

DELEGATED DECISION BY PORTFOLIO HOLDER**17 OCTOBER 2019**

REPORT TITLE	OPTIONS FOR CHARGING - RESPITE / SHORT-TERM CARE
REPORT OF	<i>GRAHAM HODKINSON, DIRECTOR OF CARE & HEALTH</i>
RESPONSIBLE PORTFOLIO HOLDER	<i>COUNCILLOR CHRISTINE JONES, ADULT CARE, HEALTH AND WELLBEING</i>

REPORT SUMMARY

Currently individuals in receipt of a respite or short-term stay in a care home are charged a standard rate; this means that some people are left with less than the Minimum Income Guaranteed amount as set out by the Department of Health and guidance set out within the Care Act 2014. An interim process has been in place since July 2018. This report sets out options to ensure people are treated fairly and are assessed to pay the maximum amount they can afford to contribute towards the services they are receiving.

This matter affects all Wards within the Borough.

This item is for Delegated Decision.

OPTIONS

Options - Respite Care (not exceeding 8 weeks – referred to as Short-Term Care in the Care Act)

Option 1

Continue to charge the two rates currently used for respite/short-term care depending on age.

Implications

- A person can be charged differently to a person if they are admitted to a care home for respite services on another day and they are both receiving non-residential services.

- A person that only receives a respite service and is in receipt of no other services is charged the relevant respite rate for their age (based on pension and income support rates) for some individuals this means that this reduces an individual's income below a certain level that they must be left with to meet their living costs.
- A person that has received a full financial assessment for a non-residential service and assessed as a nil charge, if they also receives a respite service they are charged the respite rate, therefore reducing their income below a certain level that they must be left with to meet their living cost.
- The current charge for respite care reduces some individual's income below a certain level that they must be left with to meet their living costs.
- For people receiving 2 separate services, applying two different charging rules.
- Currently charging the higher amount if challenged when two charges are applied in a four-week period. (See interim process).

Risk

- Individuals are not treated equally.
- Cause financial hardship to those that are not left with the minimum income guaranteed amount to live on. Guidance states that LA's must not charge an amount that leaves a person with less than the Minimum Income Amount.
- Complaints and appeals from individuals and or their representatives who cannot afford to pay.
- Not all individuals will challenge, some will pay but those that withhold payment will accrue a debt. (Fewer than 10 cases challenged in 17/18 reported by Personal Finance Unit)

Option 2

Individuals in receipt of a respite service undergo a full financial assessment and are advised of the maximum amount they will have to contribute towards any care they receive, whether it is a respite service or support at home.

Implications

- Individuals will complete a single financial assessment following the rules for non-residential care to determine the maximum amount they can contribute towards any non-residential care and or respite care they receive.

- Individuals that have a current standard respite assessment and do not have a current non-residential assessment will need to be re-assessed applying non-residential charging rules. There are currently 185 individuals with active services (11.04.2019) who have a temporary standard charge. In 18/19 66 individuals only received a respite service. Existing temporary assessments may need to be reviewed.
- Configuration for charging for respite services will need to be reviewed and amended in the finance system (ContrOCC)
- Individuals that have already undergone a full financial assessment for their support at home service continue to pay this charge if they receive a respite service.
- Individuals that have undergone a full financial assessment for any non-residential care and it is determined that they cannot make a contribution towards any care they receive; will not pay towards respite care they receive.
- People may pay more or less than they currently do for respite care depending on their income and the outcome of their financial assessment.
- Charging Policies and factsheets will need to be updated.

Risks

- Income may be affected as people will pay more or less for their care than the current respite charge depending on the outcome of their financial assessment.
- Challenge and appeals from people who are assessed to pay more for their respite care.

Options Short-Term Care (temporary stays not intending to exceed 52 weeks)

Option 1

Continue to charge the two rates currently used for respite/short-term care depending on age.

Implications

- All Individuals that are financially assessed to make a contribution towards their short-term care are treated the same.
- No increase to income generated by charges for care by not using discretionary powers to apply the same rules for charging as permanent care (with exceptions)

- Some people will be left without what they need to maintain their own home that they intend to return to.

Risk

- This option will not generate more income as the rules for charging for permanent care are not being applied.
- Some people may be left without the minimum amount as set out in the guidance depending on which charging rules are applied.
- People are charged the same as people in receipt of a respite service.

Option 2

Individuals in receipt of a short-term care service undergo a full financial assessment and are advised of the maximum amount they will have to contribute towards any care they receive whether it is a short-term care service or support at home.

