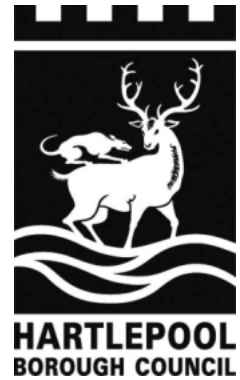


ADULT SERVICES COMMITTEE AGENDA



Monday 6 January 2014

at 10.00am

in Committee Room B, Civic Centre, Hartlepool

MEMBERS: ADULT SERVICES COMMITTEE

Councillors Fisher, Hall, A Lilley, Loynes, Richardson, Shields and Sirs

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 To receive the Record of Decision in respect of the meeting held on 25 November 2013 (*attached for information*)

4. KEY DECISIONS

- 4.1 Review of Contribution Policy for Non Residential Services – *Assistant Director, Adult Services*

5. OTHER ITEMS REQUIRING DECISION

No items

6. ITEMS FOR INFORMATION

- 6.1 Strategic Financial Management Report as at 31 October 2013 – *Director of Child and Adult Services and Chief Finance Officer*



6.2 Mental Health Services in Hartlepool – Presentation – *Director of Operations
Tees, Esk and Wear Valley NHS Foundation Trust*

7. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

Date of next meeting – Monday 10 February 2014 at 10.00am in Committee Room B



ADULT SERVICES COMMITTEE DECISION RECORD

25 November 2013

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Keith Fisher, Ged Hall, Alison Lilley, Brenda Loynes and Linda Shields

Also Present: Councillor Geoff Lilley

Steve Thomas, Judith Gray and Maureen Lockwood,
Healthwatch

John Stamp, Senior Commissioning Manager, CCG
Ruth Hill, Tees Esk and Wear Valley NHS Foundation Trust

Officers: Gill Alexander, Director of Child and Adult Services
Jill Harrison, Assistant Director, Adult Services
Geraldine Martin, Head of Service, Adult Social Care
Denise Wimpenny, Principal Democratic Services Officer

51. Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Kaylee Sims and Healthwatch representatives.

52. Declarations of Interest

None

53. Minutes of the meeting held on 4 November 2013

Received

54. The Local Authority Mental Health Challenge *(Director of Child and Adult Services)*

Type of decision

Non key

Purpose of report

To provide information regarding the Mental Health Challenge for Local Authorities.

Members of the Committee were requested to identify a 'member champion' for mental health and to sign up to the 'Time to Change' pledge to tackle mental health discrimination.

Issue(s) for consideration

The report provided background information regarding the Mental Health Challenge, details of the actions that would enable Councils to promote mental health, the requirement to appoint a Mental Health Champion as well as their role in the initiative. Nominations were sought for a Member Champion for Mental Health.

Given the increase in mental health problems, a query was raised as to how this issue could be further embedded within the Council's culture. Members were advised what whilst the transfer of public health responsibility to the Council and the development of Health and Wellbeing Boards would assist, there was a need to ensure that mental health and wellbeing initiatives were promoted and prioritised across all areas of the Council's work. The Committee went on to raise concerns regarding the stigma attached to mental health issues, the impact of funding pressures on the future delivery of services, the current financial climate as well as the impact of welfare reform on people's mental health.

The Committee expressed their support for the Mental Health Challenge initiative to tackle stigma/discrimination and the benefits of identifying a member champion for mental health. Given the importance of the issue Members were of the view that this opportunity should be open to all Members of the Council and suggested that nominations be sought at the next meeting of full Council.

Decision

- (i) The Committee supported the Mental Health Challenge'

- initiative to tackle stigma/discrimination to promote mental health and wellbeing.
- (ii) That the appointment of a Member Champion for Mental Health be supported and referred to the next meeting of full Council to seek nominations.
 - (iii) The Committee agreed to the signing up to the 'Time to Change' pledge by adding Hartlepool Borough Council to the many other organisations, Councils and members of the public already posted on the online pledge wall.

55. North of Tees Dementia Collaborative (*Assistant Director, Adult Services*)

Type of decision

For information only

Purpose of report

To update the Committee on the work of the North of Tees Dementia Collaborative.

Issue(s) for consideration

The Assistant Director presented the report which provided background information in relation to the National Dementia Strategy together with details of the key aims of the strategy and the collaborative approach with a number of organisations to improve quality and outcomes for people with dementia.

