



SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

*Immediately Following Scrutiny Committee on
THURSDAY, 5 APRIL 2018*

COMMITTEE ROOMS A/B - NEATH CIVIC CENTRE

1. To agree the Chairperson for this Meeting
2. To receive any declarations of interest from Members
3. To receive the Minutes of the previous Social Care, Health and Wellbeing Cabinet Board held on the 8 March 2018. *(Pages 3 - 8)*

To receive the Report of the Director of Social Services, Health and Housing

4. Residential and Non-residential Care Charging Policy
(Pages 9 - 26)
5. Mental Health Services Strategic Delivery Plan 2018-2019
(Pages 27 - 52)

To receive the Report of the Head of Commissioning and Support Services

6. Removing the Charge for Individuals Accessing Community Connecting Team Services *(Pages 53 - 86)*
7. Any urgent items (whether public or exempt) at the discretion of the Chairperson pursuant to Statutory Instrument 2001 No 2290 (as amended)

8. Access to Meetings - to resolve to exclude the public for the following items pursuant to Regulation 4 (3) and (5) of Statutory Instrument 2001 No.2290 and the relevant exempt paragraphs of Part 4 of Schedule 12A to the Local Government Act 1972.

To receive the Private Report of the Director of Social Services, Health and Housing

9. Hillside Secure Children's Home Placement Fees 2018/19 (Exempt Under Paragraph 14) (Pages 87 - 90)

S.Phillips
Chief Executive

Civic Centre
Port Talbot

28 April 2018

Cabinet Board Members:

Councillors: A.R.Lockyer and P.D.Richards

Notes:

- (1) *If any Cabinet Board Member is unable to attend, any other Cabinet Member may substitute as a voting Member on the Committee. Members are asked to make these arrangements direct and then to advise Democratic Services staff.*
- (2) *The views of the earlier Scrutiny Committee are to be taken into account in arriving at decisions (pre decision scrutiny process).*

EXECUTIVE DECISION RECORD

CABINET BOARD - 8 MARCH, 2018

SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD

Cabinet Board Members:

Councillors: A.R.Lockyer and P.D.Richards (Chairperson)

Officers in Attendance:

A.Jarrett, Mrs.A.Thomas, Ms.K.Warren, S.Curran, N.Jones and T.Davies

Scrutiny Chairperson and Vice Chairperson:

Councillors L.M.Purcell and S.Freeguard

1. **APPOINTMENT OF CHAIRPERSON**

Agreed that Councillor P.D.Richards be appointed Chairperson for the meeting.

2. **MINUTES OF THE PREVIOUS SOCIAL CARE, HEALTH AND WELLBEING CABINET BOARD HELD ON THE 8 FEBRUARY 2018**

Noted by the Committee.

3. **FORWARD WORK PROGRAMME 17/18**

Noted by the Committee.

4. **WESTERN BAY AREA PLAN FOR CARE AND SUPPORT NEEDS 2018 - 2023**

Members felt that the Area Plan and Action Plan should be proof read grammatically before submission.

Decisions:

1. That the Western Bay Area Plan for Care and Support Needs (2018-2023) and Action Plan (2018-19) attached as Appendix 1 and Appendix 2 to the circulated report, be approved;
2. That the Director of Social Services, Health and Housing be authorised to publish a link to the Area Plan and Action Plan on the Council's website;
3. That authorisation be given to the City and County of Swansea Council to submit the Area Plan and Action Plan to Welsh Ministers on behalf of the three local authorities and the health board in the Western Bay region.

Reason for Decisions:

To discharge the statutory duty placed upon the three Local Authorities and the ABMU Health Board operating as a Western Bay region to produce a regional Area Plan, and to authorise the relevant Officers to publish the plan and submit the regional plan to Welsh Ministers.

Implementation of Decisions:

The decisions will be implemented after the three day call in period.

5. **LEARNING DISABILITY SERVICES STRATEGIC DELIVERY PLAN 2018 - 2019**

Decision:

That the Learning Disability Services Strategic Delivery Plan 2018-19, attached as Appendix 1 to the circulated report, be approved.

Reason for Decision:

To remodel services and implement a progression model of care, as outlined in the Directorate's Strategic Business Plan and detailed in the attached Delivery Plan.

Implementation of Decision:

The decision will be implemented after the three day call in period.

6. **PARTICIPATION AND ENGAGEMENT WITH CHILDREN AND YOUNG PEOPLE**

Decision:

That the monitoring report be noted.

7. **ABERTAWA BRO MORGANNWG UNIVERSITY HEALTH BOARD CARERS PARTNERSHIP - ANNUAL REPORT 2016/17 AND CARERS PROGRESS REPORT 2017/18**

Decision:

That the report be noted.

8. **QUARTER PERFORMANCE MANAGEMENT DATA 2017/18 - QUARTER 3 PERFORMANCE (1 APRIL 2017 - 31 DECEMBER 2017)**

Decision:

That the report be noted.

9. **CHILDREN AND YOUNG PEOPLE SERVICES - 3RD QUARTER (2017-18) PERFORMANCE REPORT**

Decision:

That the monitoring report be noted.

10. **ACCESS TO MEETINGS**

RESOLVED: That pursuant to Regulation 4(3) and (5) of Statutory Instrument 2001 No. 2290, the public be excluded for the following item of business which involved the likely disclosure of exempt information as defined in

Paragraph 14 of Part 4 of Schedule 12A to the Local Government Act 1972.

11. **2018/19 CONTRACTUAL ARRANGEMENTS FOR THE SUPPORTING PEOPLE PROGRAMME GRANT**

Decisions:

1. That the Supporting People Local Commissioning Plan Annual update for 2018 be endorsed, and the progress noted;
2. That the Head of Commissioning and Support Services be granted delegated authority to enter into new interim contractual arrangements with existing providers whose contracts expire on 31 March 2018, for a period of up to 12 months, subject to a 3 month notice period;
3. That if identified as a requirement, officers will commence any necessary public consultation to support the recommissioning and procurement of services;
4. That the undertaking of competitive procurement exercises to re-commission the following Supporting People Programme Grant funded services, be approved:
 - Domestic Abuse Services (working jointly with Corporate Strategy colleagues);
 - Children and Young People Services (working jointly with Social Services colleagues);
 - Learning Disability Services (working jointly with Social Services colleagues);
 - Mental Health Services (working jointly with Social Services colleagues);
5. That the Head of Commissioning and Support Services be granted delegated authority to enter into new contracts with the bidder(s) evaluated as offering the most economically advantageous tender (taking into account the quality and cost of the bids) in respect of each of the Supporting People Programme Grant funded services that are competitively tendered.

Reason for Decisions:

Permission to enter into new interim contractual arrangements with those providers who's contract will end on 31 March 2018 will ensure that there a continuing contractual basis to make payment for these vital front-line support services whilst ongoing procurement exercises take place. This will ensure existing service user's provision is not disrupted, ensure that services purchased by the council are of high quality, strategically relevant to the requirements of the SPPG conditions, best placed to meet changing needs and demands of the local population and archives best value for money.

CHAIRPERSON

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

Social Care, Health and Wellbeing Cabinet Board

5 April 2018

Report of the Director of Social Services, Health and Housing – Andrew Jarrett

Matter for Decision

Wards Affected: ALL

Residential and Non-Residential Care Charging Policy

Purpose of the Report

1. To update the Residential and Non Residential Care Charging Policy in accordance with the Social Services and Wellbeing (Wales) Act 2014 i.e. SSWB Act 2014.

Executive Summary

2. Previous policies for both residential and non-residential charges have been brought together under the SSWB Act 2014 and associated Code of Practice. The attached charging policy comes into effect from the 6th of April 2018. The policy provides an overview of the changes to the charging arrangements and confirms that this Council will charge service users for services received in line with the legislation.

Background and changes arising from the Act

3. The Council provides a number of different social care services including residential care, home care, day services, and assisted technologies such as lifeline, Telecare and direct payments to various service users. The following table shows the current number of financial assessments carried out totalling 3,194 service users. Members should note that not all service users make contributions to the cost of their care.

Service	Number
Residential Care	679
Home Care	858
Direct Payments	415
Day Care	97
Lifeline/Telecare	972
Supported Living - top up	173

4. The main changes to the charging policy are (following approval of Welsh Government Regulations, expected 9th April 2018) :-
- An increase in the amount of money people can keep without having to use it to pay for residential social care from £30,000 to £40,000 (capital limit).
 - A rise in the maximum charge for non-residential care and support from £70 to £80 a week.
 - An increase the minimum amount a person in residential care can keep from their income to spend as they wish from £27.50 to £28.50 a week.
 - Highlight the distinction between short term and long term stays in a residential home.

Financial Impact

5. The increase in the weekly maximum charge for non-residential care from £70 to £80 is projected to generate additional income in excess of £100k.
6. An independent research company was commissioned by Welsh Government to identify the cost of the increase in the capital limit, the Authority has received additional funding in the RSG of £355k. This will be closely monitored to ensure sufficient funding has been received.

Legal Impact

7. The charging policy is in line with the SSWB Act 2014 and associated regulations. New arrangements and legal documentation will need to be put in place in relation to Deferred Payment Agreements.

Equality impact assessment

8. This function does not require an Equality Impact Assessment. The charges proposed by the Council are in line with the legislation.

Workforce impacts

9. There are no workforce related impacts.

Risk management

10. There are no risk management issues associated with this report.

Consultation

11. There is no requirement under the Constitution for external consultation on this item.

Recommendation

12. It is recommended that Members approve the updated Residential and Non-Residential Care Charging Policy as set out in Appendix A.

Reason for Proposed Decision

13. To update the charging policy for recovery of income in line with the requirements of the Social Services and Wellbeing (Wales) Act 2014.

Implementation of Decision

14. The decision is proposed for implementation after the three day call in period.

List of Background Papers

15. Social Services and Wellbeing (Wales) Act 2014 and associated Regulations.

Officer Contact

16. Andrew Jarrett - Director of Social Services Health and Housing
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17. Geoff Powell, Group Accountant Social Services
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18. Stuart Mason, Assessments Manager
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NEATH PORT TALBOT COUNTY BOROUGH
COUNCIL

RESIDENTIAL AND NON-RESIDENTIAL CARE
CHARGING POLICY

IN ACCORDANCE WITH THE LEGAL
REQUIREMENTS OF THE SOCIAL SERVICES AND
WELL-BEING (WALES) ACT 2014 – PART 5
(CHARGING AND FINANCIAL ASSESSMENTS)

APRIL 2018

1. Introduction

From 6th April 2016 the Social Services and Well-being (Wales) Act 2014 (referred to in this document as “The Act”) introduced one unified charging framework, which replaced all previous Acts and Regulations, relating to charging for Residential and Non-Residential Care.

Under The Act (which also incorporates Charging Regulations, and a Code of Practice), the Welsh Assembly Government gives discretion to local authorities to raise income from charging – this income will continue to be essential, in enabling this authority to manage resources effectively, sustainably, and to strive for continuous improvement in the future.

This Charging Policy should be used in accordance with the guidance provided in The Act, Charging Regulations and Code of Practice (all of which can be found on the Care Council for Wales’ Care Information and Learning Hub, and also on the Welsh Assembly Government’s website) – the relevant links can be found below:-

Social Services and Well-being (Wales) Act 2014 – referred to as “The Act”

<http://www.legislation.gov.uk/anaw/2014/4/contents/enacted>

Charging Regulations

<http://www.ccwales.org.uk/regulations-and-codes/>

Code of Practice (Parts 4 and 5)

<http://gov.wales/topics/health/socialcare/act/code-of-practice/?lang=en>

Statements referring to any relevant fees, charges, hourly rates etc. will be produced/updated annually (or when required), to reflect any changes to this policy, changes to The Act, or to meet any Welsh Assembly requirements (or changes in other legislation) - a copy of the latest figures can be found in Appendix A (at the rear of this document).

2. Charging and Financial Assessments

The authority will use its discretion (under The Act) to impose a charge, or set a contribution, towards the costs of social care/services, and will do so, in line with the requirements of The Act.

