

**EXECUTIVE
3 NOVEMBER 2015**

ITEM 5: NON-RESIDENTIAL CARE CONTRIBUTIONS POLICY

The Adults Scrutiny Committee considered the report to the Executive on the Non-Residential Contributions Policy on 28 October 2015.

A presentation was made to the Committee which outlined the responses to the questions in the consultation document. 275 people had responded to the consultation document, and 273 people had attended twelve consultation events during the consultation period.

Members of the Public

Ten members of the public, including carers and support workers, were present at the Committee's meeting, and with the consent of the Committee, several members of the public made statements and put questions to the officers present. The issues raised by members of the public included:

- the introduction of contribution payments 14 days after the financial assessment form had been issued (*recommendation 3c*) and the extent to which the level of contribution would be correct and subsequently adjusted;
- the satisfaction of Section 149 of the Equality Act 2010 (*paragraphs 4.1 – 4.14 of the report*);
- the mitigation of the elements identified in Equality Impact Assessment;
- the overall financial context for Adult Care in the KPMG report (*paragraph 2.1 of the report*);
- the extent to which the consultation report represented all the responses made in the consultation;
- the review of the non-residential contributions policy was not a requirement of the Care Act 2014;
- the application of Disability Related Expenses (DRE) and whether the care or mobility components of the Disability Living Allowance would be taken into account (*paragraphs 5.9 – 5.11*); and
- the onus on service users and carers in terms of keeping their own records of services received to compare to the charges levied, and the need for improved information from the Council.

Questions and Clarifications

The Committee sought clarification on several issues, which included the following points:

- the extent to which the policy encapsulated the planning needs of future years;
- the level of the proposed one-off fee of £444 for arranging care packages for self-funders (*recommendation 3g.*);
- the quality of the consultation materials and the recording of gratitude to the officers for the work involved;

- the overall savings proposed (£920,000 - £957,000) equated to 70,000 hours of home care time;
- overall demographic and other pressures on adult care totalling £12.8 million in 2016-17;
- the importance of the introduction of the MOSAIC IT system and the relationship with the contract with Serco;
- 63% of respondents disagreed with the introduction of the removal of the cap on the amount of contributions to be made each week; and
- the reinvestment of the income generated in services for vulnerable adults.

The Committee also explored in some detail recommendation 3b [*annual review of contributions where requested, and refunds paid when appropriate*], in particular questioning why refunds to service users who have overpaid their required contribution could not be issued more frequently, with a particular focus around monthly reimbursement. This could be a development within the new IT system, MOSAIC, but would need to be given appropriate prioritisation. In most cases, the level of credits and debits often evened out over the course of a year, so only a small minority of service users were affected. There was reassurance that those at risk of overpayment would be targeted for support to ensure they could make payments in a timely manner.

Conclusions of the Adults Scrutiny Committee on the Recommendations

The Committee reviewed each recommendation individually and supported recommendations 1, 2, 3a, 3d and 4, without any additional comment. The Committee's views on the remaining recommendations were as follows: -

The Committee supported recommendation 3b [*annual review of contributions where requested, and refunds paid when appropriate*], but has asked firstly that Adult Care identify those service users with significant changes in their use of home care, where an annual review would be too long, with a tailored approach to reconciling their accounts; and secondly in the longer term to consider a monthly reconciliation statement for all service users for the care they receive.

The Committee supported recommendation 3c [*introduction of contribution payments from 14 days after the financial assessment form being issued*], but has highlighted the need for the detailed policy to include exceptions for those circumstances, where the introduction of contributions may not be appropriate immediately following the 14 days. The need to reduce the administrative burden on service users was highlighted and the policy may wish to reflect exceptional circumstances, for example, where the personal situation dramatically changes.

Recommendation 3e [*immediate or phased removal of the cap*] is in the form of the presentation of options to the Executive. The Committee by a majority of one did not support the removal of the cap. However, if the proposal to remove the cap were to proceed, the Committee agreed by a clear majority to support the phasing of its removal, as set out in paragraph 5.8 of the report.

The Committee supported recommendation 3f [*the application of Disability Related Expenses (DRE)*], but has asked that consideration is given to the impact of using the mobility component of Disability Related Expenses.

The Committee supported recommendation 3g [*the introduction of a single arrangement fee charge for new self-funding service users for the arrangement of their care package*]. However, the Committee has asked that where the proposed arrangement fee of £444 cannot be paid immediately, consideration is given to allowing it to be paid as a deferred payment.

The Committee also requested a report on the non-residential contributions policy following its implementation, including the level of fees charged to new self-funding service users for the arrangement of their care package.

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