be in place regarding how the Council communicates, carries out financial assessments, collects debts, and which take into consideration the capacity of the person as well as any illness, condition or if they are in prison. The wellbeing principle lies at the heart of all policy decisions.

There has been a recent High Court decision (2020) involving Norfolk County Council, which found that their Charging Policy discriminated against 'severely disabled' people under the European Convention on Human Rights because the Council would be charging those with the highest support needs proportionally more than those with lower support needs.

The implementation of the legislation and guidance should be effective at all times, to ensure the Council is behaving lawfully and fairly, and therefore safe from successful challenge in the courts or from complaints, including the consultation exercise in developing the policies.

Risk Management:

The risks associated with this decision are highlighted in detail in section 7 of this report.

The key risks relate to people's ability to pay the charges that they are assessed for and the need to have robust financial monitoring and swift reactions between Exchequer and Adult Services to ensure that if people are struggling to pay that as much help and support is available so that people are either not left with adequate weekly income or without the correct level of care and support.

Background Information:

The background papers relating to this report can be inspected by contacting Sandra Whitehead



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1. INTRODUCTION

- 1.1 The Care Act 2014 placed a number of duties and responsibilities on local councils when considering charging for adult social care services including residential and non-residential care (such as homecare, day care and respite care). The Act continues to allow councils some discretion as to what services they can charge for and what income, savings and assets can be taken into account when calculating a person's ability to pay for their care.
- 1.2 In terms of the elements of the Act that are to do with charging for services, the Department of Health published two key sets of regulations that embody the statutory requirements of the Act as well as indicating the discretionary elements that are open to local interpretation and decisions.
- 1.3 The key regulations are:
 - The Care and Support (Charging and Assessment of Resources) Regulations 2014
 - The Care and Support (Deferred Payment) Regulations 2014
- 1.4 In response to the implementation of the Act, following a period of consultation, Executive Cabinet approved the current Charging Policy on 25 August 2015. This Policy included the Council's approach to assessing and charging for both residential/nursing care and for non-residential care, for example home care and respite care.
- 1.5 As part of the review of the current Charging Policy, it is proposed that two separate Charging Policies are developed – one to reflect the Council's policy with regards to residential/nursing care and one for non-residential care. The reason for this is to simplify the process for members of the public so they only need to consider the document relevant to their own situation.
- 1.6 On 18 December 2020 Mr Justice Griffiths ruled against Norfolk County Council that its charging policy discriminated, albeit inadvertently, against 'severely disabled' people contrary to Article 14 of the European Convention on Human Rights.
- 1.7 Norfolk County Council provided services to SH, charging on a means-tested basis. SH was a 24-year-old woman with Down syndrome who, because of her disabilities, had never been able to earn money. She had no income apart from her state benefits. The local authority provided SH with services in accordance with its duties under the Care Act 2014 and sought to charge for those services on a means-tested basis. SH was required to pay those charges out of her benefits.
- 1.8 Following a change in the local authority's charging policy, SH found her assessed contribution increased significantly which she challenged by way of judicial review. SH alleged that the amended policy was unfair and discriminated against her, as a severely disabled person. This was on the following 2 grounds: Ground 1: The Charging Policy discriminates against severely disabled people, contrary to Article 14 read with Article 1 of Protocol 1 and/or Article 8 of the European Convention on Human Rights. Ground 2: The Charging Policy indirectly discriminates against adults with Down Syndrome, contrary to section 19 and 29 of the Equality Act 2010.
- 1.9 The Court found that her 'severe disability' was capable of being an 'other status' for the purposes of Article 14, concluding that the local authority's amended charging policy had treated SH differently to others subject to the same policy, and could provide no justification for that difference in treatment. Consequently, he granted the relief sought.
- 1.10 In essence, the council's policy meant that the charges that the service user would have had to pay the council from her benefits for day services, respite care and a personal assistant would have risen from £16.88 per week to £50.53 per week and the court found that the new policy discriminated against "severely disabled" people under the European Convention on

Human Rights because **the council would be charging those with the highest support needs proportionately more than those with lower support needs.**

- 1.11 The Judge's Findings: Griffiths J found that the local authority's charging policy did discriminate for the following reasons: The local authority argued that SH's proposed 'other status' of 'severely disabled' was not precise enough to warrant protection under Article 14 ECHR. Griffiths J agreed that the proposed status needed to be ascertainable for it to be protected, but felt that as her disability had been assessed for the purposes of her entitlement to Employment Support Allowance and PIP granting her the highest level of support available, it was as precise as the category of 'a severely disabled child in need of a lengthy in-patient hospital treatment' which had been recognised previously in *Mathieson v Secretary of State for Work and Pensions* [2015].
- 1.12 Differential treatment: SH's needs as a severely disabled person were higher than the needs of a less severely disabled person, hence her needs-based benefits were awarded at higher rates. Under the local authority's charging policy, all of this income fell to be included in her assessment. By contrast, a less severely disabled person might receive less benefits but may be able to work, and their earnings from employment or self-employment would be protected and not included in the assessment. The local authority argued that this was not differential treatment because the same policy applied. Griffiths J found that the local authority's argument missed the point: the policy was equal but not equitable [emphasis added], and it had a disproportionate impact against severely disabled people. The local authority had not taken steps to mitigate this and therefore, on the facts, the court held that there was a difference of treatment between two persons in an analogous situation.
- 1.13 Norfolk County Council had made a decision to implement a new policy on the level of the Minimum Income Guarantee (MIG) it would set locally, and to change the amount of the Personal Independence Payment (PIP) that is included in someone's financial assessment. It was determined that while inadvertently, both decisions discriminated against people who were most disabled, and were most unlikely to be able to earn income from paid employment.
- 1.14 The new policy "significantly reduced the minimum level of income (the "Minimum Income Guarantee" or "MIG") that an adult in SH's position could receive before being charged for care. It also included the PIP Enhanced Daily Living Rate in the calculation of the MIG.
- 1.15 Mr Justice Griffiths noted that Norfolk had "exercised its discretion to charge SH the maximum permissible (disregarding only those elements it is required to disregard by law), and, at the same time, has lowered the overall cap on her charges by reducing the council's minimum income guarantee". The way the Charging Policy was constructed means that, because her needs as a severely disabled person are higher than the needs of a less severely disabled person, the assessable proportion of her income is higher than theirs.
- 1.16 Her needs-based benefits are awarded at higher rates (daily living PIP and ESA) and are fully assessed, and their earnings from employment or self-employment are not available to her and other severely disabled people, but are not assessed."
- 1.17 A Cabinet Decision was taken by Norfolk Council following Judicial Review of Care Charging on 12 January 2021. The following recommendations were approved.
 - a) to make an initial amendment to the charging policy for non-residential care for people of working age, setting a minimum income guarantee of £165 per week, and using discretion to disregard the enhanced daily living allowance element of Personal Independence Payment
 - b) to apologise to those affected and implement that amendment as soon as practicable and backdate it to July 2019
 - c) to initiate further detailed work on the impact of the charging policy as it relates to the group of severely disabled people identified by this judgment, and wider groups.