The overarching principle is that people who are asked to pay a charge, must only be requested to pay what they can afford, and they must not be charged more than the cost incurred in providing/arranging their care and support.

A financial assessment will therefore calculate how much a client can afford to pay, towards the cost of their care, on a weekly basis. This authority will therefore use its discretion to assess clients, on both their income and capital assets (but disregarding any earnings) – please note that a full list of the income and capital assets to be included/disregarded, in the financial assessment, can be found in the Code of Practice (Annex A and Annex B).

Any assessed client contribution will be subject to a protected “Minimum Income Amount” (Community Care) or “Personal Expenses Allowance” (Residential Care), which is set at a level intended to safeguard a clients’ independence and social inclusion - the calculation of the protected minimum income amounts, are set out in the Code of Practice (Sections 9.4 and 11.3).

3. Residential and Non-Residential Charging

Although The Act provides for one unified financial framework, there are a few subtle differences to the financial assessments carried out for Residential Care, and Non-Residential Care – these are explained below:-

3.1. Residential Care

If a client is assessed (by Care Management) as possessing a Residential/Nursing need, then a care home placement would be the most suitable way of meeting these needs. Such clients may qualify for local authority financial assistance, if they have capital below the relevant capital limit.

With regards to Residential Care, a client who qualifies for financial assistance will be required to pay an assessed client contribution, direct to the care provider, with the authority also making a financial contribution (up to the

agreed contracted rate), directly to the care home – the payment made by the authority will be net of any assessed client contribution.

Should a client choose not to declare their financial circumstances (or confirm that they possess capital in excess of the capital threshold), then they will be asked to make their own arrangements to privately fund their placement (unless they request that the authority contracts with the care home, and makes the arrangements on their behalf).

If a client is admitted to a care home for a planned short stay (previously referred to as Respite), and this stay is to be no longer than 8 weeks, then the client can be financially assessed under Non-Residential Charging (please see below), subject to the client receiving a Respite Allocation from the authority - if a client enters a care home on a Long Term basis, or a planned stay in excess of eight weeks, then the client will need to be financially assessed, under Residential Charging.

For cases where the stay exceeds 8 weeks, but is less than 52 weeks, Residential Charging assessments would be carried out on an Temporary (Extended Care) basis - for cases where there is no planned discharge date (and/or the placement is known (on admission) to exceed 8 weeks), then the placement should be treated as Temporary (Extended Care) from the date of admission.

Should a client be known to require a Long Term placement (on admission), but subsequently move to an alternative home at a later date (e.g. their original home of choice did not initially possess vacancies), then the client should be treated as a Long Term placement, from the date of the initial admission (i.e. the admission to the first/original care home).

In addition, (and with regards to Temporary placements) the authority can make allowance for certain household expenses (that a client may still be required to meet), on a property that they wish to return to (providing that they list these outgoings on the Declaration of Financial Services form).

Therefore, although The Act has attempted to combine Residential and Non-Residential Charging (as much as is possible), there are certain areas where Residential Charging must be different – e.g. with regards to ownership of

property, the value of the client's main residence will not be taken into account, when calculating a charge for Non-Residential care/services.

However, where a client enters Long Term Residential/Nursing Care, and is a Home Owner (and the property will be left empty, where the client is admitted to a care home), the authority will include the value of the property, in any financial assessment (but subject to a twelve week disregard, in certain circumstances) – in these cases, the authority would arrange to provide financial assistance, but would eventually recover all costs (from the date that the property is being included, in the financial assessment) following the eventual sale of the property.

NB It should be noted that property can be disregarded, in certain circumstances (i.e. where a family member is still residing at the address), and the authority also has certain discretion to provide property disregards – however, due to the unique individual nature of property ownership (and the occupation of said properties), the Code of Practice (Annex A) should firstly be referred to, for specific guidance.

3.1.1. Deferred Payments

A Deferred Payment Agreement enables a local authority to meet a proportion (or all) of the cost of a client's Residential/Nursing Care, whilst placing a charge on the client's property, as security against the deferment. Agreements (which are described in Annex D of the Code of Practice) will be for the duration of a client's stay in a care home, such shorter period (as the client so wishes), until the equity in the property falls to the relevant capital limit, or until the client decides to sell their property, in order to pay for their Residential/Nursing Care.

In order to qualify for a Deferred Payment, the authority must firstly be satisfied that the client has an interest in the relevant property, the client's weekly income is insufficient to meet the full cost of their care fees, the client's capital is not in excess of the capital limit (which would allow the client to fund their own placement), and the value of the equity (in the property) exceeds the capital limit - additional requirements can also be found in Annex D, in the Code of Practice.

Where this authority enters into Deferred Payment Agreements, interest can be charged (the amount of which to be confirmed in the Deferred Payment Agreement), in addition to any associated administrative (including valuation) costs.

3.2. Non-Residential Care

Non-Residential Care services would consist of Domiciliary/Home Care, Domiciliary Respite Services, Residential Care based Respite Care (of up to 8 weeks), Lifelink Extra Assistive Technology package (previously referred to as Telecare/Category 3), Day Care Services, and Direct Payments.

Clients who are in receipt of more than one of the above services will be provided with a single financial assessment, based on the total cost of all of the services provided.

Clients who are in receipt of a Lifelink, or Lifelink Plus Assistive Technology packages (previously referred to as Lifeline/Category 1 and Home Safety/Category 2), will pay a **Flat Rate Charge** for the service they receive – these Flat Rate Charges would therefore be in addition to any assessed charge, and would not fall within the “single financial assessment” referred to in the above paragraph.

3.2.1. Non-Residential Financial Assessment Options

Where a client does not have a partner and is the only person in a household in receipt of a service, the financial means of other adults in the household do not need to be taken into account in undertaking a financial assessment.

Where appropriate, the relevant income and costs of the household will be divided evenly between all the adult members of the household to arrive at the allowable income and expenses for the individual.

However, situations may arise where it would be more beneficial to a client, if their contribution were to be calculated on the basis of the household. Clients will therefore be encouraged to have a financial assessment carried out on both an individual and a household basis, to determine the most financially advantageous arrangement. If the resultant financial assessment is based on the household’s income, the service user would remain responsible for paying for the care provided.

Where a client has a partner, the financial assessment will be based on the combined income & expenditure of both partners, but the client will be the partner responsible for paying for the care provided.

In these circumstances, a client may specifically request an independent financial assessment based on their individual means, in which case 50% of relevant joint costs will be taken into account to calculate the allowable expenses.

Alternatively, where there are joint or multiple clients in a household, the combined income of all clients, and the total relevant household expenditure, will be taken into account in calculating a single financial assessment for the household. A household assessment will be based on the total cost of the combined services received by the household. In such circumstances, one member of the household will be responsible for ensuring payment is made for the care provided to the whole of the household.

If all clients specifically request independent financial assessments based on their individual means, the cost of each service and the entitlement to financial assistance will be calculated separately for each service user within the household.

The disclosure of personal financial information will enable the authority to calculate to what extent, the client is entitled to financial assistance, towards the full cost of the service. The financial assessment will also therefore calculate, the amount that the client will be required to pay (if anything) towards the above services – this Charging Policy therefore reflects both the level of service provided, and also the client’s financial means.

The amount that a client may be expected to pay will be based on the weekly cost of the service, less the amount that the client can afford to pay (i.e. based on their income and capital, and less any relevant outgoings/minimum guaranteed income) – each client will then be provided with a “Maximum Charge” that they could be required to pay, towards the care/services they receive (even if their available income is higher than the cost of the service, they will pay no more than the “Maximum Charge”).

Expenses are allowable for Housing Costs (Mortgage Payments and Rent, or equivalent) net of Housing Benefit, contributions towards Supported Living costs, and Council Tax payments (net of Council Tax Benefit) – this information must be provided (on the Declaration of Financial Circumstances form, and documentary evidence provided), in order to be considered in the financial assessment.

The client's charge would be based on the contact/assessed hours of care (or number of Day Service attendances/sessions), by the rate charged - the rate charged will be no more than the cost of the services, it may not necessarily reflect the actual cost to the authority of providing/commissioning the service, but in any instance, the client would not be required to pay in excess of the weekly "Maximum Charge" for the service (or combination of services).

Refunds will only be issued for notified cancelled calls (with regards to Domiciliary/Home Care services).

Clients who do not wish to take part in a financial assessment will be required to pay the full cost of the service provided, subject to a weekly "Maximum Charge".

4. Circumstances where a Charge cannot be applied

The authority cannot charge for certain types of care and support, and these must therefore be offered free of charge. Although a full list of examples can be found in Section 5.12 (of the Code of Practice), the most relevant exemptions are:-

- Where the client is a Child, or is a Child Carer (under 18 years of age).
- Where a client receives after-care services/support under Section 117 of the Mental Health Act 1983.
- Where re-ablement has been arranged, to enable a client to maintain or regain their ability to live independently at home. In this case, the client would therefore be entitled to up to 6 weeks "free care".

5. Statement (and Effective Date) of Residential and Non-Residential Charges

Assessed charges will become due from the date that the care/service is provided, but clients must firstly have been notified of the maximum that they “may” be expected to pay (and this notification must have been provided, prior to the service commencing) - this information will be communicated to clients, by means of an “Invitation to Request a Means Assessment”.

Clients who require a financial assessment will be required to complete a “Declaration of Financial Circumstances” form, and provide evidence of their income and capital assets – this information should be provided within 15 working days of the date the “Invitation” was issued, and where client’s fail to respond, the authority may impose the standard charge, up to the level of the Maximum Charge.

Once a financial assessment has been carried out, a confirmation letter (and an attached statement providing a breakdown of the assessed charge) will be sent to the client (or financial representative).

If a client’s financial circumstances/care plan subsequently changes, then this may have an impact on the assessed charge, and any such changes may therefore require for the client to be financially re-assessed – in any instance where a client’s financial circumstances change, then the relevant changes should be communicated to the authority (in order for a determination to be made whether a re-assessment is required, and whether the changes will affect the client’s assessed charge). Any changes in the client’s charge will be back-dated to the date that the change in circumstances occurred.

Clients will be financially re-assessed in each financial year, with the re-assessed annual charge, being sent to the client (or financial representative).

6. Deprivation of Assets (Income and Capital)

If a client deliberately deprives themselves of income/assets (in order to reduce/avoid charges or qualify for financial assistance at an earlier date), then the authority will treat the client as still possessing these, and will include the value of the income/asset in any financial assessment (Notional Income/Capital). Such a determination would result in a client being requested to meet the full cost of their care (Residential Care), or the Maximum Charge

(Non-Residential Care). The timing of any deprivation would impact on whether the authority would pursue the client, or the person who received the benefit of the deprivation - further guidance regarding this should be sought from Annex F, in the Code of Practice.

7. Payment of Charges

The majority of Non-Residential Charges (i.e. Domiciliary/Home Care, Day Care) will be collected by Direct Debit (calendar monthly), as this is the preferred method of payment. Any short stay (previously referred to as Respite) charges may be payable to the Care Provider (unless the client already receives an alternative service from the authority, and these charges are already collected by Direct Debit).

Where a client is in receipt of Direct Payments, the client's assessed charge (if applicable) will normally be paid directly into the Direct Payments Account (by the client), and the authority will also make payment (i.e. a net amount, following the deduction of any assessed client contribution) directly into the client's Direct Payments account – the combination these contributions will thus ensure that the client has sufficient funds, in order to meet the cost of the care/services (as set out in their care plan).

Should the client therefore wish to purchase additional care/services, outside of their care plan, then they would be expected to use their own funds to purchase this additional care.

With regards to Residential Care (as mentioned above), the client will be required to pay the assessed client contribution direct to the care provider, with the authority also making any relevant financial contribution, direct to the care home.

Should the client choose a Residential/Nursing home, whose charges are in excess of the authority's contracted rate (for the Local Authority area where the care home is located), then the family/representative will **(unless the authority cannot commission a placement where no additional cost applies)** be required to enter into/negotiate a separate arrangement (referred to as a Top Up, 3rd Party, or Additional Payment), to pay these fees directly to the relevant care provider.