The Dementia Collaborative commenced in January 2013 with plans to deliver seven Rapid Process Improvement Workshops (RPIWs) focussing on key issues affecting people with dementia. The latest Dementia Collaborative briefing, attached at Appendix 1, outlined the remit of each RPIW and achievements to date. Feedback from the RPIW, which focused on preventing unnecessary A and E attendances by people with dementia living in care homes had been particularly successful. Based on the outcomes achieved in the pilot, Hartlepool and Stockton on Tees CCG had identified funding for the new approach to be rolled out to all care homes in Hartlepool and Stockton. A case study which provided further information on this RPIW was attached at Appendix 2.

In the lengthy discussion that followed, the Assistant Director provided clarification in response to queries raised by Members which included details of training available to care home staff to assist with reporting medical issues of care home dementia patients, advice and guidance arrangements as well as the decision making process in terms of

determining the most appropriate care.

In response to some concerns that the 33% reduction in 999 calls across the 3 homes involved in the pilot would result in additional risks for patients, the Committee was provided with assurances that whilst the purpose of the initiative was to prevent unnecessary accident and emergency admissions, patients continued to receive appropriate support with improved outcomes and anyone who required urgent medical care would be referred appropriately. Monitoring information to measure the success of the scheme would be available as this new approach was rolled out to more care homes.

Decision

- (i) The Committee noted progress made by the North of Tees Dementia Collaborative.
- (ii) That further reports be received as appropriate.

56. Quality of Care in Older People's Care Homes (Assistant Director, Adult Services)

Type of decision

For information only

Purpose of report

To update the Adult Services Committee on the results of the 2013 assessments of quality of care in older people's care homes using the Quality Standards Framework (QSF).

Issue(s) for consideration

The report included background information in relation to the Quality Standards Framework. The initial QSF assessment resulted in 6 of the 21 care homes achieving the top Grade 1 rating, 12 being rated as Grade 2 and 3 being rated as Grade 3. No care home fell within the lowest (Grade 4) banding. The 2013 QSF assessment was undertaken between May and August 2013, with support from Healthwatch Hartlepool, in relation to resident interviews, which brought another level of independence to the assessment. The results determined the grades and fee levels for the older people care homes for October 2013 to September 2014, details of which were set out in the report.

The assessment indicated further improvements in the evidence presented by providers and subsequently verified by officers with 11 of the 21 care homes achieving the top Grade 1 rating, 9 rated as Grade 2 and 1 rated as Grade 3. As in the previous year, no care home fell within the lowest (Grade 4) banding. In relation to the next steps, it was reported that officers would be undertaking a trend analysis of the results from the 2013 assessment to identify any areas for further development and future service improvements. There was a commitment to implementing a QSF approach across all regulated services within Hartlepool.

In response to a query relating to the benefits of choosing a higher graded care home, Members were advised that a number of factors influenced the final grade and were referred to on the Council's website which gave further detail on which outcomes had been met by which home. A summary of the process and grades was detailed in the Guide to Extra Care and Care Homes booklet which was available both on line and in hard copy. Members emphasised the importance of publicising information of this type and were keen for as much information as possible to be readily available to the public.

The complexity of the grading process was discussed and the benefits of Members having an understanding of this process was highlighted. It was suggested that a more detailed presentation be provided to the Committee on the quality standards framework in advance of the submission of next year's results. Members welcomed the support of Healthwatch representatives in relation to the grading determination process and it was suggested that Healthwatch representatives be invited to attend the presentation to Members.

With regard to occupancy levels and capacity issues in terms of residential and nursing care, a Member requested further information which the Assistant Director agreed to provide to a future meeting of the Committee.

Decision

- (i) That the outcomes of the 2013 Quality Standards Framework assessments for older people's care homes be noted.
- (ii) That the planned next steps in terms of analysing performance trends, further reviewing the assessment process and implementing the QSF be noted
- (iii) Further information be provided in relation to the QSF grading determination process as well as details of care home occupancy levels.

57. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following item of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

58. Any Other Business – Proposed Closure of Victoria Road, Mental Health Rehabilitation Service, Hartlepool

The Chair reported receipt of a letter and briefing note from the CCG addressed to the Assistant Director, Adult Services which sought views in relation to the proposed closure of the mental health rehabilitation service for adults, located at Victoria Road. A copy of the letter and briefing note was tabled at the meeting and Members were given time to pursue the contents of the information. Some concerns were expressed by Members that the information had not been circulated in advance of the meeting to allow Members sufficient time to consider the proposals. The Assistant Director indicated that the information had been tabled following agreement by the Chair and Vice-Chair and had not been received until after despatch of the agenda papers.