- 1.18 Under the Care Act 2014, charges must not reduce people's income below a certain amount but local authorities can allow people to keep more of their income if they wish. This is a weekly amount and is known as the Minimum Income Guarantee (MIG).
- 1.19 Adult Services, Exchequer, Finance and Legal teams have worked together to review the current Charging Policy and to develop a stand-alone non-residential Charging Policy that reflects the local position and is compliant with the Care Act and relevant Regulations.
- 1.20 While ensuring that the Policy is equitable, the Council must also take into account the long term financial sustainability of the Council, so must consider to charge, what it can afford while acting in a lawful and equitable way.
- 1.21 This report is seeking permission to consult with the public about the revised (non-residential) Policy generally, and on a number of specific proposals that relate to the Minimum Income Guarantee (MIG), the elements of Disability Living Allowance (DLA) / Personal Independence Payment (PIP) care component that may be disregarded and on the introduction of an arrangement fee for setting up care for self-funders, and for on-going management of the account.
- 1.22 The report does not cover the Residential Charging Policy. A revised Residential policy is being drafted – there are no proposed changes to the approach to assessing and charging for residential services so consultation is not required on this policy – the revised policy will be presented at a future Executive Cabinet for approval.

2. POLICY CONTEXT

- 2.1 The Care Act 2014 (the Act) was implemented on 1 April 2015. Crucially part 1 of the Act focussed on the assessment and eligibility of people for social care and support and with that the acknowledgement that people who had the ability to pay should indeed pay for those services that they were assessed as requiring. This principle of financial assessment and payment for services has been well established within statute over the years and until the Care Act had been encompassed within the Fairer Charging Policy and the Charging for Residential Accommodation Guide (CRAG).
- 2.2 The Act repealed both these sets of regulations and in their place sets out the Government's expectations of what councils must charge for and what they might want to consider charging for.
- 2.3 The following are key to the Council's duty and powers when determining how it charges for care and support:
- Council's power to charge for services arises from Section 14 of the Care Act 2014.
 - Section 78(1) of the Care Act 2014 provides that Local Authorities should act under The Care and Support Statutory Guidance.
 - The regulations made under the Care Act 2014 are the Care and Support (Charging and Assessment of Resources) Regulations 2014 ("The Regulations").
 - The MIG (minimum income guarantee) is set by Regulation 7 of the Regulations.
 - Under the regulations when assessing the level of charge the Council is prohibited from taking into account the following:
 - i) Earnings from employment or self-employment (Regulation 14 of The Regulations).
 - ii) Housing-related costs (Regulation 15(1) and Schedule 1 para 2 of The Regulations).
 - iii) The mobility element of PIP (but not the daily living element of PIP) (Regulation 15(1) and Schedule 1 para 8 of The Regulations).
 - iv) Any disability related expenditure ("DRE") paid for with disability benefits (Regulation 15(1) and Schedule 1 para 4).

- Otherwise, Regulation 15(2) gives the Council a discretion about what it will or will not take into account when means-testing the person to be charged for Council services.

2.4 The Regulations set the MIG amount and this is reviewed annually by the Department of Health and Social Care. The amount that a person is entitled to will vary depending on several factors, such as age and whether a person is married. The Council has agreed a more generous amount than this (see table in paragraph 4.5).

2.5 On 24 June 2020 Executive Cabinet approved a report to charge an administration fee of £10 per week for all appointees with more than £1,000 capital with effect from 1 September 2020. This charge applies for non-residential services. It is proposed that this position is maintained as this was a recent decision, subject to a full Equalities Impact Assessment.

3. FINANCIAL POSITION

3.1 The Council relies significantly on income from charging for adult social care services. In the financial year 2021/22 income from charging is budgeted to be £13.565 million. This income can be further broken down to £7.318 million for residential care and £6.247 million for non-residential care. Income from charges accounts for 14.9% of the Adult Services gross budget of £90.821 million. If the Council did not charge fees for these services, an equivalent level of efficiency savings from the Adult Social Care budget would need to be made, which would significantly reduce the level of services provided in future years.

3.2 The current financial pressures placed upon councils does mean that where possible, a person's ability to pay for the services that they receive is acknowledged. A fair and equitable system is in place to ensure a thorough financial assessment is carried out, and any charges levied are proportionate to an individual's level of income and assets and ability to contribute.

3.3 Continued increases in the demographics of the borough, particularly of older people and younger adults with disabilities and life limiting health conditions, adds further pressure to the Adult Services budget at a time when unprecedented reductions in funding need to be made due to the Government's financial austerity measures.

3.4 Each year the Council also faces rising costs associated with the delivery of care. Budgeted gross expenditure in Adult Services increased by £4.887 million between FY20/21 and FY21/22, excluding most of the impacts of managing demand from COVID. Reductions in funding from central Government are expected to continue, widening the financial gap between demand and resources in the local social care economy over the coming years.

3.5 The Council budgets to fund £13.565 million of its adult social care expenditure by applying charges for services such as residential, homecare and daytime activities. The Council has a legal requirement to deliver a balanced budget, so if the Council was to cease charging for such services it would be necessary to reduce the amount that it spends accordingly. The financial rationale for continuing to charge for social care services is fundamentally to ensure future sustainability of key services which assist and protect the most vulnerable people in society.

3.6 Given the additional pressures placed on the Council it is important that all aspects of budgets are scrutinised to ensure that services can be protected and maintained as much as possible and to that end charging for services continues to be a crucial element of the management of the total budget.

3.7 It is also recognised that local residents have been hit heavily by recent government policies, for example changes to benefits system with the introduction of Universal Credit, and also the significant impact, health and economic, of the current COVID pandemic. It is important that

any changes to the Charging Policy do not discriminate against the most vulnerable in our community and place more pressure on them to live a good quality life.