8. Review Process

Following a client receiving formal notification of their assessed charge, for Residential and Non-Residential Care, they may seek a review of the assessment (the request may be made orally, or in writing), where they feel the decision has been undertaken inappropriately, or where they feel that meeting the charge would cause financial hardship (this is dealt with in Annex E of the Code of Practice).

The authority must send the client (within 5 working days of receiving the request) a statement of acknowledgement, and request any documentary evidence, which may be required to carry out a review/re-assessment - NB the client may decide that they do not wish to pay their assessed charge whilst the review is ongoing (but must advise the authority of this, within 5 days of receiving the statement of acknowledgement).

The client has an obligation to return any requested financial documentation within 15 days of the authority's request (or ask for additional time if the client is currently unable to present the required confirmation – NB if this is the case, the authority must offer a Home Visit to the client). If the client does not present the required information (or ask for an extension) within 15 days, the authority can reasonably assume that the client's request has been withdrawn.

Where sufficient information has been provided, the authority must carry out the review within 10 working days (by an officer other than the person who made the original decision), and communicate the decision to the client – if the review leads to an amendment in the charge, the authority must send an amended statement of charge to the client.

(NB Where the authority is unable to carry out the review, within 10 days, it must advise the client that (the client) may elect not to pay the assessed charge, whilst the review is being completed (the authority cannot later recover any accrued arrears during a period that it was at fault in failing to carry out a timely review, regardless of the eventual determination).

Where the review leads to a lesser client contribution, any overpayments should be credited to the client. Where the review leads to no change (or a higher assessed client contribution), the client will be asked to repay any

arrears that may have accrued (i.e. if they decided to suspend their payment, pending the outcome of the review), and also any additional costs (if the client contribution has increased). Before requesting any accrued/additional costs be paid, the authority should decide whether repayment would cause the client any financial hardship (offering to agree a suitable repayment plan, if applicable).

Where a client still remains unsatisfied with the authority's determination, they will be entitled to make a formal complaint (which will be considered through the formal Social Services complaints procedure).

9. Formal Recovery of Charges

Where an invoice has been raised and/or a debt is/remains outstanding, the authority must take all reasonable steps to collect the debt – this would include communicating with/visiting the client, offering a suitable repayment plan, and ascertaining the reason that the debt has not been paid (i.e. not merely assuming that the client has made a deliberate decision not to make payment).

Should the above steps prove unsuccessful, the authority has recourse (dealt with under Annex F in the Code of Practice) to place a Land Charge on a client's property (if applicable), or to undertake Court Action, i.e. in order to collect any outstanding debt.

Schedule 1 - Charges for Services – April 2018

Long Term Residential Care

<u>Charges – Service Users per Week (Max Charge)</u>	<u>To 31st Mar 18</u>	<u>1 April 2018</u>
Pobl Homes – Existing Residents (admitted prior 01/04/12)	£547.00	£563.40
Pobl Homes – New Residents (admitted 01/04/12 onwards)	£723.00	£744.70
Residential Care – All Other Providers	£538.00	£555.70

Charges – Other Local Authorities (Per Week)

Learning Disabilities Accommodation	£1,732	£1,784 week
Additional Hours RCO	£15.37	£16.12 hour
Additional Hours NCO	£22.32	£23.04 hour

Fees Paid to Providers of Residential Care (Per Week)

Basic Fee	£522.15	£539.33
Quality Premium	£15.85	£16.37
EMI Nursing Care Supplement (added to above figure)	£28.34	£29.27
Residential Care for Under 65's (Basic Fee)	£522.15	£539.33
Adult Family Placement	£436.85	£450.00
Pobl Homes (Basic Fee)	£675.63	£694.94
Pobl Homes (Spot Purchase)	£701.38	£721.46

Non-Residential Care Charges

* Highlighted Charges below are subject to £80 maximum per week (following approval of WG Regulations)

*Short Term Residential Care	£70.00 night	
*Up to 7 seven days		£80.00
*Every week or part week thereafter (up to 8 weeks)		£80.00

Any stay longer than 8 weeks whole period will be charged as per long term residential care.

<u>Non-Residential Services</u>	<u>To 31st Mar 17</u>	<u>1 April 2017</u>
*Domiciliary Care	£14.00	£15 hour
*Domiciliary Respite Services	£14.00	£15 hour
*Direct Payments		value of direct payment
<u>Community Alarm/Telecare – Per Week</u>		
Lifelink (previously Lifeline/Category 1) – Flat Rate	£2.50	£2.50
Lifelink Plus (previously Home Safety/Category 2) – Flat Rate	£3.75	£3.75
*Lifelink Extra (previously Telecare/Category 3)	£5.50	£5.50
<u>Day Care Services – Per Attendance</u>		
*Day Care (Per Attendance)	£28	£29
*Community Connecting Team (per session)	£14	£14.50
<u>Other Local Authorities Only – Per Day</u>		
Day Care for the Elderly	£51	£52.50
Day Care for the Elderly (Excluding Transport)	£39	£40.20
Day Care for Learning Disability clients (Excluding Transport)	£72	£74.20
<u>Other Charges</u>		
<u>Meals</u>	£4.50	£4.50
<u>Rent Cluster Houses (per week)</u>		
Sycamore Crescent	£84.94	£90.57
Southville Road	£75.22	£76.84

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL
SOCIAL CARE, HEALTH & WELL-BEING CABINET BOARD

5th APRIL 2018

**Report of the Director of Social Services, Health & Housing –
A. Jarrett**

Matter for Decision

Wards Affected: All Wards

MENTAL HEALTH SERVICES STRATEGIC DELIVERY PLAN 2018-2019

1. Purpose of Report

1.1 To seek approval from Cabinet Committee to endorse the Mental Health Services Strategic Delivery Plan 2018-2019.

2. Background

2.1 Mental Health Services supports people to achieve the goals and aspirations that matter to them, as well as helping to safeguard our most vulnerable residents from harm.

2.2 Significant work has taken place over the last year to make sure people requiring these services have high quality care that is personalised to their individual needs.

2.3 The Plan builds on previous work and sets out the Council's intentions and proposals to further improve Mental Health Services for adults living in Neath Port Talbot, following Members' endorsement of the Strategic Business Plan for Adult and Children's Social Care, 2018-2019.

2.4 The focus is to ensure that people receive support that promotes progression, recovery and rehabilitation, is flexible to their changing needs, helps to build on their individual strengths, safeguards from harm, advocates choice and control, and promotes independence.

3. Monitoring, Review and Delivery

3.1 The Delivery Plan will be monitored and reviewed with the Cabinet Member for Adult Social Services and Health and presented to members of the Social Care, Health and Well-being Cabinet Board on an annual basis.

4. Recommendation

It is recommended that Members approve the Mental Health Services Strategic Delivery Plan 2018-19 attached as Appendix 1 to this report.

5. Reason for Proposed Decision

To endorse the proposed commitments and commissioning intentions to remodel services and implement a recovery / rehabilitation / progression model of care, as outlined in the Directorate's Strategic Business Plan and detailed in the attached Delivery Plan.

6. Implementation of Decision

The decision is proposed for implementation after the three day call in period.

7. Equality impact assessment

There is no requirement for an equality impact assessment.

8. Workforce impacts

There are no workforce impacts associated with this report.

9. Legal impacts

There are no legal impacts arising from this report.

10. Financial impacts

The Strategic Delivery Plan has been developed on the basis of the Directorate's budgetary savings for 2018-19.

11. Consultation

There is no requirement under the Constitution for external consultation on this item.

12. Risk Management

There are no risk management issues associated with this report.

13. Appendices

Appendix 1 – Mental Health Services Strategic Delivery Plan 2018-2019.

14. Background Papers

- Social Services, Health & Housing Directorate Strategic Business Plan for Adult and Children's Services, 2018-2019
- Western Bay Area Plan for Care and Support Needs 2018-2023
- A Supportive Review of the Community Mental Health Teams and Associated Primary Care Psychiatric Liaison Services conducted jointly by Abertawe Bro Morgannwg University Health Board and Neath Port Talbot County Borough Council [**Private Report**]

15. Officer Contact

For further information on this report item, please contact:

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Neath Port Talbot
Castell-nedd Port Talbot
County Borough Council Cyngor Bwrdeistref Sirol

Social Services, Health and Housing Directorate – Strategic Delivery Plan for Mental Health Services

March 2018



**Improving Outcomes,
Improving Lives**

*promoting high quality, responsive, citizen
centred social care*

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DRAFT

Strategic Delivery Plan for Mental Health Services

Foreword

This Delivery Plan explains how Neath Port Talbot County Borough Council (the Council) will deliver its vision for adults living in Neath Port Talbot who require a Mental Health Service. This Plan has been developed following Members' endorsement of the Strategic Business Plan for Adult and Children's Social Care 2018 – 2019, in order to set out the Council's future intention for Mental Health Services.

Mental Health Services supports people to achieve the goals and aspirations that matter to them, as well as helping to safeguard our most vulnerable residents from harm. Significant work is taking place to make sure that people requiring Mental Health Services receive high quality care that is personalised to their individual needs. This Plan builds on previous work and sets out our commitment to further improve services and responses that people receive over the next 12 months and beyond. The focus of our Plan is to ensure that people will receive support that is flexible to their changing needs, helps to build on their individual strengths, safeguards from harm and advocates choice and control. In this way, more people who require support will be able to live with greater levels of independence within their local communities and be better supported to accomplish their ambitions.

In keeping with the Directorate Strategic Business Plan, the focus of this document is the promotion of health and well-being of citizens and maximising independence in their own communities for as long as possible.



Councillor Peter D. Richards
Cabinet Member for Adult Social Services
and Health



Andrew Jarrett
Director of Social Services, Health and
Housing

Vision and Guiding Principles

The Council's vision is to create *a Neath Port Talbot where everyone has an equal opportunity to be healthier, happier, safer and prosperous*¹.

The Council's aim is to improve the mental well-being of people to – *“a state in which individuals realise their own abilities, can cope with the normal stresses of life, can work productively and can contribute to their community. It is about feeling good and functioning well.”*²

This will be achieved by working in partnership with other agencies such as health, housing, education, the third sector, community organisations and the private sector. Through partnership working, people will receive high quality and sustainable responses that will meet the needs and demands of those requiring a service both now and in the future.

The Council, with its partners, will deliver a sustainable model of care and support that enables people with mental ill health to live as independently as possible. We are committed to meeting the needs and wishes of people with mental ill health in a way that is targeted, cost effective, of high quality and sustainable, so that they are enabled to achieve the things that matter to them.

Our ambition is to deliver modern social care within Neath Port Talbot and we are committed to ensuring that people requiring social care support have the best experiences possible. This will be achieved by social services working more closely with other organisations and agencies so that there is a more holistic approach to how we support people.

Our aim is underpinned by the principles that:

- ❖ People with mental ill health will:
 - Receive support that is personalised to their individual needs, goals and preferences
 - Have more choice and greater control and influence
- ❖ Those recovering from mental health problems will be enabled to enjoy as independent a life as possible

¹ NPTCBC Single Integrated Plan 2013-2023

² Together for Mental Health. A Strategy for Mental Health & Well-being in Wales, Welsh Government 2012

- ❖ Those experiencing mental ill health will be supported and rehabilitated to aid recovery
- ❖ Mental Health Services will be strengthened in line with national and local strategic priorities and assessed levels of need
- ❖ Support to carers of people with mental ill health will be further improved

And we will ensure:

- ❖ The best possible quality support through working in partnership with other organisations, including the private and voluntary sectors
- ❖ That partnerships are properly governed with a focus on the provision of high quality services and are accountable to those who use and pay for them
- ❖ Our services offer excellent value for money and are sustainable for the future
- ❖ That the valuable role of carers is recognised and that their own wellbeing needs are taken account of
- ❖ That we continually “challenge” the way that we do things, so that we consistently build on good practice
- ❖ That providers support the rehabilitation and recovery approach

Strategic Objectives

We want to move away from more institutionalised risk-averse practices and models of support and instead recognise and safely build on people’s individual qualities, strengths and abilities. In doing so we will be able to ensure that people are able to live more independent lives including, where appropriate, supporting people to live in their own homes and communities. This is often called a **‘Progression’** approach

A **‘Progression’** approach seeks to help a person achieve their aspirations for living life as independently as possible and requires working with the person and their support network to develop a personalised assessment, which identifies very specific development requirements in respect of activities of daily living; goal directed support planning; positive risk taking and outcome based reviews. This is then used to help understand how to best support the person and develop their skills so that they can transition into a more independent support model or receive lower levels of staff support. This may

include, where appropriate, a person moving from residential care into their own home.