The Committee's views were sought in relation to the proposals. Members were advised that representatives from Tees Esk and Wear Valley Foundation Trust and the CCG had been invited to the meeting to respond to any questions from Members.

A lengthy discussion ensued during which the Committee raised a number of concerns in relation to the proposed closure and the level of support within the community once the Victoria Road site closed. Concerns were raised that another service was transferring out of Hartlepool and Members questioned the long term implications of the proposals. Members emphasised that consultation was key on such changes and were of the view that consultation should have commenced earlier in the process and were concerned that the decision to close the facility appeared to have already been taken.

The representative from the CCG outlined the range of community and inpatient services for patients who required rehabilitation at Park House in Middlesbrough and Lustrum Vale in Stockton. Whilst noting that the current facility at Victoria Road no longer met the requirements of national guidance and best practice, Members together with representatives from Healthwatch went on to reiterate concerns regarding the potential need for crisis beds and commented that the proposals appeared to be a cost cutting exercise. In response, Members were informed that additional money had been

invested in crisis services and home treatment services to minimise hospital admissions. The numbers requiring crisis beds across the whole Trust area was very low. The services provided by the crisis team and the number and location of crisis beds across the whole Trust area were being reviewed.

In concluding the debate, whilst acknowledging that the number of people requiring crisis beds across the whole Trust area was very low, Members were of the firm view that beds should be available when required and adaptations to the current building should be further explored to meet national guidance requirements. The aim to either support and treat people in their own homes or transfer them to an unfamiliar environment 20 miles away was not viewed as an acceptable outcome in all cases.

The Assistant Director agreed to draft a response to the CCG on behalf of the Committee to reflect the concerns of Members, as detailed above.

Decision

That the Assistant Director, Adult Services, in consultation with the Chair be authorised to formulate a response on behalf of the Committee to reflect the concerns of Members, as detailed above.

The meeting concluded at 11.45 am.

P J DEVLIN

CHIEF SOLICITOR

PUBLICATION DATE: 2 DECEMBER 2013

ADULT SERVICES COMMITTEE

6 January 2014



Report of: Assistant Director, Adult Services

Subject: REVIEW OF CONTRIBUTION POLICY FOR NON RESIDENTIAL SERVICES

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key Decision, Forward Plan Ref: CAS018/13.

2. PURPOSE OF REPORT

2.1 This purpose of this report is to provide the Adult Services Committee with feedback from a consultation exercise regarding the proposed change to the Contribution Policy for Non Residential Services and to propose that the Committee agree the implementation of a revised Contribution Policy for Non Residential Services from April 2014.

3. BACKGROUND

3.1 Section 17 of the Health and Social Services Security Adjudications Act 1983 gives Councils discretionary powers to require adult recipients of non-residential support services to contribute to the cost of their provision.

3.2 In March 2008 the Council approved the replacement of the various non-residential charges with a unified contribution towards care funding. All contributions are equal to the cost of the support plan, up to the amount the individual is assessed as being able to pay. The Council shares the cost of all support plans, meeting 25% of the cost irrespective of a person's ability to contribute towards the cost of their provision. The contribution is currently capped at the cost of a residential care home placement, based on the needs of the individual. The current level of contributions generates approximately £2.2 million of income per year.

3.3 Over the last 12 months the Council has supported approximately 4,600 people to live in their own homes. Of this number, approximately 1,680 people were eligible for a personal budget, so were financially assessed to determine whether they should contribute towards the cost of their ongoing

support. Between 500 and 550 people of this 1,680 were assessed as nil charge owing to their low incomes and this number will remain constant irrespective of any proposed change. Of the 1,680 people assessed, between 630 and 700 would not contribute any more for their care than they do now as they currently contribute to their maximum ability. This means that between 380 and 430 people could be asked to contribute more if the proposed change is implemented.