4. PROPOSED REVISIONS TO THE NON-RESIDENTIAL CHARGING POLICY

- 4.1 The Adult Social Care Charging Policy that was approved and introduced in 2015 has been reviewed to ensure the Council is acting legally within the Care Act and the key regulations: the Care and Support (Charging and Assessment of Resources) Regulations 2014 and the Care and Support (Deferred Payment) Regulations 2014.
- 4.2 In order to ensure easy access to information about how the Council will financially assess and determine ability to contribute to the cost of care and support, it is proposed that the current Policy is replaced with two separate policies to cover residential and non-residential charging. It is expected that this will make the information easier to access and will be transparent, thus meeting the Council's duty provide clear and easy to understand information.
- 4.3 Significant changes have not been made to the revised Policy. Consideration has been given to the statutory guidance and to the recommendations in the Norfolk Judgement with looking to set out clearly the key elements of the Policy that are being considered for consultation.
- 4.4 There are three key elements of the Charging Policy that the Council is looking to consult on. These are the level of Minimum Income Guarantee (MIG) the Council, the level of Disability Living Allowance (DLA) or Personal Independence Payment (PIP) daily living component the Council chooses to disregard when calculating how much income an individual has to live on after they have made a contribution towards their care and an arrangement fee for setting up care for self funders..
- 4.5 Minimum Income Guarantee (MIG)

The purpose of the Minimum Income Guarantee is to promote independence and social inclusion and ensure that a person has sufficient funds to meet basic needs such as purchasing food, utility costs or insurance. This will be after any housing costs such as rent and council tax net of any benefits provided to support these costs – and after any disability related expenditure. *For example, a council tenant will have water rates as part of a rent service charge whilst a private or housing association tenant will not.*

The Council provide a MIG over that provided by the statutory minimum MIG by applying either a 25% buffer or the inclusion of, for those of working age, the disability premium figure provided by the DHSC.

In the Norfolk case, the authority had over a period of time reduced the MIG in a staged approach resulting in an increase from £16.88 to £50.53 per week in charges, and this is not the approach that the Council has taken in relation to MIG.

The Council has never implemented a staged approach which caused a reduction in the MIG resulting in increased assessed charges. The table below sets out the current MIG that is set centrally, and the MIG that is applied by the Council.

	LAC MIG 2021-2022	TMBC MIG 2021- 2022	TMBC MIG Reasoning
Single person aged 18 – 24	£72.40	£112.75	MIG figure includes disability premium of £40.35
Single person aged 25 and over	£91.40	£131.75	MIG figure includes disability premium of £40.35
Disability Premium - single	£40.35		Already Included
Pension age single	£189.00	£189.00	Disability premium does not apply
Lone parent aged 18 or over	£91.40	£131.75	MIG figure includes disability premium of £28.75
Couple aged 18 or over	£71.80	£100.55	MIG figure includes disability premium of £28.75
Disability Premium - couple	£28.75		Already included
Pension age couple	£144.30		Disability premium does not apply
Enhanced Disability Premium - single	£19.70	£21.50	Income Support enhanced disability premium of £17.20 + 25% = £21.50.
Enhanced Disability Premium - couple	£14.15	£15.38	Income Support Enhanced Disability Premium couple £24.60 / 2 = £12.30 + 25%
Carer Premium	£43.25	£47.13	Income Support Carer Premium £37.70 + 25%
Child	£83.65	£83.65	
UC Carer Premium	£43.25	£47.23	Universal Credit Carer Premium £163.73pcm = £37.78 + 25%

- 4.6 The Council accept that this aspect of the Policy provides that we will allow for the rates set by the LAC provided by the Department of Health and Social Care, but as highlighted above, the Council do provide a MIG over that provided by the statutory minimum MIG by applying either a 25% buffer or the inclusion of, for those of working age, the disability premium figure provided by the DHSC. Whilst we appreciate this is nominal, the Council is currently reviewing its position in relation to the MIG applied for 2022-2023, which will include whether to set a % of maximum disposable income as per the Statutory Guidance.
- 4.7 It is important to highlight for the sake of transparency that our Policy does not reflect the fact that the MIG parameters for a single person aged 18-24 is £112.75, which is made up of the £72.40 LAC Statutory figure and the £40.35 disability premium regardless of the level of benefits a person receives.
- 4.8 Moreover, our Policy does not reflect the fact that the MIG parameters for a single person aged 25 and over is £131.75, which is the £91.40 LAC statutory figure and the £40.35 disability premium regardless of the level of benefits a person receives.
- 4.9 This also applies to Lone Parents aged 18 or over where £131.75 is the MIG parameter, made up of the £91.40 LAC statutory minimum + £28.75 disability premium irrespective of what a person receives in benefits. With regards to couples aged 18 or over the MIG is set at £100.55 which is the LAC statutory minimum of £71.80 + the disability premium of £28.75 regardless of what benefits the couple receives.
- 4.10 The above MIG figures are above the LAC statutory minimum and our policy does need to be updated to reflect that what occurs in practice is actually over and above the statutory minimum and therefore more generous.

- 4.11 We are in the process of ensuring that our Charging Policy is updated to reflect working practices on the ground and to ensure the correct level of information is available publically. Whilst this is explained during the financial assessment process, it is accepted that further work does need to be completed to ensure our policy reflects our practices, which is more generous than the statutory minimum LAC MIG levels as outlined above.
- 4.12 Three options are being proposed for consideration; two are cost neutral and one may be a cost to the Council – this would depend on the level of the MIG that may be set. **Appendix 1** sets out the three options that are being proposed.
- 4.13 Option 1 is the current position the Council adopts which is the MIG, as set in the Regulations and updated every year by the DHSC, plus the amount for working age people to include the Disability Premium and the higher amounts to be allowed for the following elements - Enhanced Disability premium and Carer Premium.
- 4.14 Option 2 is to use the MIG, as set in the Regulations and updated every year by the DHSC – this complies with the Regulations, but does not reflect the additional living costs that more severely disabled individuals encounter.
- 4.15 Option 3 looks to consider an alternative level of MIG. Research on what this level could look like and the fairest way to means test has provided a historical outlook on how the Government has previously set this rate to Income support + 25%¹. The (then) Department of Health set this rate in 2001 but deleted it in 2016.
- 4.16 The Department of Health explained that the change was made “to ensure it [the MIG] remains consistent with the requirements in the [amended] regulations [SI 2014/2672], concerning the level of the Minimum Income Guarantee, from April 2016 onwards”.
- 4.17 While no further explanation was given at the time as to why the long-standing policy that the MIG should be set at least 25% over the relevant Income Support rate was dropped, the latest version of the CASS states that the current approach “will lead to greater consistency between the charging framework and established income protections under the income support rules.” It adds that the Government “will keep this under review and seek to update the charging framework in line with the roll-out of Personal Independence Payments and updating/repeal of the income support rules”.
- 4.18 Based on this, and the impending move to Universal Credit, there is a real risk that application of this option to the proposed non-residential charging would reference a benefit that would cease to exist. The Income Support + 25% buffer was deleted, and it is therefore recommended that the Council does not consult on this option yet and awaits further Government guidance to consider alternative levels of MIG in the future.
- 4.19 Disregard of Difference between Middle and Higher Rate of DLA/PIP daily care element
In order to recognise the additional costs incurred by severely disabled people to meet their needs, the Council has the power to disregard income. The Council recognises that people may have specific additional expenditure as a result of their condition or disability and that would affect their total weekly expenditure. The Council currently applies a standard disregard (reviewed annually) towards any disability related expenses someone may have which is currently set at £13.24 per week with the opportunity for a full assessment if required. That is to say the £13.24 of any income is automatically disregarded before any financial assessment is carried out on the rest of someone’s income and savings. At this time the Council disregard benefits as set out in the table below. The Norfolk Judgement found that Norfolk CC unintentionally discriminated against severely disabled people by not recognising their additional costs.