An **Assessment** of the person's need will be '**asset based**', which means focusing on what a person can do, or could do with the right support, rather than focusing on what a person cannot do right now. This requires regular reviews to assess achievement against a set of goals or outcomes that have been developed and agreed with the person requiring support. This will require operational practice (such as social care, health and housing related support carers) and those responsible for commissioning services to work more closely.

The progression model is closely linked to the **rehabilitation and recovery approach**; an intervention that provides specialised mental health care for people with severe and enduring mental ill health which cannot be adequately met by general adult care services. The needs of people with enduring mental ill health are often complex and include treatment of long term illness and prevention of relapse, finding and maintaining accommodation, vocational and educational training, improvement of social skills and prevention of social isolation. Rehabilitation and recovery can enable individuals to lead as independent a life as possible while exercising control over their own lives. This will require a range of services including short term therapeutic support for those experiencing a period of crisis, ensuring there is a range of community based services and working with local communities so that they are best placed to support people with a mental health need.

At a regional level, the local authorities and health board within Western Bay have agreed that mental health services need to be transformed to provide modernised, integrated services aimed at earlier intervention with a focus on prevention. The aim is to support people to live as full a life as possible with community based help and support seen as the norm and hospital care the exception.

In order for us to achieve our objectives, we will work more closely with and better involve all those involved in the individual's personal network of support including family, carers, the third sector and the local community. We will also be looking to develop a new range of accommodation and community support

options, which will involve the establishment of a new commissioning framework for social care and housing related support services.

Achieving this will require us to focus on ensuring that those who work with people requiring services have the right skills to deliver responses that are enabling and support progression of independence.

Our commitments are that we will:

- ✓ Listen to what matters to those that require support and make sure they have choice and control by enabling people to be actively involved in making decisions about their lives
- ✓ Safeguard our most vulnerable residents from harm
- ✓ Develop a single point of access for mental health services
- ✓ Promote an integrated approach to treatment and care
- ✓ Help those that require support to achieve optimum levels of independence and live the lives they want to live
- ✓ Ensure that service delivery promotes recovery-based mental health services, helping people to realise their full potential and become citizens within their local communities, through participation in mainstream community and leisure activities
- ✓ Prevent people from being disenabled due to overprovision of support and disproportionate approaches to risk taking
- ✓ Implement modern responsive services with a progression / rehabilitation / recovery philosophy so that people can achieve their aspirations, including for those that want, and are able, to live in their own homes and communities
- ✓ Value the important role of carers and recognise their own wellbeing
- ✓ Help to ensure that the workforce has the right skills and resilience to help people achieve greater levels of independence by taking an asset based approach
- ✓ Work with partners to help ensure that people are supported to be more involved in their local communities so that they have increased opportunities to become involved in meaningful social and leisure activities as well as benefiting from natural support networks

- ✓ Strengthen working between departments to make sure that people experience smooth and positive transitions through services and pathways into adulthood
- ✓ Help communities to work in an asset based way
- ✓ Ensure there are high quality and cost effective specialist provision which support rehabilitation and recovery for those with the most severe and enduring mental health needs
- ✓ Create new, innovative models of care and support within the community that are flexible to meet changing needs and individual requirements
- ✓ Develop a sustainable market which can respond to changing demands in the future
- ✓ Engage in the development of prevention and well-being services so that the need for higher levels of ongoing care is reduced

Drivers for Change

There have been a number of changes at a national, regional and local level that has required us to review what we are doing and introduce a new approach so that we continue to be best placed to meet current and future needs and demands.

The following are key principles of this Delivery Plan:

- To reflect significant changes in local and national legislation and policy
- To reflect changing demographic pressures
- To ensure effective partnership working with key stakeholders
- To make effective use of our available resources, to ensure longer term sustainability and meet the requirements of the Council's Forward Financial Plan (FFP)
- To identify a range of approaches to promote independence
- To encourage creativity and innovation

People with Mental Ill Health and Current Service Provision

Neath Port Talbot has a total population of approximately 140,000 people, including around 40,700 children and young people (aged up to 25 years), and 29,200 people aged 65 and over.

Currently there are two multi-disciplinary Community Mental Health Teams (CMHT) in Neath Port Talbot; based at Gelligron in Pontardawe and The Forge in Port Talbot. These teams were recently subject of a supportive review jointly conducted by Neath Port Talbot Council and ABMU Health Board, which provided a number of recommendations ranging from patient flow to improvements in IT. The teams will continue to implement the recommendations via the action plan process.

People in the county borough who are experiencing severe and/or enduring mental ill health will be offered a Care and Treatment Plan by the CMHT, developed in discussion with them, to clearly define what care the person needs and how it is to be delivered. There are 534 people³ aged 18+ years in Neath Port Talbot registered on the caseloads of The Forge (233) and Gelligron (301), with the biggest proportion being those aged in their 50s.

	Age Group									
CMHT	<20	20s	30s	40s	50s	60s	70s	80s	Total	
The Forge	5	37	41	43	45	40	21	1	233	
Gelligron	4	38	49	56	82	51	14	7	301	
Total	9	75	90	99	127	91	35	8	534	

Long-term mental ill health can combine with age-related health problems leading to an increase in people with more complex needs, which in future could lead to greater demand for accommodation placements. Therefore we see it as essential to work with a rehabilitation and recovery model.

³ Source: CMHT caseloads as at 1st March 2018

Current Service Model

There are currently⁴ a total of 68 individuals accounted for on the external placements budget sheet, i.e. people (aged 18+) with mental ill health in receipt of accommodation or support services from private providers. This figure includes 45 people in residential care and supported living, provided by around ten different service providers across 12 locations, including 25 people currently living outside of Neath Port Talbot.

The breakdown of total full year costs, those attributable to Social Services⁵ only, and average costs by service type are summarised in the table below:

	Total (SS & Health)			Cost to Social Services		
	People	Full Year Costs	Average Cost in Service Type	People	Full Year Costs	Average Cost in Service Type
Residential	31	£2,217,753	£71,540	31	£1,446,880	£46,674
Standard Res	10	£253,760	£25,376	10	£202,294	£20,229
Domiciliary	5	£70,823	£14,165	5	£52,842	£10,568
Day Care	1	£5,170	£5,170	1	£5,170	£5,170
Supported Living	4	£184,598	£46,150	4	£129,387	£32,347
Direct Payment	17	£110,773	£6,516	17	£110,773	£6,516
Total	68	£2,842,878	£41,807	68	£1,947,346	£28,637

Note that the people known to the CMHTs may be receiving therapeutic services or other community-based interventions; the table above shows number of people in external placements only.

The current service model is not as progressive as it could be, being heavily reliant on care provided in a residential home. This has resulted in an under-developed market for more enabling services which promote greater levels of independence.

The cost of each care package, even within similar service provision, can vary widely and a breakdown is provided in the table⁶ below which groups cost ranges by the number of care packages currently being delivered:

⁴ Monthly Placements Budget Sheet February 2018. Note figures are for approved placements and may include placements approved and not yet started

⁵ The cost borne by Social Services, net of any ABMU Health contributions for joint funded care packages

Analysis of Cost Splits (Current placements FYE Cost)				
	Total (SS & Health)		Cost to Social Services	
	People	Full Year Costs	People	Full Year Costs
Less than £10,000	16	£78,302	16	£70,374
£10,000 - £19,999	8	£116,975	15	£230,938
£20,000 - £29,999	11	£263,523	13	£313,183
£30,000 - £39,999	8	£297,779	7	£257,721
£40,000 - £49,999	3	£134,217	9	£384,175
£50,000 - £59,999	4	£220,549	3	£159,757
£60,000 - £69,999	1	£68,638	2	£129,158
£70,000 - £79,999	2	£154,109	0	£0
£80,000 - £89,999	9	£757,341	2	£167,137
£90,000 - £99,999	3	£288,138	0	£0
£100,000 - £109,999	1	£103,849	0	£0
£110,000 - £119,999	0	£0	0	£0
£120,000 - £129,999	0	£0	0	£0
£130,000 - £139,999	1	£124,553	0	£0
£140,000 - £149,999	0	£0	0	£0
£150,000 +	1	£234,904	1	£234,904
Total	68	£2,842,878	68	£1,947,346

Financial Position

Neath Port Talbot continues to face significant financial constraints and the Council's FFP sets out the budgetary savings requirements across the main service areas of each directorate.

The Council is committed to supporting its most vulnerable residents and as such spends⁷ approximately £2.6 million per year on providing, commissioning, and managing services for people with mental ill health, including £0.8 million on care management and £1.8 million on residential care, external day services, supported living and direct payments. In addition to this, there is further funding provided through the 'Supporting People' programme to address housing support needs; the contribution made by Supporting People consists of 3% of their total grant budget (or approximately £154,000).

The overall savings required of Social Services in 2018-19 is £4.55 million, of which a target of £0.1 million⁸ has been assigned to Mental Health Services – a 5.5% saving on the £1.8 million mental health placements budget.

Against the backdrop of a challenging financial climate is the knowledge that we will also see more demands for social care services, adding further pressure to the Council's budget.

⁶ Budget Monitoring data as at February 2018

⁷ Budget 2017-18; figures for 2018-19 were being finalised at time of writing

⁸ See Forward Financial Plan (FFP) 2018-19

The driver for change and the objective of this plan is to make sure the Council is best placed to enable those that require a Mental Health Service to have fulfilling lives based on achievement of their personal aspirations and optimising their independence, whilst being safeguarded from harm. To do this we need to review what we do now and how we do it, to ensure we achieve best value for money so that we can appropriately meet demands within our available budget.

Changes to Service Delivery

We have already identified a number of people who are able to transition into alternative services that offer greater levels of personal independence. For example, 6 people could be offered the option to move into more community-based services, including:

- Supported living (a shared house with individual tenancy rights; people living where and with whom they want, for as long as they want, with the ongoing support to sustain that choice)
- Core and cluster (nearby houses that share care and support staff between them)
- Extra Care schemes (apartment complexes based in the community, where people have their own self-contained flat and can utilise a range of on-site communal facilities)

However, to enable this to happen we must commission a wider range of services than our current offer; this will include working with Registered Social Landlords to help develop different housing solutions.

Through training programmes, team meeting discussions, sharing good practice examples, professional supervision, screening and case allocation processes, and tactical panels (where requests for funding applications are made), we are supporting the workforce to embed outcome-focused practice.

We want to continue to improve on the progress already made with the CMHTs, ensuring all Care and Treatment Plans reflect people's changing needs as well as their wishes.

Where possible we need to engage with providers to develop provision to assist with preventative work and also develop therapeutic groups/opportunities for people to access following discharge from secondary services.

We have reviewed the way we assess and commission social care packages and findings have shown that:

- People experience better outcomes when assessments focus more on what people can or could do and how they can be integrated more into their communities to benefit from more natural support mechanisms
- Strong goal and outcome planning within assessments helps to prevent drift in care management and reduce lost opportunities to help people achieve different outcomes in their lives
- Early transition planning which focuses more on developing a person's skills and resilience results in improved opportunities for people to live in more independent care settings
- Underdeveloped succession and contingency planning to consider the implications of a breakdown of carer support can contribute to overuse of residential care
- A traditional contracting model and an underdeveloped market results in less individualised and disabling accommodation and care support models which does not stimulate innovation or choice

These findings support the need to build on current good practice and implement a conversation approach to assessment and review practice based on strengths and recovery. It also underlines the need to take forward the procurement of a new commissioning framework for social care and housing related support so that the local market is able to offer a choice of individualised and innovative options in the local community that supports progression, rehabilitation and recovery.

Our Priorities – What we plan to do

We are an ambitious Council and there is much we want to achieve to make sure people get the best possible support and have positive life experiences.