- 3.4 The current Contribution Policy was implemented in 2008 and has not been amended since then.
- 3.5 The current economic climate has impacted significantly on the Council's budget. It is essential that the Council now reviews the level at which people contribute towards the cost of the services they receive.
- 3.6 The change being proposed, if implemented, would contribute to the very challenging savings target set for adult services and would result in people who can afford to do so making a greater contribution towards the cost of their support services.
- 3.7 The impact on people who receive support services will be to potentially increase the amount a person may pay for the services they require. This will be within a financial assessment framework which ensures fairness and equity between all groups of service users. Generating additional income will support the continued delivery of front line social care services at a time of increased financial austerity and will only affect people who can afford to pay more.
- 3.8 The financial assessment process ensures that people retain a basic level of income and that they have sufficient money to meet their basic housing costs and any disability related expenditure. Individuals will only contribute to the cost of their services based on their ability to pay.
- 3.9 There are some types of income which are partly or wholly disregarded in the calculation of the maximum charge. These include:
- The mobility part of Disability Living Allowance;
 - £10 of a war pension or war widow's pension;
 - All Guaranteed Income Payments (GIPs) made under the Armed Forces Compensation Scheme;
 - Payments from the Independent Living Fund (ILF);
 - Child Benefit and Child Tax Credit;
 - The part of Attendance Allowance, Disability Living Allowance, Constant Attendance Allowance and Exceptional Severe Disability Allowance that covers care at night where the council purchases no element of higher care;
 - Working Tax Credit;
 - The savings part of pension credit;
 - Ex-gratia payments made to Eastern prisoners of war;
 - Payments made under Vaccine Damage Payment;

- Compensation from personal injuries award is disregarded for assessment purposes for a period of 52 weeks, with the exception of any part of the award provided to meet care costs. Where people using services are in receipt of compensation for personal injuries, their compensation will be considered on a 'case by case' basis. Where a person is unwilling to disclose the terms of any compensation payment(s) then they will be assessed as full cost.

3.10 The financial assessment process for non residential care takes into account savings over the lower capital level limit, which is currently £14,250 but does not take into account the value of an individual's main residence.

4. PROPOSAL

4.1 The proposal that was put forward for consultation was as follows:

To increase the amount that is paid by people who can afford to contribute to their support costs, by either raising the current 75% threshold to 95% or removing the threshold so that people contribute up to 100% of the costs of their support.

4.2 It is anticipated that increasing the threshold to 95% would generate additional income of approximately £158,000 – £175,000 per year. Removing the threshold so that people contribute up to 100% of the costs of their support costs would generate additional income of approximately £196,000 - £218,000 per year.

4.3 As with the current Contribution Policy, the most anyone will be expected to pay will depend on their individual circumstances and level of income following a financial assessment.

4.4 Approximately 4,600 people are currently supported to live at home and approximately 1,680 of these people were financially assessed to see if they should contribute to the cost of their support services. This proposal would impact on between 380 and 430 individuals based on patterns of assessment in the last financial year. Exactly how much more each person would pay per week would depend upon how much support they receive and how much they are able to afford. Further detail showing approximate numbers of people affected and by how much is provided in **Appendix 1**.

5. CONSULTATION EXERCISE

5.1 Department of Health guidance requires the Council to consult with the public on changes to the Contribution Policy and its subsequent implementation.

5.2 A consultation took place between 14 October and 26 November 2013 and included:

- A consultation document and questionnaire sent to all people using non-residential support services (**Appendix 2**);
 - An easy-read presentation delivered to people with learning disabilities;
 - An on-line questionnaire via survey monkey;
 - 2 public meetings – one during the day and one in the evening;
 - The Service User Focus Group;
 - Existing groups that involve people who use services and / or carers.
- 5.3 The consultation was also publicised through a press release which was issued on 7 October 2013.
- 5.4 Questionnaire
The consultation document and questionnaire were sent to approximately 3,440 people who currently use non residential services. 465 questionnaires were returned – a response rate of 13.5%. The questionnaire was also available online with 9 people responding via the online survey monkey tool.
- 5.5 Public Meetings
Two public meetings took place on Monday 18 November. The afternoon meeting was attended by 10 people and the evening event was attended by 8 people. All attendees were asked to complete a questionnaire if they hadn't already done so as well as having the opportunity to ask questions and raise points for discussion.
- 5.6 Service User Focus Group
A Service User Focus Group took place on 15 November to discuss the proposed change and was attended by 5 people.
- 5.7 Existing Consultation Groups
The proposed change and the consultation questions were discussed at a number of existing groups including:
- Champions of Older People's Lifestyles (COOL) on 7 October
 - Mental Health Forum on 14 November
 - Learning Disability Partnership Board (LDPB) on 18 November
 - Carers Strategy Group on 22 November.

6. FEEDBACK FROM CONSULTATION

- 6.1 A total of 465 questionnaire responses were received.
- 6.2 People were asked 'In principle, do you think that the Contribution Policy should be changed so that people with more money contribute more to the costs of their social care?'
- 189 (41%) people responded yes.
 - 277 (59%) people responded no.
 - 18 people did not answer the question.