¹ <https://commonslibrary.parliament.uk/research-briefings/cbp-8005/>

4.20 While there is a financial cost to the Council, it is proposed that further consideration should be given to level of disregard offered to those individuals on the on the higher rate of DLA or PIP, by disregarding the difference between the higher rate and medium rate of the daily living element of the benefit. This would recognise the additional costs faced by individuals with more severe disabilities.

4.21 Based on the current number of individuals in receipt of higher rate DLA / PIP daily living allowance it is anticipated that this decision would result in a financial pressure of £202,711.56 based on current rates and number of individuals in receipt of the relevant benefits and being charged a contribution towards their care and support. Appendix 2 provides details of the proposals for consideration in the consultation. For example, the Council disregards £29.60 from everyone on higher rate benefits, if there are no night time needs being funded by the Council.

Disregard difference between DLA care Higher & Middle rate and PIP daily living allowance Enhanced and Standard rate - £89.60 less £60.00 = £29.60 disregard

Non-Residential (Homecare):

	No of cases	Current disregard	Proposed disregard	Weekly cost	Annual Cost
DLA care					
Working age (day)	13	£29.60	£29.60	0	0
Working age (day and night)	2	0	£29.60	£59.20	£3,078.40
Total					£3,078.40
PIP					
Working age (day)	295	£29.60	£29.60	0	0
Working age (day and night)	118	0	£29.60	£3,128.68 3,492.80	£162,692.36 181,625.60
Pension age (65+) (day)	49	£29.60	£29.60	0	0
Pension age (65+) (day and night)	25	0	£29.60	£710.40 740.00	£36,940.80 38,480
Total					£199,633.16
DLA & PIP Total					£202,711.56

Figures as at Mid-June 2021 – based on actual caseloads and financial assessments

4.22 The financial assessment form provided to individuals and/or their representatives clearly outlines and demonstrates what is considered to be Disability Related Expense (DRE). This is to ascertain the correct level of DRE rather than applying the standard DRE rate allowed. The standard DRE allowance is £14.98. It is accepted that further information could be made available in relation to DRE and we are currently working towards making such information more publically available to access in addition to the above. A review of the information that is located on our website is due to be undertaken to make information more accessible and readily available.

4.23 Night care which is funded privately does not attract an additional disregard other than the £29.60 except where the Social Worker confirms this is a requirement as part of the Care Plan and the person funds this aspect of their care privately. The full cost would then be considered DRE and disregarded in circumstances where this applies. In addition, the Mobility component of DLA and PIP is fully disregarded within the financial assessment.

4.24 Adult Services sets a maximum weekly charge for non-residential services and this is reviewed annually. The current maximum charge for 2021-22 is £474.05 as provided in the Report to Council dated 23 February 2021. The maximum weekly charge increase is as follows:

4.25 Maximum weekly charge for non-residential services - Non-Statutory

2020-2021 Total Inc VAT: £462.50

2021-2022 Proposed Charge Including VAT: £474.05

Basis of Increase: Standard 2.5%

2021-2022 % Change: 2.5%

2021-2022 £ Changes: + £11.55

Therefore, where a person remains in their own home and receives care and support, then currently the maximum charge for such services is set at £474.05.

4.26 The Council has a duty to set a balanced budget and to deliver Value for Money. While this proposal does create a financial pressure to the Council, it is also acknowledged that it is important to ensure that the Council does not discriminate, albeit unintentionally against people who are disabled as per the Equality Act.

4.27 Individuals in the borough have been significantly impacted by the changes to the Universal Credit system and by the current pandemic, which has impacted heavily on the health and economic resilience of the most vulnerable in the community.

4.28 Arrangement Fee for setting up care for self-funders

The Council has a statutory duty to carry out an assessment of need on any individual who presents to Adult Services. If a person has identified eligible needs and care and support plan will be developed with the individual. To determine what a person can afford to pay, a local authority will carry out a financial assessment. The local authority will consider the person's income and any assets they own, like a house or other investments. The local authority will then calculate how much the person can afford to pay towards their care and support costs.

4.29 Regulations made under the Care Act give the Council a power to charge an 'arrangement fee' for providing support to set up a service for someone who funds their own care in a non-residential care setting. The Regulations state that arrangement fees charged by the Council must cover only the costs that are actually incurred in arranging the care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider. It may also cover any administration costs. This is a service which the Council previously agreed to provide free of charge.

4.30 The Council does not currently charge individuals who fund their own care for setting up their care. Consideration is being given to introducing a charge. Many other local authorities do charge for this service. It is a one-off fee that reflects the time and resource taken to support an individual to establish the care they require to meet their identified needs. Consideration will also be given to the introduction of an annual fee for managing the account.

4.31 The Council has considered how equivalent charges are set by other local authorities, with approaches varying between a single one-off fee versus annual or weekly fees, or a combination of the two. A 2018 comparison of four authorities in the North and Midlands established that fees in the range of £200-£500 were charged either initially or annually. Blackpool Council has confirmed recently that they charge £65 annually, calculated on staff time plus overheads. A one-off fee might be simplest administratively, but if set at a low level it would represent a small proportion of the cost of a care package, and might not deter full cost payers from accessing scarce resources, as set out at 4.32. A recurring fee set at a flat rate or as a percentage of the weekly cost of care might be more effective in this respect, if it justified the cost of administration.