The following section outlines the areas of priority we are planning to work on over the next 12 months and beyond in order to progress the overarching objectives, setting out our key priorities and work areas.

Priority 7 - Complex Needs: Learning Disabilities & Mental Health Services⁹

For people accessing learning disability services or mental health services, we will, in partnership with clients, carers, families and service providers remodel services and implement a 'progression' model of care.

We want to ensure that people do not become entrenched and over-dependent on services. We will work with all partners to promote individuals' strengths and independence, and ensure they receive the care they need based on the outcomes they want to achieve.

Key to this approach is embedding the **'progression model'** and **'recovery model'** of care. An example of the progression approach is the identification that a person currently living in a residential care home out of the area wants and can, with the right support and planning, return to Neath Port Talbot and live in their own home. To achieve this, first the person might take up residency in a local residential care provision for a period of time, during which the provider will work with the individual to help them acquire independent living skills. During this time they may form a friendship group with other residents and, at a later date, move to a supported shared home. Here they receive further enabling support and acquire more independent skills so that, after a period of time, all can move into homes of their own; true independence with their own front door.

Recovery acknowledges an individual's potential and capacity for growth and development and that people with mental health problems can make significant improvements by taking greater control over all parts of their lives, including becoming more independent, engaging in meaningful activities and having fulfilling and supportive relationships. The individual is supported to

⁹ As taken from Social Services, Health & Housing Strategic Business Plan 2018-19

‘recover’ their life and work towards goals that give their life meaning again. Although they may not fully ‘recover’, they will be a part of the wider community and not segregated from it by being placed in residential or hospital care. This means that housing, education, employment and **participation in mainstream community and leisure activities provide the focus of the care and treatment plan. Individuals are treated in familiar settings** – as a result in-patient admissions reduce and become shorter in duration as acute and/or intensive treatment services are established within the community.

Over a number of years, it is anticipated that accommodation configuration will gradually change from being one that is mainly residential to one where the majority of individuals are living more independently, including ‘core and cluster’.

As such, service providers will be commissioned and routinely monitored according to their ability and progress in promoting independence of individual clients, whilst ensuring that we continue to receive best value for money.

Case Study

“C” currently resides in a mental health residential care home. She wishes to return home and had been undertaking home leave for approximately 75% of her stay while there. There was a lack of evidence in regards to enabling her progression by the care home and they stopped her home leave. There was a risk of “C” regressing and action was required to ensure a prompt response to promoting her potential to ‘move on’.

“C” will now transfer to a specialist rehabilitation care establishment for approximately 3 months in order to help her prepare and encourage her progression to return to her own home by providing a bespoke package of care. To support “C” in her own home we envisage providing ongoing community based support or a Direct Payment.

It is also estimated that this action will result in a saving of around £1,200 per week once “C” is home and community based / Direct Payment support is in place.

Commissioning and Social Care Intentions

Consideration for the commissioning of services will only occur where a service can demonstrate that it can achieve the biggest impact and maximum benefit for people with mental ill health. To achieve this, our plans include:

- A systematic asset-based and outcome-focused review of all people with mental ill health in receipt of a care and treatment package to ensure it takes a proportionate approach to risk and delivers the outcomes that matter to people
- Encouraging an asset based approach so that people with mental ill health utilise community based prevention and well-being services, for example through our Local Area Coordinators or Direct Payments
- Work with those in receipt of services, their families and existing providers to identify who could either be supported differently or move to more enabling forms of accommodation and support
- Promote development of core and cluster, supported living and other housing accommodation options with new and existing partners to enable the 'move-on' of people where appropriate
- A 'Transition Team' to jointly work on complex care cases and facilitate their smooth transfer between Children's and Adult Services
- Recommissioning our service delivery model through a new framework which also encourages providers to be more innovative, moving away from over dependence on residential care

Outcomes

As a result of changes to the way we assess and review care needs and commission services, we expect to see a number of positive outcomes as the new model embeds, for example:

- Better mental health is achieved and sustained through the availability of a range of personalised service options
- Care and treatment planning will be person centred as well as recovery and reablement based
- People with mental ill health are enabled to achieve their personal goals and be active members of their local communities and, by extension, feel less stigma by making use of community facilities and resources

- Increased emphasis on working towards a person's personal outcomes using a targeted approach so that people are able to live the lives they want to live
- Enable Social Workers to plan pathways of care based on individual need, rather than service availability so that people receive the right type and levels of support as they are enabled to achieve greater levels of independence
- Enable providers to develop business strategies based on projected needs so that we have a robust and sustainable market that is able to meet local needs and demands
- A more dynamic, flexible and diverse range of accommodation and service options available to those who need it so that people have greater choice and control
- Sustainability of high quality provision that is also good value for money so that we can meet demands within budget
- Carers are supported to continue in their caring role

Conclusion

Mental Health Services is a priority area for Neath Port Talbot CBC but a new approach is required to ensure services are sustainable and more tailored to individuals. We believe that this Plan's model of delivering services locally in community settings, with a focus on progression, intervention, rehabilitation and recovery will meet the aspirations of people with mental ill health and their carers. We look forward to the continued advice and support of the Cabinet Member for Adult Services and to the development and implementation of a Mental Health Members' Interest Group.

Action Plan for Mental Health Services (April 2018 – March 2019)

Our commitments will be to:

- 1. Take forward outcome focussed assessments and review the commissioning arrangements for complex care. This will involve reviewing individual care packages of people with complex needs and work with providers to create a range of support and accommodation options.**

This will be achieved by:

- a) Giving people more choice and a louder voice to take greater control over decisions about the way they want to live their lives and the services they need to support them to do this
- b) Embedding quality assurance and performance management to ensure best outcomes are achieved for those accessing services, and promote a culture of continuous improvement
- c) All staff completing a three-day outcome focused training course
- d) Undertaking regular reviews of commissioned services
- e) Ensuring that safeguarding is central to all of the above actions

- 2. Implement an outcome focussed approach to promote greater levels of independence.**

This will be achieved by:

- a) Reviewing each care package to ensure placements for people with complex needs are effective, outcome based and appropriate
 - b) Ensuring residential providers are progression, recovery and rehabilitation focused
 - c) Embed CMHT Operational Policy
 - d) Continue to improve processes and outcomes in line with CMHT supportive review recommendations
-

e) Maintain and continue to stabilise the Teams through period of change

3. Carry out a review of Mental Health service provision to develop a rehabilitation and community based model for the future.

This will be achieved by:

- a) Engaging with the market to draw together innovative models that support the Council's agenda of independence, choice and control and to commission appropriate models of support in accordance with individual needs
- b) Develop modern response services with a recovery philosophy led by care coordinators

4. Create clear pathway models for complex care services to enable people to achieve optimum independence. This will include working with providers to develop a wider range of care, support and accommodation options which promote greater independence.

This will be achieved by:

- a) Utilisation of the 'progression model' of care programme, which ensures that care packages are tailored to the needs of the individual, whilst placing emphasis on progression, across Mental Health Services
- b) Reviewing the provision of community support to ensure that Supporting People Programme Grant funding is making an optimal contribution to the development of an accommodation and support service pathway for people with mental ill health that has clear and streamlined access arrangements
- c) Improving transition planning so that support is available and accessed in a timely manner

- d) Providing information and guidance to individuals on alternative community based provision, including by working with Local Area Co-ordinators

5. Work with providers to develop 'core and cluster' housing models; these consist of separate accommodation near each other to allow for shared support across a number of properties.

This will be achieved by:

- a) Engaging with providers to develop innovative core and cluster accommodation models that can support the Council's agenda for independence, choice and control
- b) Commence implementation of the agreed optimum model for adult mental health services, as outlined in the Western Bay Strategic Framework for Adults with Mental Health problems

6. Improve the availability of services that promote rehabilitation and recovery for those experiencing mental ill health.

This will be achieved by:

- a) Seeking to develop sanctuary-type provision to offer short term therapeutic support for people experiencing crisis
- b) Working with Health partners to remodel acute mental health services which are more community based and in line with the Western Bay Area Plan for Care and Support Needs 2018-2023
- c) Building up the community infrastructure to better support people with mental health needs

7. Work with Health colleagues to foster a joint approach for reablement models and for the delivery of complex care services. Seek opportunities to drive forward integration between the Council and Health Board teams, in terms of the social work and commissioning arrangements for mental health and complex care services.

This will be achieved by:

- a) Strengthening existing partnership arrangements to identify opportunities for further integration and joint working
- b) Complete CMHT Action Plan review in line with recommendations
- c) Engaging with Health colleagues regarding future models of care and support

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NEATH PORT TALBOT COUNTY BOROUGH COUNCIL
SOCIAL CARE, HEALTH AND WELLBEING COMMITTEE
REPORT OF THE HEAD OF COMMISSIONING, SUPPORT
AND DIRECT SERVICES – A. THOMAS

5th April 2018

Matter for Decision

Wards Affected: All

REMOVING THE CHARGE FOR INDIVIDUALS ACCESSING COMMUNITY CONNECTING TEAM SERVICES

Purpose of the Report

This report seeks Members' approval to remove the current charges for individuals that access the Community Connecting Team.

Executive Summary

For the purposes of this report "Community Support Services" includes:-

- Bespoked Enterprises and Fresh Start – Education, Work and Training services (EWT)
- Community Independence Service (CIS) – 1:1 floating support to assist with managing tenancy and household related issues
- Community Connecting Team (CCT) – Organised community based activity

All of these services are pan disability and borough wide. Individuals accessing these services must be over the age of 16 and resident in the County Borough of Neath Port Talbot. There is no upper age limit.

Referral and access to services

There is currently some variation on referral routes into Community Support Services and varying eligibility for those who access the services.

EWT and CCT are by professional referral only with an assessed need. CIS also assists those who may not be in receipt of a formal assessment. CIS is funded in its entirety via Welsh Government Supporting People grant funding and is linked to homelessness prevention. Referrals into CIS are taken from teams such as Housing Options alongside other professional referrals from Social Work teams.

Charging

There are also variations in the application of the charging guidance. CIS is not charged for due to the nature of its funding stream. EWT services are not charged for as products generated from the workshops by participants are sold with money paid back into the Local Authority. CCT services are currently charged for and it is proposed to cease charging.

Capacity and flow

Currently the service finds that individuals are avoiding offers and opportunities presented by CCT due to the fact that it simply means they will need to have a financial assessment. This is preventing people moving across all three services and using the spectrum of support to holistically meet their personal outcomes.

It can also mean at times that services become blocked and waiting lists form. However, at present there is no waiting list in any of these services. But historically this has not always been the case.

As people's lives, circumstances and needs change it is essential that support and assistance is there in "the right place, at the right time". Inevitably each service cannot be expected to address the whole needs of any person. However, these services collectively have a plethora of resources, skills, knowledge and experience that can be fully opened up to support the national prevention and wellbeing agenda in Wales.

Background

Charging Guidance

CCT is considered a Non Residential Care service (in addition to Domiciliary/Home Care, Domiciliary Respite Services, Residential based Respite Care (of up to 8 weeks), Telecare, Day Care Services, and Direct Payments).

Individuals who are in receipt of more than one of the above services are provided with a single financial assessment, based on the total cost of all of the services provided/received. In the period from 10th April 2017 to 8th April 2018, a person

would be assessed to pay a maximum charge of £70 per week, for any service (or combination of services) they receive in any chargeable week.

Please note that the £70 per week maximum charge, is due to increase to £80 per week (under Welsh Government guidelines), from 9th April 2018.

To be clear charging for services is discretionary to Local Authorities and is supported by a charging framework, including charging regulations and a code of practice.

See appendix 1 – NPT Charging policy

See appendix 2 – Easy read paying for care NPT

Prevention and wellbeing agenda

The Social Services and Wellbeing Act (2014) and the Future Generations of Wales Act (2015) are clear in their expectation and requirement that Local Authorities must place a necessary strong emphasis on preventative services. It is this type of support and assistance to citizens and families' that prevents many individual cases and needs from escalating requiring longer term interventions and more intensive support.

By removing the charging currently associated with CCT it acknowledges the work already undertaken by the team within the prevention remit.

