

**NEATH PORT TALBOT COUNTY BOROUGH COUNCIL**

**SOCIAL CARE, HEALTH AND WELLBEING COMMITTEE**

**REPORT OF THE HEAD OF COMMISSIONING, SUPPORT  
AND DIRECT SERVICES – A. THOMAS**

**5<sup>th</sup> 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 10<sup>th</sup> April 2017 to 8<sup>th</sup> 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 9<sup>th</sup> 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

Angela Thomas, Head of Commissioning, Support and Direct Services, [a.j.thomas@npt.gov.uk](mailto:a.j.thomas@npt.gov.uk), 01639 763794

Lisa Livingstone, Operational Manager – Direct Services, [l.e.livingstone@npt.gov.uk](mailto:l.e.livingstone@npt.gov.uk), 01639 686858

**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 6<sup>th</sup> 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, 3<sup>rd</sup> 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 31<sup>st</sup> Mar 17</u>	<u>1</u>
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#### April 2017

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

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

Residential Care – All Other Providers	£519.00
<b>£538</b>	

#### Charges – Other Local Authorities (Per Week)

Learning Disabilities Accommodation (Trem y Mor)	£1,701.40
<b>£1,732 week</b>	

Additional Hours RCO	£15.06
<b>£15.37 hour</b>	

Additional Hours NCO	£21.87
<b>£22.32 hour</b>	

#### Fees Paid to Providers of Residential Care (Per Week)

Basic Fee	£506.94
<b>£522.15</b>	

Quality Premium	£12.06
<b>£15.85</b>	

EMI Nursing Care Supplement (added to above figure)	£27.52
<b>£28.34</b>	

Residential Care for Under 65's (Basic Fee)	£506.94
<b>£522.15</b>	

Adult Family Placement	£432.52
<b>£436.85</b>	

Gwalia Homes (Basic Fee)	£723.87
<b>£675.63</b>	

Gwalia Homes (Spot Purchase)	£754.36
<b>£701.38</b>	

**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
	<b>£70.00 night</b>

**Non-Residential Services**  
**April 2017**

To 31<sup>st</sup> Mar 17      **1**

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

**Community Alarm/Telecare – Per Week**

*Lifeline/Category 1 <b>£2.50</b>	£2.50
*Home Safety/Category 2 <b>£3.75</b>	£3.75
*Telecare/Category 3 <b>£5.50</b>	£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](mailto:finassessments@npt.gov.uk)

Community Care enquiries can be directed to:-

Tel: 01639 686848 Email: [finance.assessments@npt.gov.uk](mailto: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	Medium visibility to general public	Low visibility to general public
<input type="checkbox"/> (H)	<input type="checkbox"/> (M)	<input checked="" type="checkbox"/> (L)

**(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	Medium risk to reputation	Low risk to reputation
<input type="checkbox"/> (H)	<input type="checkbox"/> (M)	<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**

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



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

**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.**