- 4.32 The Council currently manages around 497 placements for full cost payers and estimates that approximately 2,600 hours of staff time are spent between Exchequer Services and placement Brokerage on this activity each year, not including any time spent in commissioning and monitoring contracts. On this basis, the direct costs of managing placements for full cost payers are estimated to be approximately £84 per head, not including management and overhead costs.
- 4.33 The income generated on by a charge becomes unpredictable once a charge is introduced for a currently free service, given demand is assumed to be elastic. Income from a charge on a one-off basis would depend on the flow of new self-funders to the service. Exchequer data has indicated that 208 current full cost payers were set up within the last 12 months and so on this basis a £100 charge would generate £20,800, before considering any change in demand. Conversely, an annual fee set at £100 would generate income of £49,700 per year, again before the effect of any change in demand.
- 4.34 Whilst income would be less if demand fell as a result of the charge, there might nonetheless be an indirect financial benefit to the Council if costs were no longer incurred in managing placements, as clients capable of doing so opted to make their own arrangements. This would reduce the call on Council resources, and free up space in Council-commissioned places for those in the greatest need.

5 PROPOSED CONSULTATION

- 5.1 There are a number of discretionary elements proposed within the revised Charging Policy for adult social care. This report is seeking permission to carry out a public consultation exercise using the Council's Big Conversation website and via focus groups following (health and safety guidance) across to determine people's views on the questions being asked in the consultation.
- 5.2 It is proposed that the consultation exercise will run from 28 October 2020 to 23 December 2021.
- 5.3 Appendix 3 contains the proposed draft consultation narrative and questions. The following paragraph explain the key elements of the consultation exercise.
- 5.4 Level of Minimum Income Guarantee
The Council intends to consult on two options for the level of the MIG it sets from April 2022. The three options are set out in Appendix 1. The options are:

- **Option 1 (current approach)** - The Council continue to provide a MIG over that provided by the statutory MIG, which means it is more a more generous amount and supports the most vulnerable. It uses the MIG as set by The Care and Support (Charging and Assessment of Resources) Regulations 2014 with the following *increased amounts*:
 - The amount for working age people to include the Disability Premium
 - Higher amounts to be allowed for the following elements
 - a) Enhanced Disability Premium
 - b) Carer Premium Plus

Please see the table in paragraph 4.5 to see the MIG currently applied by the Council.

- **Option 2** - The Council will use the MIG as set by The Care and Support (Charging and Assessment of Resources) Regulations 2014 (and updated each year by The Department of Health & Social Care) - *with no additional allowances*. This is set centrally to ensure that a person's income is not reduced below a specified level after charges have been deducted, but does not reflect the additional living costs that more severely disabled individuals encounter.

5.5 Level of Income that is disregarded

The Council has the power to disregard aspects of income received by individuals when carrying out a financial assessment. Two options are proposed – the first is the current arrangement, while the second option recognises that more severely disabled people may have a higher level of spend to meet their enhanced needs, therefore it is proposed that the additional benefit they receive is disregarded in recognition of this:

- **Option 1 (current approach)** – Current practice is to use the full amount of *higher rate* Disability Living Allowance (DLA) care component and the *enhanced* rate of Personal Independence Payment (PIP) daily living component in the Financial Care Assessment. The difference in income between the two is disregarded only if the client does not receive care at night.
- **Option 2** – To disregard the difference in income between the *higher rate* and the *middle* rate for those clients who receive the *higher rate of DLA care component*, and to disregard the difference in income between the *enhanced* rate and the *standard* rate for those clients who receive the *enhanced rate of PIP daily living component*.

5.6 Arrangement fee for setting up care for self-funders

It is proposed that the Council introduces an arrangement fee of between £50 and £250 to cover the costs of setting up care for individuals who have been determined to have funds above the upper limit of £23,250 and therefore fund the full cost of their care.

5.7 Consultation will consider an arrangement fee and an on-going annual fee for managing the self-funder account. Should an individual who has been determined to be a self-funder not wish to pay this fee, they would be required to arrange their own care package. The Council would provide details of providers within the local market who can be approached to meet the identified outcomes and needs.

6 AREA THAT WILL NOT FORM PART OF THE CONSULTATION

6.1 Following the previous consultation in November 2014, the Council determined that though it had the power to, it would not charge for care provided to informal carers. Consideration has been given to whether this area should be re-visited to maximise income for the Council.

6.2 The Care Act states that local authorities have a responsibility to assess a carer's needs for support, where the carer appears to have such needs. On completion of the assessment the local authority must decide whether the carers' needs are eligible for support from the local authority.

6.3 The Act states that where a carer is entitled to support for their own needs, the local authority has a duty, or in some cases a power, to arrange support to meet these needs. Where a local authority is meeting the needs of a carer by providing a service directly to the carer, for example a relaxation class, it has the power to charge the carer.

6.4 Where a local authority decides to charge for carers' services it must carry out a financial assessment to decide whether the carer can afford to pay for the service.

6.5 It is crucial to take into consideration the significant contribution carers make to maintain the health and wellbeing of the person they care for, to support the person's independence and to enable the person to stay in their own home for longer.

6.6 There are nearly six million carers in the UK. According to the 2011 census there are 24,059 Carers in Tameside out of a population of 219,324, meaning that 11% of the population of Tameside takes on the role of unpaid Carer. 6.4% of the population provide between 1 and 19 hours of care per week, 1.6% provide between 20 and 49 hours, and 2.9% provide over 50

hours of care per week. It would be in the Council's interest to avoid having to substitute these hours at its own cost.