Consistency of services

This proposal would ensure that all three services are consistent in their accessibility and operating systems and processes. This will encourage more effective use of existing resources with greater parity provided to all people within this area.

Longer term vision

This piece of work is under the umbrella of Asset Based Community Development. An approach outlined in the Peoples Directorate Strategic business plan.

Within the medium term (1 year) these services would move to "open door" services. This will mean that people will not require a formal assessment or care and support plan to access them. It would enable us to work with more people for shorter periods of time and, to take referrals from a variety of sources including GP practices for example. Its basic aims are:

- To connect and cultivate people and community activity.
- To reduce dependency on statutory services.
- To increase community resilience and responsiveness to those within it
- To promote personal levels of independence, choice and control
- To manage demand at our "front door".

There is much work to do and a small project group is working through the practicalities of delivering this including reviewing and creating new systems or processes where needed.

Removing the charging with CCT is a small step towards future developments within the service and prepares the ground for this to happen.

A further report at a later date will be submitted to members to identify progress made across this area.

Financial Impact

There is an anticipated loss of income generated by the CCT which is approximately £4,800 per annum. This is an approximate figure as the CCT has not yet operated for a full financial year period.

Equality Impact Assessment

An equality impact assessment screening was completed which identified that a full EIA is not required for this proposal.

See appendix 3 – Equality Impact Assessment screening

Workforce Impacts

All employees will retain their current roles within their current services. Each service will retain its individual identity and specialism.

Services will be co-located at the Bspoked premises in Neath Abbey to encourage greater communication, collaboration and cohesion between them. There will be hot desking facilities available to community based staff at both the site in Neath Abbey and the Rhodes House site in Port Talbot.

Legal Impacts

To be clear charging for services is discretionary to Local Authorities and is supported by a charging framework, including charging regulations and a code of practice.

Removing charges currently applied to CCT will not cause any compliance issues in this area.

Risk Management

The risk associated with undertaking this proposal is that the Council will lose current income generated of approximately £4,800 per annum.

The greater risk lies in doing nothing. Preventative services would be resourced alternatively with additional financing required.

Consultation

There is no requirement under the Constitution for external consultation on this item.

Recommendations

To remove the current charge for all individuals accessing Community Connecting Team service provision, with immediate effect, and making the necessary changes to the NPT Charging Policy and associated other documents that reflect this change.

Reasons for Proposed Decision

- To improve access to services
- To develop sustainable services
- To develop clearer pathways and flow through services and support
- To reduce where possible dependence on formal services
- To prepare services for the next stage of development. Open door services which correlates directly to the National Prevention and Wellbeing Agenda in Wales.
- To aid in achieving F.F.P targets set against Adult Services

Implementation of Decision

The decision is proposed for immediate implementation.

Appendices

No.	Appendix detail
1	NPT Charging policy
2	NPT Easy read guide to paying for care
3	EIA screening document

Officer Contact

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NEATH PORT TALBOT COUNTY BOROUGH
COUNCIL

RESIDENTIAL AND NON-RESIDENTIAL CARE
CHARGING POLICY

IN ACCORDANCE WITH THE LEGAL
REQUIREMENTS OF THE SOCIAL SERVICES AND
WELL-BEING (WALES) ACT 2014 – PART 5
(CHARGING AND FINANCIAL ASSESSMENTS)

APRIL 2017

1. Introduction

From 6th April 2016 the Social Services and Well-being (Wales) Act 2014 (referred to in this document as “The Act”) introduced one unified charging framework, which replaced all previous Acts and Regulations, relating to charging for Residential and Non-Residential Care.

Under The Act (which also incorporates Charging Regulations, and a Code of Practice), the Welsh Assembly Government gives discretion to local authorities to raise income from charging – this income will continue to be essential, in enabling this authority to manage resources effectively, sustainably, and to strive for continuous improvement in the future.

This Charging Policy should be used in accordance with the guidance provided in The Act, Charging Regulations and Code of Practice (all of which can be found on the Care Council for Wales’ Care Information and Learning Hub, and also on the Welsh Assembly Government’s website) – the relevant links can be found below:-

Social Services and Well-being (Wales) Act 2014 – referred to as “The Act”

<http://www.legislation.gov.uk/anaw/2014/4/contents/enacted>

Charging Regulations

<http://www.ccwales.org.uk/regulations-and-codes/>

Code of Practice (Parts 4 and 5)

<http://gov.wales/topics/health/socialcare/act/code-of-practice/?lang=en>

Statements referring to any relevant fees, charges, hourly rates etc will be produced/updated annually (or when required), to reflect any changes to this policy, changes to The Act, or to meet any Welsh Assembly requirements (or changes in other legislation) - a copy of the latest figures can be found in Appendix A (at the rear of this document).

2. Charging and Financial Assessments

The authority will use its discretion (under The Act) to impose a charge, or set a contribution, towards the costs of social care/services, and will do so, in line with the requirements of The Act.

The overarching principle is that people who are asked to pay a charge, must only be requested to pay what they can afford, and they must not be charged more than the cost incurred in providing/arranging their care and support.

A financial assessment will therefore calculate how much, if anything, a person can afford to pay, towards the cost of their care, on a weekly basis. This authority will therefore use its discretion to assess clients, on both their income and capital assets (but disregarding any earnings) – please note that a full list of the income and capital assets to be included/disregarded, in the financial assessment, can be found in the Code of Practice (Annex A and Annex B).

Any assessed client contribution will be subject to a protected “Minimum Income Amount” (Community Care) or “Personal Expenses Allowance” (Residential Care), which is set at a level intended to safeguard service users’ independence and social inclusion - the calculation of the protected minimum income amounts, are set out in the Code of Practice (Sections 9.4 and 11.3).

3. Residential and Non-Residential Charging

Although The Act provides for one unified financial framework, there are a few subtle differences to the financial assessments carried out for Residential Care, and Non-Residential Care – these are explained below:-

3.1. Residential Care

If a client is assessed (by Care Management) as possessing a Residential/Nursing need, then a care home placement would be the most suitable way of meeting these needs. Such clients may qualify for local authority financial assistance, if they have capital below the relevant capital limit.

With regards to Residential Care, a client who qualifies for financial assistance will be required to pay an assessed client contribution, direct to the care

provider, with the authority also making a financial contribution (up to the agreed contracted rate), directly to the care home – the payment made by the authority will be net of any assessed client contribution.

Should a client choose not to declare their financial circumstances (or confirm that they possess capital in excess of the capital threshold), then they will be asked to make their own arrangements to privately fund their placement.

If a client is admitted to a care home for a short stay (previously referred to as Respite), and this stay is to be no longer than 8 weeks, then the client will be financially assessed under Non-Residential Charging (please see below).

However, if a client enters a care home on a Long Term basis, or a planned stay in excess of eight weeks, then the client will need to be financially assessed, under Residential Charging.

In addition, for cases where the stay exceeds 8 weeks, but is less than 52 weeks, the authority can make allowance for certain household expenses (that a client may still be required to meet), on a property that they wish to return to (providing that they list these outgoings on the Declaration of Financial Services form).

Therefore, although The Act has attempted to combine Residential and Non-Residential Charging (as much as is possible), there are certain areas where Residential Charging must be different - i.e. as with regards to ownership of property, the value of the client's main residence will not be taken into account, when calculating a charge for Non-Residential care/services.

However, where a client enters Long Term Residential/Nursing Care, and is a Home Owner (and the property will be left empty, where the client is admitted to a care home), the authority will include the value of the property, in any financial assessment (subject to a twelve week disregard) – in these cases, the authority would arrange to provide financial assistance, but would eventually recover all costs (from the date that the property is being included, in the financial assessment) following the eventual sale of the property.

NB It should be noted that property can be disregarded, in certain circumstances (i.e. where a family member is still residing at the address), and the authority also has certain discretion to provide property disregards –

however, due to the unique individual nature of property ownership, the Code of Practice (Annex A) should firstly be referred to, for specific guidance.

3.1.1. Deferred Payments

A Deferred Payment Agreement enables a local authority to meet a proportion (or all) of the cost of a client's Residential/Nursing Care, whilst placing a charge on the client's property, as security against the deferment. Agreements (which are described in Annex D of the Code of Practice) will be for the duration of a client's stay in a care home, such shorter period (as the client so wishes), until the equity in the property falls to the relevant capital limit, or until the client decides to sell their property, in order to pay for their Residential/Nursing Care.

In order to qualify for a Deferred Payment, the authority must firstly be satisfied that the client has an interest in the relevant property, the client's weekly income is insufficient to meet the full cost of their care fees, the client's capital is not in excess of the capital limit (which would allow the client to fund their own placement), and the value of the equity (in the property) does exceed the capital limit - additional requirements can also be found in Annex D, in the Code of Practice.

Where this authority enters into Deferred Payment Agreements, interest can be charged (the amount of which to be confirmed in the Deferred Payment Agreement), in addition to any associated administrative (including valuation) costs.

3.2. Non-Residential Care

Non-Residential Care services would consist of Domiciliary/Home Care, Domiciliary Respite Services, Residential Care based Respite Care (of up to 8 weeks), Telecare, Day Care Services, and Direct Payments.

Clients who are in receipt of more than one of the above services will be provided with a single financial assessment, based on the total cost of all of the services provided.

3.2.1. Non-Residential Financial Assessment Options

Where a client does not have a partner and is the only person in a household in receipt of a service, the financial means of other adults in the household do not need to be taken into account in undertaking a financial assessment.

Where appropriate, the relevant income and costs of the household will be divided evenly between all the adult members of the household to arrive at the allowable income and expenses for the individual.

However, situations may arise where it would be more beneficial to a client, if their contribution were to be calculated on the basis of the household. Clients will therefore be encouraged to have a financial assessment carried out on both an individual and a household basis, to determine the most financially advantageous arrangement. If the resultant financial assessment is based on the household's income, the service user would remain responsible for paying for the care provided.

Where a client has a partner, the financial assessment will be based on the combined income & expenditure of both partners, but the client will be the partner responsible for paying for the care provided.

In these circumstances, a client may specifically request an independent financial assessment based on their individual means, in which case 50% of relevant joint costs will be taken into account to calculate the allowable expenses.

Alternatively, where there are joint or multiple clients in a household, the combined income of all clients, and the total relevant household expenditure, will be taken into account in calculating a single financial assessment for the household. A household assessment will be based on the total cost of the combined services received by the household. In such circumstances, one member of the household will be responsible for ensuring payment is made for the care provided to the whole of the household.

If all clients specifically request independent financial assessments based on their individual means, the cost of each service and the entitlement to financial assistance will be calculated separately for each service user within the household.

The disclosure of personal financial information will enable the authority to calculate to what extent, the client is entitled to financial assistance, towards the full cost of the service. The financial assessment will also therefore calculate, the amount that the client will be required to pay (if anything) towards the above services – this Charging Policy therefore reflects both the level of service provided, and also the client’s financial means.

The amount that a client may be expected to pay will be based on the weekly cost of the service, less the amount that the client can afford to pay (i.e. based on their income and capital, and less any relevant outgoings/minimum guaranteed income) – each client will then be provided with a “Maximum Charge” that they could be required to pay, towards the care/services they receive (even if their available income is higher than the cost of the service, they will pay no more than the “Maximum Charge”).

Expenses are allowable for Housing Costs (Mortgage Payments and Rent, or equivalent) net of Housing Benefit, Contributions towards Supported Living costs, and Council Tax payments (net of Council Tax Benefit) – this information must be provided (on the Declaration of Financial Circumstances form, and documentary evidence provided), in order to be considered in the financial assessment.

The client’s charge would be based on the contact/assessed hours of care (or number of Day Service attendances/sessions), by the rate charged - the rate charged will be no more than the cost of the services, it may not necessarily reflect the actual cost to the authority of providing/commissioning the service, but in any instance, the client would not be required to pay in excess of the weekly “Maximum Charge” for the service (or combination of services).

Refunds will only be issued for notified cancelled calls (with regards to Domiciliary/Home Care services).

Clients who do not wish to take part in a financial assessment will be required to pay the full cost of the service provided, subject to a weekly “Maximum Charge”.