Implications

- Individuals will complete a single financial assessment following the rules for non-residential care to determine the maximum amount they can contribute towards any non-residential care and or short-term care they receive.
- PFU will have an increase to the number of non-residential financial assessments that need to be completed.
- Individuals that have a current standard short-term temporary assessment and do not have a current non-residential assessment will need to be re-assessed applying non-residential charging rules. Some existing temporary assessments may need to be reviewed.
- Configuration for charging for short-term services will need to be reviewed and amended in the finance system (ContrOCC)
- Individuals that have already undergone a full financial assessment for their support at home service continue to pay this charge if they receive a short-term care service.
- Individuals that have undergone a full financial assessment for any non-residential care and it is determined that they cannot make a contribution towards any care they receive will not pay towards short-term care they receive.
- People may pay more or less than they currently do for short-term care depending on their income and the outcome of their financial assessment.

- Charging Policies and factsheets will need to be updated.

Risks

- Income may be affected as some people will pay more or less for their care than the current respite charge depending on the outcome of their financial assessment.
- Increased number of challenge and appeals from people who are assessed to pay more for their short-term care.
- People will be allowed the same MIG as those receiving a respite service, their income would change after 4 weeks of short-term care and their need for further disregards to maintain their own home may change,

Option 3

Apply the same rules for charging that are applied for permanent care home residents.

Implications

- Charges for some people (based on 17/18 628) will increase. Leaving them with the amount specified for permanent or temporary residents for personal expenses allowance is currently £24.90 per week if they have no ongoing costs to maintain their home.
- Consideration needs to be given to people that intend to return to their own home. To have regard to their property and ongoing expenses in keeping their own home if their intention is to return home with a view to allowing further disregards by allowing additional Personal Expenses Allowance for the period of short-term care.
- Increase in income generated by charges for short-term care.
- People who receive a short-term care service will need a full financial assessment with the relevant disregards applied. Some existing short-term care assessments may need to be reviewed.
- People who are admitted to a care home for a temporary stay (no more than 52 weeks) who do not return home and become long-term will need a financial assessment review where additional personal expenses have been allowed.
- Configuration for charging for short-term services will need to be reviewed and amended in the finance system (ContrOCC).
- Charging Policies and factsheets will need to be updated.

Risk

- There may be challenge and an increase in requests for additional personal expenses allowance for people who intend to return home in order to maintain their property.
- Increased number of challenges and appeals from people who are assessed to pay more for their short-term care.

RECOMMENDATION

In deciding what is reasonable to charge, taking into account the guidance and regulations for rules for charging the following options are recommended:

Respite (short-term care up to 8 weeks)

To implement Option 2, if a person's care home placement is for a short-term period such as regular respite, local authorities have the power to choose to charge a person as if they are receiving care and support in their own home. (Note, this is a discretionary decision, which means they do not have to do this) However, by not choosing to do so this means that some people are being left with less than the minimum income guaranteed amount as set by the Department of Health and cause potential financial hardship and may lead to non-payment of their charges.

The guidance states if a person is treated as if they are living at home for a short-term stay in a care home, the financial assessment must follow the non-residential care income protection rules. The main rule is your weekly income must not fall below a set level called the 'minimum income guarantee', after any financial contribution.

This approach ensures that people are treated equally and only pay what they can afford to pay over and above the Minimum Income Guaranteed amount.

Short-Term Care (temporary stays not intending to be more than 52 weeks)

To implement Option 3, if a person is placed in a care home for a temporary stay (known as short-term care for charging purposes) then the Authority uses its discretionary powers as set out in the guidance to follow the charging rules for permanent stay residents in care homes. The guidance rules must apply taking into account any additional personal expenses allowance or disregards case by case where the intention is that the person returns to their own home that must be disregarded, such as ongoing independent living costs like mortgages, rent and Council Tax, building insurance, utility costs (gas, electricity and water, including basic heating during the winter) and reasonable property maintenance costs. Sufficient allowance for partners still living at home must be allowed.

This option ensures that all people assessed to contribute towards their short-term care are treated fairly on a case by case basis and is consistent with charging rules guidance for temporary stays in a care home.

Date of implementation to be agreed.

REASON/S FOR RECOMMENDATION/S

To ensure individuals in receipt of a respite or short-term stay in a care home are treated fairly and financially assessed to pay the maximum amount that they can afford to pay; this means that people will not be left with less than the Minimum Income Guaranteed amount as set out by the Department of Health and guidance set out within the Care Act 2014.

1.0 BACKGROUND INFORMATION

Respite Care (referred to as short-term care under the Care Act – care not exceeding 8 weeks)

- 1.1 Historically Wirral Council has set out a charging rate for respite care separate to any charges made for non-residential services and long-term care in a care home. There are two rates under state pension age and over state pension age (in line with their income support/pension level). If a person receives Support at Home Services, Monday through to Sunday, then they are assessed to make a weekly contribution towards the care they receive, this charge is calculated based on their income and outgoings and leaves them with a minimum guaranteed income amount that the Department of Health states they must be left with to live on. If the same individual receives a night or nights respite within that week, they are also assessed to pay a standard rate. The total charge could result in some cases being more than what the person has been assessed to being able to afford to pay towards their care services. Individuals that have been assessed to pay nil further to a full financial assessment for non-residential services are charged the standard respite rate when they have a period of respite.
- 1.2 People, who are not in receipt of benefits that they may be entitled to them, are assessed as a nil charge, benefit advice and signposting to the relevant benefit agencies is given but Local Authorities do not have the power to force people to make a claim for a benefit they may be entitled to. Benefit maximisation processes are in place within the Personal Finance Unit in order to maximise income.