- 6.7 Research released for Carers Week (June 2021) has found that through the pandemic:
- 72% of carers have not had any breaks from their caring role at all. Of those who got a break, a third (33%) used the time to complete practical tasks or housework, and a quarter (26%) to attend their own medical appointments.
 - Three quarters (74%) reported being exhausted as a result of caring during the pandemic, and more than a third (35%) said they feel unable to manage their unpaid caring role.
- 6.8 The Council recognises the significant contribution carers make to the local social care economy by supporting people to remain living independently at home. There is currently 11% of the population of Tameside acting as carers, and while not all are in receipt of care services themselves, it is clear that it would be unsustainable should the Council need to commission these services via formal support. If carers were to be financially assessed to contribute towards the cost of this service it may deter people from continuing to provide carers support to services users with assessed care needs and could possibly result in the Council having to commission additional care services which is more costly to the Council.
- 6.9 For these reasons, the recommendation is that the Council continue with current service delivery and not charge people for accessing eligible carers' services.
- 6.10 Housing Costs for Individuals
The existing Charging Policy is not explicit about individuals living in Shared Lives schemes and who may, subject to eligibility, be able to claim Housing Benefit. The Council is currently seeking Counsel advice on the payment of Housing Benefit to service users in Shared Lives schemes.
- 6.11 Should consultation be required after Counsel opinion is received, this will be addressed in a separate report and consultation exercise that will be much more targeted and specific to the Shared Lives scheme. Counsel advice is expected within the next four weeks.

7 EQUALITIES

- 7.1 An Equalities Impact Assessment (EIA) is currently being undertaken, taking into account the proposed changes to the previous charging policy and recognises that whilst charging for services does inevitably have an impact on people as it reduces their income there is a recognition that the way that charges are made should be equitable for everyone whether they are working, unable to work or have a severe disability.
- 7.2 The EIA will be completed on closure of the consultation when the final proposals are put to Executive Cabinet.
- 7.3 The key foundation of any Charging Policy is that it is transparent and fair in that it takes into account the true cost of the care being provided and the person's ability to pay for that care without leaving them with a weekly income below the Government's recognised Minimum Income Guarantee (MIG).
- 7.4 The proposed changes are in line with these key principles, and will treat people equitably.
- 7.5 The charging for adult social care services is based on a person's ability to pay and a full financial assessment is carried out on anyone assessed as needing a social care service. If the savings and assets an individual has means that they are able to pay the full cost of their care then this would be appropriate and fair. If, on the other hand, a person is unable to pay

for their care then it is right and proper that the Council pays all or a proportion of the cost of the care so that everyone is able to receive the correct level of care and support that has been assessed as being needed to meet their needs.

8 RISK MANAGEMENT

Risk	Consequence	Likelihood	Impact	Action to Mitigate Risk
The Charging Policy is not equitable	Challenge to the Council regarding the equity of the Policy. Financial and reputational damage.	1	4	Legal advice has been sought on revised policy, consideration has been taken of Norfolk Judgement and Regulations and Care Act 2014 have been followed.
People are unable to afford the charges	Either they would decide not to receive the care or get into debt.	2	4	Full financial assessment of all service users and clear determination of an ability to pay will be established. If someone cannot afford to pay then further assessment may be required to ascertain the situation. The Policy should not leave people without adequate funds for daily living.
People accrue large debts once a charge has been set	Added anxiety to service user and family. Council unable to receive the full amount of the charge	2	4	Close scrutiny of the debts being accrued by Exchequer and early warning system to be in place between Exchequer and Adult Services so that early intervention and support can be put in place
Non-payment of charges	Council's budget negatively affected and services may need to be stopped	2	4	Effective debt recovery will be in place together with an early alert system allowing Adult Services to intervene and ensure that the person is aware of the consequences of non-payment and also is able to afford the charges.
People refuse to pay the charges	Potential for services to be stopped	1	4	Importance of explaining the Charging Policy from the start of the assessment process so that people are aware that they will be charged. Charges will be based upon an ability to pay and so if they are correct and the person refuses to pay then the consequences will be explained and inevitable services may need to be withdrawn.
Withholding or giving incorrect financial information	This could lead to an inaccurate financial assessment and the wrong charge being calculated	2	3	Clear explanation given to the user from the start of the assessment process explaining the consequences of withholding or giving inaccurate financial information.
Impact on the Council's	Revised charges reduce fee income	4	2	Changes to the Charging Policy are estimated to reduce fee income by £200-250k annually, which would have to be found from other budgets.

financial position	Failure to revise the Charging Policy lays the Council open to potential legal challenge or settlement	2	4	Norfolk are believed to have spent £11m on rectifying their policy. Whilst TMBC's position is very different, the potential exposure from backdating payments is still substantial if unlikely at present.
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9 CONCLUSION

- 9.1 If approved, consultation will take place between 28 October 2021 and 23 December 2021.
- 9.2 A further report will be presented at Executive Cabinet on 9 February 2022 to approve the updates to the Non-Residential Charging Policy following the consultation exercise.
- 9.3 The Residential Charging Policy will be drafted and presented at a future executive Cabinet for approval. Consultation is not being proposed as there are no changes to the assessment or charging process in the revised policy – it is an exercise to separate the residential and non-residential elements of the current policy.

10 RECOMMENDATIONS

- 10.1 As set out at the front of the report.

APPENDIX 1

PROPOSAL A - The Minimum Income Guarantee (MIG) level the Council uses

Proposed change to scheme	Rationale	Estimated costs / savings	Impact	Number of clients affected
<p>OPTION 1</p> <p>To use the MIG as set by The Care and Support (Charging and Assessment of Resources) Regulations 2014 and updated each year by The Department of Health & Social Care, with the following increased amounts:</p> <ul style="list-style-type: none"> • The amount for working age people to include the Disability Premium • Higher amounts to be allowed for the following elements <ul style="list-style-type: none"> c) Enhanced Disability Premium d) Carer Premium 	<p>Takes into account the findings of the recent court case SH v Norfolk County Council.</p> <p>No change to the level of income currently retained to cover their living costs.</p> <p>This is the option that is currently in place</p>	<p>Cost to the Council - None</p> <p>Saving to the Council - None</p>	<p>None</p>	<p>None</p>
<p>OPTION 2</p> <p>To use the MIG as set by The Care and Support (Charging and Assessment of Resources) Regulations 2014 and updated each year by The Department of Health & Social Care</p>	<p>Adheres to legislation</p> <p>This would be a reduction in the minimum level of income an individual has; will generate savings.</p>	<p>Cost to the Council - None</p> <p>Saving to the Council - £180K</p>	<p>Financially detrimental to clients of working age, or who have a disability or caring responsibilities as they would be left with a lower level of income to cover their living costs.</p> <p>Affects most vulnerable residents</p>	<p>750</p>

