

**Charging Policy Implementation – Council response to Healthwatch issues raised.**

	<b>Issue</b>	<b>Council response and actions taken</b>
1.	<b>Annual Reviews</b>	<p>The Council acknowledges that prior to 2016, annual reviews were not completed consistently and in some cases this has meant that reassessments under the new policy have highlighted new benefits or other circumstances which have increased contributions – rather than the new policy itself.</p> <p>Customers have always been requested to inform the Council of a change in financial circumstance and the implementation of the new policy has highlighted that this is not always the case. Annual reviews provide a prompt for this information.</p> <p>Face-to-face reviews are now being undertaken for <b>all</b> customers. A business case has been developed to maintain the increased capacity in the FAB Team in order to improve the consistency of annual reviews. It is also acknowledged that once all customers have had a first review under the new policy, it will be possible to implement a 'lighter touch' process for many future reviews (e.g. by telephone or letter) which will not be as resource-intensive.</p>
2.	<b>Benefits Checks</b>	<p>Wiltshire is one of very few Councils that undertake benefits checks as part of the assessment/review process. This ensures that welfare benefits are maximised.</p> <p>The Council will publicise the welfare benefits check by including information in the leaflet about the FAB Assessment</p>
3.	<b>Improving understanding of the assessment process</b>	<p>As set out in the Healthwatch Report, the calculation of financial contributions is, inevitably, complex and technical.</p> <p>A leaflet now goes to everyone before the financial assessment. This leaflet sets out in broad terms the process for the calculation and provides a link to the full charging policy.</p> <p>A second leaflet is provided to all customers at the financial assessment meeting, and sets out what to do in the event of any concerns about the financial assessment</p>
4.	<b>Disability Related Expenditure (DRE)</b>	<p>DRE is disregarded from a person's income in the calculation of the contribution to care, and evidence of DRE must be provided as part of the assessment process. The Council does not publish a <i>definitive</i> list of expenditure disregarded from the assessment, and this is to ensure that officers are not fettered in their ability to take diverse circumstances into account. Visiting Officers use the list of DRE set out in the Care Act as a checklist. In addition, any disability related expense which helps</p>

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		<p>a person remain independent and is “occasioned by age or disability” (Care Act definition) can be disregarded. This ensures every assessment is person-centred and can take individual circumstances into account.</p> <p>The leaflet (see 3. Above) suggests that customers consider, list and gather evidence for DRE in advance of the assessment meeting. The leaflet also contains examples of DRE items.</p>
5.	<b>The Financial Assessment Meeting</b>	<p>The FAB Team have always telephoned customers prior to a visit, explaining the purpose and nature of the visit, and requesting customers to prepare relevant documentation for this visit. Once an appointment has been made, a confirmation letter is sent, confirming the date of the visit, and reminding customers of the list of items for which verification is required.</p> <p>Healthwatch provided early feedback about need for a leaflet to go out in advance of the assessment meeting, and two leaflets were subsequently produced and have been in use for the past 5 months. The first (Getting Ready for your Finance and Benefits Assessment) is sent out prior to the assessment, along with the confirmation of the appointment, and helps explain and prepare customers for the process, including gathering the appropriate evidence for DRE. The second (What to do if you are concerned about your assessed contribution), sets out how the result of an assessment can be questioned or challenged. Both leaflets were produced in conjunction with Healthwatch.</p>
6.	<b>Client Contribution in writing</b>	<p>Healthwatch highlighted the time taken between the financial assessment and letters being sent to customers informing them of their contribution. The FAB Team aim to respond to customers within 48 hours and have no backlog of letters. However, sometimes, letters are delayed specifically to allow a customer to provide additional documentation or proof of DRE.</p> <p>Although the FAB Team are prompt in informing the customer the outcome of the assessment, there has also sometimes been a delay of several weeks before the Finance Team inform providers of the charge, so that providers can begin to collect contributions. This has meant that, in some cases, a debt has built up. The backlog in informing providers of revised customer contributions has now cleared and letters are sent promptly to providers following a financial assessment.</p>
7.	<b>Reviews and Reassessments</b>	<p>Healthwatch has highlighted issues in the initial phase of reviews.</p> <p>The FAB Team has been conducting reviews against the new policy since August 2016. Additional resources were put into the FAB Team to undertake assessments and reviews and new staff have undergone full training.</p>

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		<p>Initially, it was estimated that there were approximately 3,500 reviews to be undertaken by 31<sup>st</sup> March 2018. Of these, 970 did not in fact require a review (e.g. customer deceased; customer moved to residential care; customer receives a carers service). Since August 2016, as at July 2017, 634 reviews have been undertaken and 188 are in the process of being undertaken. This leaves a further 1,707 reviews to be completed by the end of March 2018. The pace of reviews has increased significantly since the appointment and training of additional staff, and it is expected that all (first) reviews will be complete by the end of March 2018.</p> <p>Early on in the implementation, Council officers examined the options related to the disability premium and the Minimum Income Guarantee and <b>chose</b> the option to apply the disability premium. This was not a legal requirement and did not require a change to the policy. The decision affected a small group of individuals (approximately 330 of the 3,500) who are below pensionable age, receive employment support allowance and who had previously been in receipt of income support, and added £32.25 per week to their MIG. This decision did mean that a very small number of customers within the group of 330 had to be reassessed.</p>
8.	<p><b>Issues raised by Direct Payments customers</b></p>	<p>A number of concerns about the implementation of the new policy were raised at a meeting with people who have a direct payment, rather than a direct service. However, the concerns are not about direct payments as such.</p> <p>One issue relates to customers of working age living with parents whose income is seen as family income, rather than individual income. Generally, these customers are in receipt of Employment Support Allowance and the Personal Independence Payment. People in this group have an average income of £328 per week, of which £270 is generally taken into account for the financial assessment. Many expenses for this group of customers cannot legitimately be disregarded as DRE, but are related to social and leisure activities such as swimming, drama, horse riding etc.</p> <p>The Council has considered whether the Charging Policy should be applied to this group of customers differently, but has concluded that there is an overriding duty to apply the policy equally to all customer groups, and the Council must be mindful of the risk of legal challenge in respect of fair and equitable application.</p>
9.	<p><b>Communication</b></p>	<p>The Healthwatch report highlighted communication as an underlying issue and the Council has worked hard, with the support of Healthwatch, to improve this area.</p> <p>Two leaflets are now available (referred to above). In addition, the FAB Team provide telephone advice via a helpline.</p>

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		The role of the FAB Team is in scope for the Adult Care Transformation Programme and the Council's Systems Thinking Team are working with the team to map processes and identify improvements. This will include the possibility of more financial assessments being undertaken online.
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