- 6.3 People were then asked to indicate whether they would support an increase in the maximum contribution from 75% to 95%.
- 149 people (35%) said yes.
 - 273 people (65%) said no.
 - 43 people did not answer the question.

- 6.4 People were then asked to indicate whether they would support an increase in the maximum contribution from 75% to 100%.
- 61 people (16%) said yes.
 - 326 people (84%) said no.
 - 78 people did not answer the question.

- 6.5 A significant number of people who did not support the proposed changes felt that savers were being unfairly penalised. One such comment was as follows:

“Stop penalising people who have worked all their lives and have saved or built up a pension. They have contributed to the system. Why do people who have not contributed get everything free?”

- 6.6 Most people who said yes to the proposed changes felt that those with more income/savings should pay more and an example of such a comment follows:

“It seems only fair that people who can afford to pay do so. The funds saved could go towards supporting the people who are in real need. People should pay more if they have a high cash income or are wealthy.”

- 6.7 All of the comments received in response to the consultation are attached at **Appendix 3**.

7. FINANCIAL IMPLICATIONS

- 7.1 If the proposal to increase the amount that people contribute to the costs of their care package, according to their means, is implemented following consultation, this will generate additional income of £158,000 – £175,000 per year (if the threshold is increased to 95%) or additional income of £196,000 - £218,000 per year (if the threshold is removed).
- 7.2 This additional income would make a significant contribution towards achieving the department’s proposed savings of £1.325m for 2014/15 with no impact on front line service provision.
- 7.3 Failure to take savings identified as part of the 2014/15 savings programme will result in the need to make alternative unplanned cuts and redundancies elsewhere in the department to balance next year’s budget. Alternative proposals to deliver savings would be likely to have a greater impact on front line services

8. EQUALITY AND DIVERSITY CONSIDERATIONS

- 8.1 An Equality Impact Assessment has been completed and is attached at **Appendix 4**. Changes to the Contributions Policy potentially affect all citizens of Hartlepool who are in receipt of support services from the Council. 17% of the population in Hartlepool is over 65 years old and 33% of the population has some form of disability.
- 8.3 It is estimated that if proposals are implemented then approximately 2% of people with a learning disability, 5% of people who have a mental illness, 4-6% of people with a physical disability and 37% of older people who currently pay a contribution will see an increase in their contributions, based on their ability to pay.
- 8.4 Further detail regarding how many people will be affected in the various client groups is attached at **Appendix 5**.

9. RECOMMENDATIONS

- 9.1 It is recommended that the Adult Services Committee agree one of the following options and implement a revised Contribution Policy (attached as **Appendix 6**) from 1 April 2014:
- Option 1
Retain the current Contribution Policy and continue to subsidise 25% of the cost of all care packages, regardless of the ability of the individual to contribute. This will require an alternative proposal to be agreed to achieve a saving of £188,000 for 2014/15. Further work will be required to identify where this saving can be made but it is anticipated that it would require a reduction in front line social care services and would necessitate three to five posts being deleted and compulsory redundancy for staff. A reduction in front line services of this scale would increase waiting times for assessment, reduce capacity to undertake annual reviews, reduce capacity to respond in a timely manner to safeguarding concerns and increase caseloads.
 - Option 2
Raise the maximum amount that people contribute to the costs of their care, based on a financial assessment and their ability to pay, from 75% to 95% with effect from 1 April 2014. If the Committee supports increasing the threshold to 95%, additional savings of £30-40,000 will need to be identified from adult services budgets for 2014/15. Further work will be required to identify where this saving can be made but it is anticipated that it would require a reduction in front line social care services and would necessitate one to two posts being deleted and compulsory redundancy for staff. A reduction in front line services of this scale would impact on the areas outlined above, to a lesser extent. Option 2 would also potentially result in a further review of the Contribution Policy when savings for 2015/16 are being considered,

which would involve a further consultation exercise and additional change and disruption for people using services.

- Option 3
Remove the current subsidy of all care packages and approve the implementation of a revised Contribution Policy requiring people to contribute up to 100% of the costs of their support, based on a financial assessment and their ability to pay, from 1 April 2014. This option would achieve the required saving with no impact on front line social care services for vulnerable adults.
- Option 4
Implement the changes in a phased approach over two years, raising the maximum amount that people contribute to the costs of their care, based on a financial assessment and their ability to pay, from 75% to 95% with effect from 1 April 2014 and then removing the current subsidy of all care packages so that people contribute up to 100% of the costs of their support, based on a financial assessment and their ability to pay, from 1 April 2015. As with Option 2, a further saving of £30-40,000 would need to be identified from adult services budgets for 2014/15 with the same impact as identified under Option 2.