<p>OPTION 3</p> <p>To use different amounts for the MIG than those set by The Care and Support (Charging and Assessment of Resources) Regulations 2014 and updated each year by The Department of Health & Social Care</p>	<p>Affects all clients in non-residential care (such as homecare, day care and respite care) equally whether working age or pension age.</p> <p>To consider in the future.</p>	<p>VARIOUS</p>	<p>To reduce the amounts for the MIG would be financially detrimental to clients in non-residential care as they would be left with a lower level of income to cover their living costs. This would result in savings for the Council.</p> <p>To increase the amounts for the MIG would be financially beneficial to clients in non-residential care as they would be left with a higher level of income to cover their living costs. This would increase the costs to the Council.</p>	<p>1,842</p>
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PROPOSAL B - The level of income that the Council disregards

Proposed change to scheme	Rationale	Estimated costs / Savings	Impact	Numbers of clients affected
<p>OPTION 1</p> <p>To use the full amount of higher rate Disability Living Allowance (DLA) care component (currently £89.60 per week) and the enhanced rate of Personal Independence Payment (PIP) daily living component (currently £89.60 per week) in the Financial Care Assessment.</p> <p>The difference in income between the higher rate of DLA care component (currently £89.60 per week) and the middle rate (currently £60.00 per week) is disregarded only if the client does not receive care at night.</p>	<p>Adheres to legislation.</p> <p>This is the option that is currently in place</p>	<p>Cost to the Council - None</p> <p>Saving to the Council - None</p>	<p>None</p>	<p>None</p>
<p>OPTION 2</p> <p>In the Financial Care Assessment:</p> <ul style="list-style-type: none"> For those clients who receive the higher rate of DLA care component – to disregard the difference in income between the higher rate (currently £89.60 per week) and the middle rate (currently £60.00 per week) For those clients who receive the enhanced rate of PIP daily living component – to disregard the difference in income between the enhanced rate (currently £89.60 per week) and the standard rate (currently £60.00 per week). 	<p>Takes into account the findings of the recent court case SH v Norfolk County Council.</p> <p>Would be beneficial to clients in residential care and non-residential care (such as homecare, day care and respite care).</p>	<p>Cost to the Council -</p> <p><u>Non- residential</u></p> <p>£202.7K</p> <p><u>Residential</u></p> <p>£6.1K</p> <p><u>Total</u></p> <p>£208.8k</p> <p>Saving to the Council - None</p>	<p>Financially beneficial to the most vulnerable residents who have the highest level of disabilities.</p>	<p><u>Non- residential</u></p> <p>145</p> <p><u>Residential</u></p> <p>4</p> <p><u>Total</u></p> <p>149</p>

Adult Social Care Non Residential Charging Policy Consultation

Tameside Council is seeking views on proposed changes to the Council's Adult Social Care Non-Residential Charging Policy. This consultation is open to all but we are particularly interested to hear the views of residents who receive adult social care and support services.

The consultation sets out the key changes proposed to the way the Council charge for care and support services, such as care received at home or Shared Lives scheme and support to manage finances provided by the Council.

What is the Adult Social Care Non Residential Charging Policy?

The Adult Social Care Non Residential Charging Policy describes how the Council assesses a person's finances, to find out how much, if anything, they should contribute towards the cost of their care.

The aim of this Policy is to provide a consistent and fair framework for charging people who receive care and support, following an assessment of their individual needs and financial circumstances.

The Care Act 2014 is the national legislation that sets out how councils charge adults for the care and support they receive to meet their needs. These needs are sometimes referred to as 'identified, assessed or eligible needs'.

The Adult Social Care Non Residential Charging Policy ensures that the Council is following the charging principles set out in the Care Act:

- The amount a person pays towards the cost of their care will be determined by looking at the cost of the service, their capital, expenditure and the income they receive.
- An individual financial assessment will be undertaken to ensure people are charged what they can reasonably afford to pay.
- Contributions towards the cost of care will be transparent and fair.
- A person will not be charged more than the amount the service has cost the Council.
- A person has sufficient money to meet their housing costs and any other disability related expenditure.
- After a person has paid their contribution, they will retain a basic minimum income, this is known as the Minimum Income Guarantee (MIG).

What does the policy apply to?

The Policy applies to all adults' non-residential care and support services, for example:

- A person's own home (also known as domiciliary care, or home care)
- Extra care housing
- Supported living accommodation
- Shared Lives arrangements

Why are the proposed changes to the policy needed?

Following the introduction of the Care Act in 2014, the Adult Social Care Charging Policy was reviewed and updated to meet the recommendations suggested within the Care Act and an initial consultation took place in 2014 to gather your views.

It was felt that a review of the policy was needed to make the procedure for being financially assessed and charged for services easier to understand, as well as to ensure the long-term sustainability of care and support services.

What we would like to consult with you about

The purpose of this consultation is to listen to your views on the proposed changes, to help improve the proposed policy. As well as this, we would like to take the opportunity to ask for your views on other aspects of the policy which are not proposed to be amended.

We would like to hear your views on proposals that relate to the Minimum Income Guarantee (MIG), the elements of Disability Living Allowance (DLA)/ Personal Independence Payment (PIP) care component that may be disregarded and the introduction of an arrangement fee for setting up care for self-funders..

You can find a copy of the draft revised Charging Policy here. If approved, the revised policy will be implemented in April 2022.

The consultation will run from 28 October 2021 – 23 December 2021.

1. Please tick the box that best describes your main interest in this issue. (Please tick one box only)

- I currently in receipt of non-residential care and support services (for example, domiciliary care or home care, extra care housing, supported living accommodation or Shared Lives).
- I am a carer of someone who is in receipt of non-residential care and support services
- I am a relative or friend of someone who is in receipt of non-residential care and support services
- I do not receive non-residential care or support services, but may do so in the future
- I am a member of the public
- I represent a community or voluntary group
- I represent a partner organisation
- I represent a business /private organisation
- I represent a provider of non-residential care and support services
- I am a Tameside Council or Tameside & Glossop CCG employee
- Other (please specify below)

2. Minimum Income Guarantee

The Council will ensure that a person is left with a minimum level of income. The minimum income guarantee (MIG) is set each April by the Department of Health.

The purpose of the Minimum Income Guarantee is to promote independence and social inclusion and ensure that a person has sufficient funds to meet basic needs such as purchasing food,

utility costs or insurance. This will be after any housing costs such as rent and council tax net of any benefits provided to support these costs – and after any disability related expenditure.

What happens now?

The Council provide a MIG over that provided by the statutory minimum MIG by applying either a 25% buffer or the inclusion of - for those of working age - the disability premium figure provided by the Department of Health and Social Care (DHSC). The table below sets out the current MIG that is set by the DHSC, and the MIG that is applied by the Council.