4. Circumstances where a Charge cannot be applied

The authority cannot charge for certain types of care and support, and these must therefore be offered free of charge. Although a full list of examples can be found in Section 5.12 (of the Code of Practice), the most relevant exemptions are:-

- Where the client is a Child, or is a Child Carer (under 18 years of age).
- Where a client receives after-care services/support under Section 117 of the Mental Health Act 1983.
- Where re-ablement has been arranged, to enable a client to maintain or regain their ability to live independently at home. In this case, the client would therefore be entitled to up to 6 weeks “free care”.

5. Statement (and Effective Date) of Residential and Non-Residential Charges

Assessed charges will become due from the date that the care/service is provided, but clients must firstly have been notified of the maximum that they “may” be expected to pay – this notification must have been provided, prior to the service commencing. This information will be communicated to clients, by means of an “Invitation to Request a Means Assessment” document.

Clients who require a financial assessment will be required to complete a “Declaration of Financial Circumstances” form, and provide evidence of their income and capital assets – this information should be provided within 15 working days of the date the “Invitation” was issued, and where client’s fail to respond, the authority may impose the standard charge, up to the level of the Maximum Charge.

Once a financial assessment has been carried out, a confirmation letter (and an attached statement providing a breakdown of the assessed charge) will be sent to the client (or financial representative).

If a client’s financial circumstances/care plan subsequently changes, then this may have an impact on the assessed charge, and any such changes may therefore require for the client to be financially re-assessed – in any instance where a client’s financial circumstances change, then the relevant changes should be communicated to the authority (in order for a determination to be

made whether a re-assessment is required, and whether the changes will affect the client's assessed charge). Any changes in the client's charge will be back-dated to the date that the change in circumstances occurred.

Clients will be financially re-assessed in each financial year, with the re-assessed annual charge, being sent to the client (or financial representative).

6. Deprivation of Assets (Income and Capital)

If a client deliberately deprives themselves of income/assets (in order to reduce/avoid charges or qualify for financial assistance), then the authority will treat the client as still possessing these, and will include the value of the income/asset in any financial assessment (Notional Income/Capital). Such a determination would result in a client being requested to meet the full cost of their care (Residential Care), or the Maximum Charge (Non-Residential Care). The timing of any deprivation would impact on whether the authority would pursue the client, or the person who received the benefit of the deprivation - further guidance regarding this should be sought from Annex F, in the Code of Practice.

7. Payment of Charges

The majority of Non-Residential Charges (i.e. Domiciliary/Home Care, Day Care) will be collected by Direct Debit (calendar monthly), as this is the preferred method of payment. Any shorts stay (previously Respite) charges may be payable to the Care Provider (unless the client already receives an alternative service, and these charges are already collected by Direct Debit).

Where a client is in receipt of Direct Payments, the client's assessed charge (if applicable) will normally be paid directly into the Direct Payments Account (by the client), and the authority will also make payment (i.e. a net amount, following the deduction of any assessed client contribution) directly into the client's Direct Payments account – the combination these contributions will thus ensure that the client has sufficient funds, in order to meet the cost of the care/services set out in their care plan.

Should the client wish to purchase additional care/services, outside of their care plan, then they would be expected to use their own funds to purchase this additional care.

With regards to Residential Care (as mentioned above), the client will be required to pay the assessed client contribution direct to the care provider, with the authority also making any relevant financial contribution, direct to the care home.

Should the client choose a Residential/Nursing home, whose charges are in excess of the authority's contracted rate (for the Local Authority area where the care home is located), then the family/representative will be required to enter into/negotiate a separate arrangement (referred to as a Top Up, 3rd Party, or Additional Payment), to pay these fees directly to the relevant care provider.

8. Review Process

Following a client receiving formal notification of their assessed charge, for Residential and Non-Residential Care, they may seek a review of the assessment (the request may be made orally, or in writing), where they feel the decision has been undertaken inappropriately, or where they feel that meeting the charge would cause financial hardship (this is dealt with in Annex E of the Code of Practice).

The authority must send the client (within 5 working days of receiving the request) a statement of acknowledgement, and request any documentary evidence, which may be required to carry out a review/re-assessment - NB the client may decide that they do not wish to pay their assessed charge whilst the review is ongoing (but must advise the authority of this, within 5 days of receiving the statement of acknowledgement).

The client has an obligation to return any requested financial documentation within 15 days of the authority's request (or ask for additional time if the client is currently unable to present the required confirmation – NB if this is the case, the authority must offer a Home Visit to the client). If the client does not present the required information (or ask for an extension) within 15 days, the authority can reasonably assume that the client's request has been withdrawn.

Where sufficient information has been provided, the authority must carry out the review within 10 working days (by an officer other than the person who made the original decision), and communicate the decision to the client – if the

review leads to an amendment in the charge, the authority must send an amended statement of charge to the client.

(NB Where the authority is unable to carry out the review, within 10 days, it must advise the client that (the client) may elect not to pay the assessed charge, whilst the review is being completed (the authority cannot later recover any accrued arrears during a period that it was at fault in failing to carry out a timely review, regardless of the eventual determination).

Where the review leads to a lesser client contribution, any overpayments should be credited to the client. Where the review leads to no change (or a higher assessed client contribution), the client will be asked to repay any arrears that may have accrued (i.e. if they decided to suspend their payment, pending the outcome of the review), and also any additional costs (if the client contribution has increased). Before requesting any accrued/additional costs be paid, the authority should decide whether repayment would cause the client any financial hardship (offering to agree a suitable repayment plan, if applicable).

Where a client still remains unsatisfied with the authority's determination, they will be entitled to make a formal complaint (which will be considered through the formal Social Services, Health and Housing Complaints Procedure).

9. Formal Recovery of Charges

Where an invoice has been raised and/or a debt is/remains outstanding, the authority must take all reasonable steps to collect the debt – this would include speaking to/visiting the client, offering a suitable repayment plan, and ascertaining the reason that the debt has not been paid (i.e. not merely assuming that the client has made a decision not to pay).

Should the above steps prove unsuccessful, the authority has recourse (dealt with under Annex F in the Code of Practice) to place a Land Charge on a client's property (if applicable), or to undertake Court Action, i.e. in order to collect any outstanding debt.

Charges for Services – April 2017 (Appendix A)

Long Term Residential Care

<u>Charges – Service Users Per Week (Max Charge)</u>	<u>To 31st Mar 17</u>	<u>1</u>
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April 2017

Gwalia Homes – Existing Residents (admitted prior 01/04/12)	£536.90
£547	

Gwalia Homes – New Residents (admitted 01/04/12 onwards)	£723.87
£675.63	

Residential Care – All Other Providers	£519.00
£538	

Charges – Other Local Authorities (Per Week)

Learning Disabilities Accommodation (Trem y Mor)	£1,701.40
£1,732 week	

Additional Hours RCO	£15.06
£15.37 hour	

Additional Hours NCO	£21.87
£22.32 hour	

Fees Paid to Providers of Residential Care (Per Week)

Basic Fee	£506.94
£522.15	

Quality Premium	£12.06
£15.85	

EMI Nursing Care Supplement (added to above figure)	£27.52
£28.34	

Residential Care for Under 65's (Basic Fee)	£506.94
£522.15	

Adult Family Placement	£432.52
£436.85	

Gwalia Homes (Basic Fee)	£723.87
£675.63	

Gwalia Homes (Spot Purchase)	£754.36
£701.38	

Non-Residential Care Charges

*Charges below are subject to £70 maximum per week (following approval of WG Regulations)

Respite (per night)

*Short Term Residential Care (less than 8 weeks)	£60.00
	£70.00 night

Non-Residential Services
April 2017

To 31st Mar 17 **1**

*Domiciliary Care £14 per hour	£13.80
*Domiciliary Respite Services £14 per hour	£13.80
*Direct Payments payment	value of direct

Community Alarm/Telecare – Per Week

*Lifeline/Category 1 £2.50	£2.50
*Home Safety/Category 2 £3.75	£3.75
*Telecare/Category 3 £5.50	£5.50

Day Care Services – Per Attendance

*Day Care (Per Attendance) £27.50
£28

*Community Connecting Team (per session) £13.75
£14

Other Local Authorities Only – Per Day

Day Care for the Elderly £50.00
£51

Day Care for the Elderly (Excluding Transport) £38.00
£39

Day Care for Learning Disability clients (Excluding Transport) £70.00
£72

Other Charges

Meals £4.50
£4.50

Rent Cluster Houses (per week)

Sycamore Crescent
£84.94

Southville Road
£75.22

Gnoll Avenue
£129.56

Southdown View
£129.56

Appendix 2 – Easy Read guide

PAYING FOR RESIDENTIAL AND NON-RESIDENTIAL (COMMUNITY) CARE – EFFECTIVE FROM APRIL 2017

If you receive (or are going to receive) Residential or Community Care, we will carry out a financial assessment, in accordance with the guidance contained in the Social Services and Well-being (Wales) Act 2014, its Charging Regulations, and Code of Practice.

In order for us to assess your financial circumstances, you will initially be issued with an “Invitation to Request a Means Assessment” pack – this pack will provide details of the service(s) you may receive, in addition to providing confirmation of the maximum amount(s) you may be asked to pay.

Included in the pack will be a “Declaration of Financial Circumstances” form, which should be completed, providing details/evidence of your Income (e.g. Pensions, Benefits etc) and Savings (e.g. Bank/Building Society Accounts, National Savings, Shares etc) – you are therefore invited to request a financial assessment be carried out, to allow us to calculate an assessed charge, towards the cost of Residential/Community Care.

The financial form (and any supporting documents) should be returned within **15** working days of the date the invitation was issued (you will be asked to sign the first page, in order that the Financial Assessments team are aware that you have received the pack) - if you fail to respond within this 15 day period, you may be requested to pay the full charge for Residential Care (up to £675.63 per week), or the Maximum Charge for Community Care (£70 per week).

You are encouraged to request a financial assessment be completed, as you will only be asked to pay what you can afford to pay – also, as certain types of income/savings may be disregarded (in the financial assessment), it would be beneficial, to request to be financially assessed for Residential/Community Care.

Visiting Officer

Please be advised that the Financial Assessments section currently employ a designated Visiting Officer, who is able to call out, to help you with completion of the Financial Assessment form – for further advice on this service, please could you discuss with your Care Manager (who will be able to make a referral to the Visiting Officer).

Residential Care

If Care Management agree that Residential/Nursing Care would best suit your needs, then you will be financially assessed, and may receive financial assistance, towards the cost of the care – this care may be on a Temporary (Extended Care) basis (i.e. if you are likely to return home within 52 weeks), or alternatively, on a Long Term Basis.

Calculation of Residential Care Charges

When calculating an assessed charge, the majority of your income will be taken into account. However, you will be allowed to keep a minimum of £27.50 per week (Personal Expenses Allowance), and the following incomes are disregarded, when calculating the assessed charge:-

- Disability Living Allowance/Personal Independence Payment Mobility Component.
- War Disablement Pension (payable to a Veteran)
- The first £10 of any other War Pension (e.g. payable to a Spouse)
- Child Tax Credit
- Housing Benefit
- Up to 50% of your Occupational Pension, if it will be going to a Spouse, who is still living at the home address (except in certain circumstances).
- Allowances for certain household bills (e.g. House Insurance, Gas, Electricity, Water) can also be made, if you have been admitted to a care home, on a Temporary (Extended Care) basis.

Please note that there are also certain types of capital that can be disregarded in the financial assessment (e.g. an Income Bond which has Life Assurance attached), and the Financial Assessments section should be contacted for further advice (contact details can be found on the last page of this guide).

Capital Threshold

If you have savings of under £30,000 (this consists of savings in your name, or your share of any joint accounts), you will be financially assessed to make a financial contribution, with the authority also making a financial contribution, towards the placement.

If you have in excess of £30,000, you will be required to meet the full cost of the placement, until your savings fall below £30,000 – should savings be just above the capital limit (i.e. £32,000), you should contact the authority, in order that funding arrangements can be put in place, and financial assistance provided, once your savings fall below £30,000 (please note that you should not give away any capital assets, including any property, in order to apply for financial assistance at an earlier date).