Short-Term Care (temporary stays not intending to exceed 52 weeks)

- 1.3 Historically Wirral Council has set out charging for short-term care in the same way as respite care. If it is determined that the person is not to return home and becomes a long-term resident they are financially assessed as a long-term resident from the date it has been decided applying the residential/nursing long-term charging rules.
- 1.4 If a person is placed in a care home for a temporary stay (known as short-term care for charging purposes) then the Authority can use its discretionary powers as set out in the guidance to follow the charging rules for permanent stay residents in care homes (taking into account any further disregards case by case where the intention is that the person returns to their own home). Such expenses may include, but are not limited to, ground rent, service charges, water rates and insurance premiums.

- 1.5 Where a stay in a care home is temporary a person's Income support or pension levels will remain the same as if they are living in their own home however entitlement to benefits such as Attendance Allowance and Disability Living Allowance ceases after 4 weeks of any support provided by the local authority and consideration should be given to the impact on a person's ability to pay for support and maintain their own home when it is the intention that they will return to their own home.

2.0 FINANCIAL IMPLICATIONS

- 2.1 For the 212 people that received a respite service and were in receipt of other services in 2017/18 the average weeks of respite received were 4.50 weeks, if the average non-residential charge applied this could have potentially resulted in a maximum reduction of income of £35,450.64. However, some of these people would have only been charged for respite depending on when it was received and if the non-residential services were active at the time. Some people may have challenged their charge and as a result the charge reduced.
- 2.2 For the 66 people that only received a respite service in 2017/18 they received an average of 5.59 weeks, if the non-residential charging rules were applied based on the average weekly charge of £72.76 this would have resulted in a reduction in income of £13,709.81 for the period 2017/18. There are currently **671 (as at 02.04.19)** people who have been assessed as paying a nil contribution towards any non-residential services they receive. However, these people are currently charged the rates below if they receive a respite or short-term care service.
- 2.3 The average respite/short-term care rate is £109.92 per week. The average long-term weekly charge is £202.26. An average difference of £92.34 per week. 628 people received a short-term care service in 2017/18 and for an average of 77 days.
- 2.4 If the permanent care charging rules were applied a maximum of £637,884.68 income would have been generated based on the average charge and number of days of short-term care received in 2017/18 however it must be noted that in most cases it is not anticipated that everyone would pay the average long-term care weekly charge as the authority must make allowances as set out in the guidance for temporary stays in a care home. There is currently no data available to calculate the impact of this on income generated.

The 2017/18 data was used as this work commenced in financial year 2018/19 so a full year's data for 2017/18 was used.

3.0 LEGAL IMPLICATIONS

- 3.1 These options ensure all people are assessed and treated fairly in compliance with Department of Health and Social Care – Care and Support statutory guidance. Care Act 2014. The Care and Support (Charging and Assessment) Regulations 2014

4.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 4.1 Potential for impact on PFU workload. Currently PFU follow the same process as for respite, however the requirement to undertake financial assessments for these cases will increase the workload (number of assessments required) and monitoring and an understanding of the impact this may have on resources, targets and output would need to be factored in.
- 4.2 Impact of staffing resource within System Support Team amendments to Service Levels in system required. 1 x FTE over a 3-week period. Limited time period for changes to be implemented taking into account billing run schedules.

5.0 RELEVANT RISKS

5.1 Option 2 - Respite Care (not exceeding 8 weeks – referred to as short-term care in the Care Act)

- 5.1.1 Income may be affected as people will pay more or less for their care than the current respite charge depending on the outcome of their financial assessment.
- 5.1.2 Challenge and appeals from people who are assessed to pay more for their respite care.

5.2 Option 3 Short-Term Care (temporary stays not intending to exceed 52 weeks)

- 5.2.1 There may be challenge and an increase in requests for additional personal expenses allowance for people who intend to return home in order to maintain their property.
- 5.2.2 Increased number of challenges and appeals from people who are assessed to pay more for their short-term care.

6.0 ENGAGEMENT/CONSULTATION

- 6.1 Communication to be sent to individuals currently accessing these services once a decision is made.

7.0 EQUALITY IMPLICATIONS

- 7.1 Impact review attached: Not required as a review of an existing policy.

8.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 8.1 The content and/or recommendations contained within this report are expected to have no impact on emissions of CO₂

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APPENDICES

N/A

BACKGROUND PAPERS

Department of Health and Social Care – Care and Support statutory guidance. Care Act 2014. The Care and Support (Charging and Assessment) Regulations 2014

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
DASS SLT (Commissioning Hub)	11 July 2019