	MIG set by the DHSC 2021-2022	TMBC MIG 2021-2022
Single person aged 18 – 24	£72.40	£112.75
Single person aged 25 and over	£91.40	£131.75
Disability Premium - single	£40.35	Already included
Pension age single	£189.00	£189.00
Lone parent aged 18 or over	£91.40	£131.75
Couple aged 18 or over	£71.80	£100.55
Disability Premium - couple	£28.75	Already included
Pension age couple	£144.30	Disability premium does not apply
Enhanced Disability Premium - single	£19.70	£21.50
Enhanced Disability Premium - couple	£14.15	£15.38
Carer Premium	£43.25	£47.13
Child	£83.65	£83.65
UC Carer Premium	£43.25	£47.23

2.1 Proposal 1 – continue the current practice of applying (more generous) rates set by the council

Please tell us in the box below how far you agree or disagree with the above proposal to continue providing the level of MIG that the council currently provides? Give details about how this will affect you, a relative or anyone else who uses non-residential care and support.

2.2 Proposal 2 – apply the MIG rates set by the DHSC only

The Council will ensure that a person's income is not reduced below a specified level after charges have been deducted. This level will be set at the minimum income guarantee level set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014 and reviewed annually by the Department of Health and Social Care. The DHSC rates are set out in the table above.

Please tell us in the box below how far you agree or disagree with the proposal to provide the level of MIG that the DHSC sets annually? Give details about how this will affect you, a relative or anyone else who uses non-residential care and support.

3. Disability Living Allowance (DLA) and Personal Independence Payment (PIP)

The Council will take most of the benefits people receive into account when considering their charges. The Council will ensure that in addition to the minimum guaranteed income or personal expenses allowance, people retain enough of their benefits to pay for things to meet those needs not being met by the Council.

The Council can use its discretion to disregard the following income which the guidance says may be taken into account. The difference between the higher rate and the lower or middle rates of:

- Disability Living Allowance
- Attendance Allowance
- Personal Independence Payment (PIP) – daily living component.

What happens now?

The full amount of higher rate Disability Living Allowance (DLA) care component (currently £89.60 per week) and the enhanced rate of Personal Independence Payment (PIP) daily living component (currently £89.60 per week) are used in the Financial Care Assessment.

The difference in income between the higher rate of DLA care component (currently £89.60 per week) and the middle rate (currently £60.00 per week) is disregarded - only if the client does not receive care at night.

3.1 Proposal 3 – carry on disregarding the difference between the higher rate of DLA care component and middle rate where the client does not receive night care

Please tell us in the box below how far you agree or disagree with the above proposal to disregard the difference between DLA Higher and Middle rate care component? Give details about how this will affect you, a relative or anyone else who uses non-residential care and support.

3.2 Proposal 4

In the Financial Care Assessment:

- For those clients who receive the higher rate of DLA care component – to disregard the difference in income between the higher rate (currently £89.60 per week) and the middle rate (currently £60.00 per week)
- For those clients who receive the enhanced rate of PIP daily living component – to disregard the difference in income between the enhanced rate (currently £89.60 per week) and the standard rate (currently £60.00 per week).

Please tell us in the box below how far you agree or disagree with the above proposal to disregard the difference between DLA care Higher and Middle rate and PIP daily living allowance Enhanced and Standard rate. Give details about how this will affect you, a relative or anyone else who uses non-residential care and support.

4. Self Funders arrangement fee

What does it mean to be a 'self-funder'?

For the purposes of this consultation, a 'self-funder' is someone who pays for the full cost of their social care and support. You are a self-funder if:

- You have been assessed by the Council as needing care and support but have assets worth more than £23,250

In this instance, you can:

- arrange and pay for care yourself without involving the Council
- ask the Council to arrange and pay for your care; the Council will invoice you for the cost of your care package

If you would like the Council to arrange and pay for your care, then the Care Act allows the Council to charge an arrangement fee to do so. Arrangement fees charged by local authorities must cover only the costs that the local authorities actually incur in arranging care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider and cover any administration costs incurred.

What happens now?

The Council currently does not charge an arrangement fee for setting up care for self-funders, or for administering their account during the year.

4.1 Proposal 5

The Council is considering introducing an arrangement fee for setting up care for individuals who have been assessed as being self-funders, and an on-going annual fee for administering the account . The fee will be between £50 and £250 in 2022 and will be reviewed annually.

Please tell us in the box below how much you agree or disagree with this proposal to introduce an arrangement fee of £50 and £250 for setting up care for self-funders. This would include an annual fee for administering the account for an individual.

5. General comments

Please tell us any other comments you have regarding the adult social care non-residential charging policy. Please write comments in the box below.

ABOUT YOU

We would like to ask some questions about you. This information will help the Council to improve its services. The information you provide will be kept entirely confidential, will be used for statistical and research purposes only and will be stored securely. If there are any questions you do not wish to answer, please move on to the next question.

6. Are you: (Please tick one box only)

- Female
- Male
- Prefer to self-describe
- Prefer not to say

7. Is your gender identity the same as the sex you were assigned at birth?

- Yes
- No
- Prefer not to say

8. What is your age? (Please state)

9. What is your postcode? (Please state)

10. What is your ethnic group? (Please tick one box only)

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any other White background (please specify)

Mixed / Multiple Ethnic Groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background (please specify)

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background (please specify)
- Any other Black / African / Caribbean background (please specify)

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please specify)

Other ethnic group

- Arab
- Any other ethnic group (please specify)

11. What is your religion? (Please tick one box only)

- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist
- Jewish
- Sikh
- Hindu
- Muslim
- No religion
- Any other religion (please specify)

12. What is your sexual orientation? (Please tick one box only)

- Heterosexual / straight
- Gay man
- Gay woman / lesbian
- Bisexual
- Prefer not to say
- Prefer to self-describe

13. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. (Please tick one box only)

- Yes, limited a lot
- Yes, limited a little
- No

14. Do you look after, or give any help or support to family members, friends, neighbours or others because of either, long-term physical or mental ill-health / disability or problems due to old age? (Please tick one box only)

- No
- Yes, 1-19 hours a week
- Yes, 20-49 hours a week
- Yes, 50 or more a week

15. Are you a member or ex-member of the armed forces? (Please tick one box only)

- Yes
- No
- Prefer not to say

16. What is your marital status? (Please tick one box only)

- Single
- Married/Civil Partnership
- Divorced
- Widowed
- Prefer not to say