Property Ownership and Deferred Payments

If you own your own home, its value may be taken into account, 12 weeks after an admission to Long Term care (unless a partner, or disabled relative resides at the address) – for specific advice on this, you should refer to the Financial Assessments section.

If the house is left empty, you would be expected to sell it, to fund the cost of your care, or you may be able to enter into a Deferred Payment Agreement with this authority (subject to certain terms and conditions), whereby the sale of the property could be delayed until a future date – again, for specific advice on this, you should refer to the Financial Assessments section.

The authority would agree to provide financial assistance, but would then recover any amounts paid to the care home (on your behalf), from week 13 onwards, and following the eventual sale of the property –

whilst the property is for sale, or Deferred Payment Agreement in place, you would continue to be financially assessed, and would be required to continue paying an assessed contribution (i.e. based on your income).

If a property has been included in your financial assessment, you will be entitled to claim Attendance Allowance (and possibly the Severe Disablement Premium element of Pension Credit) - similarly, if your savings are in excess of £30,000, you should also be entitled to claim the above (as you will be meeting the full cost of your care home fees).

Payment of Residential Care Charges

Once the authority has calculated your assessed charge, a letter (and statement of charges) will be sent to you (or, if you would prefer, to a representative on your behalf) advising of the weekly amount that needs to be paid to the care home – you will then be expected to pay the assessed charge (direct to the care home), with the authority making its own arrangements to pay its own financial contribution direct to the care home.

Third Party (Top Up) Payments

As mentioned previously, the maximum charge for Residential Care would be up to £675.63 per week (NB £675.63 per week is the maximum charge for a Gwalia Home, with £538.00 per week being the maximum charge in an Independent Sector home), and these amounts are normally made up of a combination of the client contribution, and the local authority contribution.

However, should a care home decide to charge in excess of the maximum (contracted) charge, then somebody acting on your behalf will be required to enter into a separate arrangement (called a Third Party/Additional Cost Agreement), in order to pay the difference in cost (please note that the regulations state that you are not permitted to pay this additional cost yourself).

Care Home Placements Outside Neath Port Talbot

You are able to choose from a list of Independent/Gwalia Homes in this area, or you may decide to choose a care home, outside of Neath Port Talbot (i.e. possibly to be nearer to family/friends) – if this is the case, you could still receive financial assistance from us.

However, should you have in excess of £30,000 and make your own private arrangements (in a care home outside Neath Port Talbot), then you may need to apply to the local authority, where the home is situated, for any financial assistance (i.e. when your savings fall below £30,000) – please note that as the responsibility for providing financial assistance could be dependent on a number of factors, it is suggested that you contact us for further advice.

Community Care

Community Care services would consist of Domiciliary/Home Care, Respite Care, Telecare, Day Care, and Direct Payments, and you may receive one, or a combination of these services.

The following rates will be taken into account, when calculating your assessed charge, for the services you receive:-

- Domiciliary/Home Care (£14.00 per hour)
- Telecare (£5.50 per week)
- Day Care (£28.00 per day)
- Day Care – Community Connecting Team (£14.00 per session)
- Direct Payments (Value of Direct Payment)
- Respite Care (£70 per night, but to a maximum of £70 per week, in any charging week – Monday to Sunday)

Calculation of Community Care Charges

Based on the services received, a financial assessment will be carried out, and a Maximum Charge calculated, towards the cost of a service(s) you receive – **please note, however, that the maximum amount you will be asked to pay, will be £70.00 per week.**

If you are over 60 years of age, you will receive an automatic disregard of £231.06 per week, and if you are aged between 18 and 60 years of age, your automatic disregard will be £176.25 per week - these figures are based on the minimum income levels prescribed by the Department for Work and Pensions (plus an additional buffer of 45%), and if your income is below these levels, you will not be required to make a contribution towards the service(s) you receive.

Please note that the majority of your income will be taken into account, when calculating an assessed charge – however, the following will be disregarded in the financial assessment :-

- Disability Living Allowance/Personal Independence Payment Mobility Component
- Housing Benefit
- War Disablement Pension (payable to a Veteran)
- The first £10 of any other War Pension (e.g. payable to a Spouse)
- Child Tax Credit
- Disability Living Allowance Care Component /Attendance Allowance amount exceeding £55.65 per week (Higher Rate), if you do not receive night time care (i.e. this excludes Respite).
- Earnings from Wages/Salaries

Eligible expenditure - any assessed charge will be reduced by your net Council Tax payment, and we will also make allowance for essential expenses, such as:-

- If you have any dependent children living with you
- If you pay rent/mortgage for your housing (not covered by Housing Benefit)
- If you have other exceptional expenses

We will consider all of these aspects and, if appropriate, deduct them from your income, in order to calculate the amount of income you have available to spend - any additional expenses should be brought to the attention of your Care Manager.

Please note that any changes in your care plan/hours could result in a re-assessment of your Community Care charges – any re-assessment would be dependent on the number of care hours you receive, and whether you are already paying up to your maximum charge.

Capital Threshold

If you have savings under £24,000 (this consists of savings in your name, and your share of any joint accounts), you will be financially assessed based on your income. Should you have savings over £24,000, you will be assessed to pay the full cost of care, up to a maximum of £70.00 per week.

Non-Disclosure of Financial Information

Should you choose not to disclose details of your income and savings, you will be asked to pay the full charge for the services received, up to a maximum of £70 per week.

Payment of Community Care Charges

With regards to Home/Domiciliary Care, Day Care and Telecare, you will be invoiced calendar monthly for any assessed charges – **please note that Direct Debit is the preferred method of payment.**

If you are in receipt of Direct Payments, you will be required to make payment of your client contribution, directly into your Direct Payments account (unless you also receive another service, and are already making payment to us, i.e. by Direct Debit).

Respite Care/Short Breaks

If you go into Respite Care, a financial assessment will be carried out, and the maximum you could be asked to pay would be £70 per night – however, as the Maximum Charge (for Community Care) is £70 per week, you would not be expected to pay more than £70 in any

chargeable week (Monday to Sunday) for Respite Care, or a combination of Respite Care, and any other Community Care services. Please note that where situations arise that Respite stays exceed two chargeable weeks (i.e. a stay from a Wednesday to the following Tuesday), and you receive no other Community Care service, you could possibly pay up to £140 for your stay.

In addition, the Community Care disregards mentioned above (based on the day time element of Disability Living Allowance/Attendance Allowance) will not apply to Respite Care (as the care will include a “night time element”) - therefore, existing Community Care clients could pay more for Respite Care, than they would for other Community Care services (e.g. if you are currently assessed to pay £40 per week towards Home/Domiciliary Care, you could be expected to pay up to £70 per week, for any Respite stays – i.e. an additional £30 per week).

Please note that if you receive Respite Care, you will be required to pay your assessed contribution (or any additional amount, as mentioned above, i.e. if you are receiving other services), directly to the Respite Provider.

Cancelled Calls and Hospital Stays

If you give your care provider (Home Care or Care Agency) 24 hours’ notice, you will not be charged for any cancelled Home/Domiciliary Care calls. If you do not notify your care provider, then you will be charged for any “Missed Calls”.

Should you be admitted to hospital, you will continue to be charged for up to 1 week (maximum), as there is an arrangement in place, to keep your care package open/available i.e. so that there is no delay in re-starting your care, following your hospital discharge.

Please note that you will be required to continue to pay for Telecare, if are away from home (i.e. in hospital, or any other reason). You will also be required to pay for any Day Care service non-attendances for a period of 2 weeks (for any reason, other than a Respite Care admission).

Other Relevant Information (Residential and Community Care)

Re-assessment of Charges

Charges will be re-assessed on an annual basis, and you will be sent a re-assessment form once every year (in March or April) - you are also advised to notify us of any changes in your income and savings, and if there are any changes (and these changes are back-dated), your re-assessment will also be back-dated accordingly.

Maximising Income

Our Welfare Rights Unit can assist with ensuring that you are receiving the correct income (from Pensions/Benefits etc.) – if there is a possibility that you are entitled to additional income, we can make a referral to the Welfare Rights Unit, or advise you to contact the relevant agency (e.g. Department for Work and Pensions) for further details.

Please note that advice is also available (regarding Maximising Income) from external advice agencies.

Review Process

You can request a review, if you are unhappy with the outcome of a financial assessment, and can elect to suspend payment of your charge, until a review is carried out (providing you notify us of your intention to suspend payment) – however, we will recover any unpaid amounts that may have accrued, once the outcome of the review is confirmed (i.e. dependent on the outcome of the review).

Contact Details - Financial Assessments Section

Financial Assessments,
Finance and Corporate Services,
Neath Port Talbot County Borough Council,
Civic Centre,
Neath,
SA11 3QZ

Residential Care enquiries can be directed to:-

Tel: 01639 686619 Email: finassessments@npt.gov.uk

Community Care enquiries can be directed to:-

Tel: 01639 686848 Email: finance.assessments@npt.gov.uk

Appendix 3 – Equality Impact Assessment Screening

Please ensure that you refer to the Draft Screening Form Guidance while completing this form. If you would like further guidance please contact Corporate Strategy or your directorate Heads of Service Equality Group Champion.

Section 1

What service area and directorate are you from?

Service Area: Commissioning Support & Direct Services

Directorate: Social Services Health & Housing

Q1(a) What are you screening for relevance?

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) Please name and describe below

Free at the point of contact – Community Support Services –

Removal of current charges for accessing Community Connecting Team.

Q2(a) What does Q1a relate to?

Direct front line service delivery	Indirect front line service delivery	Indirect back room service delivery
<input type="checkbox"/> (H)	<input type="checkbox"/> (M)	<input checked="" type="checkbox"/> (L)

(b) Do your customers/clients access this service...?

Because they need to	Because they want to	Because it is automatically provided to everyone in NPT	On an internal basis i.e. Staff
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(H)

(M)

(M)

(L)

Q3 What is the potential impact on the following protected characteristics?

	High Impact	Medium Impact	Low Impact	Don't know
	(H)	(M)	(L)	(H)
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage & civil partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh language	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Q4(a) How visible is this service/function/policy/procedure/ project/strategy to the general public?

High visibility to general public <input type="checkbox"/> (H)	Medium visibility to general public <input type="checkbox"/> (M)	Low visibility to general public <input checked="" type="checkbox"/> (L)
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(b) What is the potential risk to the council's reputation? (Consider the following impacts – legal, financial, political, media, public perception etc...)

High risk to reputation <input type="checkbox"/> (H)	Medium risk to reputation <input type="checkbox"/> (M)	Low risk to reputation <input checked="" type="checkbox"/> (L)
--	--	--

Q5 How did you score?

Please tick the relevant box

MOSTLY **H** and/or **M** → HIGH PRIORITY → EIA to be completed

Please go to Section 2

MOSTLY **L** → LOW PRIORITY / → Do not complete EIA

NOT RELEVANT

Please go to Q6 followed by
Section 2

Q6 If after completing the EIA screening process you determine that this service/function/policy/project is not relevant for an EIA you must provide adequate explanation below (Please use additional pages if necessary).

This screening of this proposal indicates that a full EIA is not required. This proposal seeks to remove the current charges for access applied to the Community Connecting Team.

This is has rated low across most areas on this document for the following reasons:

- It will have no impact other than positive on current citizens accessing the service
- It will not affect actual service delivery in any way
- It will impact positively on the reputation of the Council
- Staff are not affected in any way

Section 2

Screeener- This to be completed by the person responsible for completing this screening
Name: Lisa Livingstone
Location: Tregelles Court, Bspoked – Neath Abbey
Telephone Number: 01792 812825 / 01639 686858 / 078816999081
Date:

Approval by Head of Service
Name: Angela Thomas
Position: Head of Service – Commissioning Support & Direct Services
Date:

Please ensure this completed form is filed appropriately within your directorate because it may be required as evidence should a legal challenge be made regarding compliance with the Equality Act 2010.

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By virtue of paragraph(s) 14 of Part 4 of Schedule 12A of the Local Government Act 1972.

Document is Restricted

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