9.2 The option recommended by officers is Option 3, and the reasons for this recommendation are outlined in Section 10.

10. REASONS FOR RECOMMENDATIONS

- 10.1 The Contribution Policy in Hartlepool has not been amended since 2008 and the financial position of the Council has changed considerably in that time. Subsidising 25% of the cost of all care packages, regardless of the ability of the individual to contribute, is not sustainable and is not common practice in other Local Authorities (with many having reviewed their approach to contributions in recent years and made similar changes).
- 10.2 The proposed change to the Contribution Policy ensures equity and transparency for service users, generates additional income to support the delivery of adult social care services at a time of increased financial austerity and makes a significant contribution towards achieving the proposed savings of £1.325m for adult services for 2014/15.
- 10.3 Option 3 has been identified as the preferred option by officers as it achieves the maximum available saving and allows the revised Contribution Policy to be implemented with no expectation of further change in the short term and no impact on frontline social care services.
- 10.4 When savings proposals were considered on 4 November 2013, the Adult Services Committee reluctantly agreed to the savings proposals relating to Adult Services. The Committee considered that there were no other

alternative options and emphasised the need to try and maintain front line services as far as possible.

11. CONTACT OFFICERS

Jill Harrison
Assistant Director - Adult Services
E-mail: jill.harrison@hartlepool.gov.uk
Tel: 01429 523911

Geraldine Martin
Head of Service, Adult Social Care
E-mail: geraldine.martin@hartlepool.gov.uk
Tel: 01429 523880

Potential No of Individuals Affected

	95% Proposal	100% Proposal
a- Nil Charge	500 - 550	500 - 550
b-no change	630 - 700	630 - 700
c-£0.01-£4.99	60 - 70	40 - 50
d-£5.00-£9.99	80 - 90	80 - 90
e-£10.00-£19.99	130 - 150	140 - 150
f-£20.00-£29.99	40 - 50	40 - 40
g-£30.00-£49.99	50 - 50	50 - 60
h-£50.00-£69.99	10 - 10	20 - 30
i-£70.00-£89.99	10 - 10	0 - 0
j-£90.00+	0 - 0	10 - 10
Numbers affected	380 - 430	380 - 430
TOTAL	1510 - 1680	1510 - 1680

**Potential Income Generated from
Individuals Affected**

	95% Threshold	100% Threshold
a- Nil Charge	£0 - £0	£0 - £0
b-no change	£0 - £0	£0 - £0
c-£0.01-£4.99	£5,100 - £5,600	£2,900 - £3,300
d-£5.00-£9.99	£13,900 - £15,400	£13,800 - £15,400
e-£10.00-£19.99	£41,400 - £46,000	£48,700 - £54,100
f-£20.00-£29.99	£28,300 - £31,400	£18,800 - £20,800
g-£30.00-£49.99	£52,500 - £58,300	£63,500 - £70,600
h-£50.00-£69.99	£10,800 - £12,000	£40,900 - £45,500
i-£70.00-£89.99	£5,800 - £6,400	£0 - £0
j-£90.00+	£0 - £0	£7,200 - £8,000
TOTAL	£157,800 - £175,100	£195,800 - £217,700

PROPOSED CHANGES TO FAIRER CHARGING CONTRIBUTION POLICY

CONSULTATION DOCUMENT



1. INTRODUCTION

Hartlepool Borough Council is asking for your views on a proposed change to the amount that adults of all ages, who receive non residential care services, contribute to the costs of the services they receive.

The proposed change may affect people who are currently assessed to make a contribution to the cost of their services, including domiciliary care (home care), personal care or day care provision as well as people who receive a direct payment to purchase their care and support.

2. WHY ARE WE CONSULTING?

The Contribution Policy sets out the way that the Council works out how much someone pays towards their non-residential care support services.

The Contribution Policy was revised in 2008 and has not changed since then.

The current economic climate has impacted significantly on the Council's budget and this means that the Council must consider implementing a change to the amount people contribute towards the services they receive. This change will help the Council to continue to provide services that support the most vulnerable people in our community and will only affect people who can afford to contribute more towards the cost of their support services. We think this is fair and reasonable, but before a decision is made we would like to hear your views.

3. WHO WOULD WE LIKE TO HEAR FROM?

We would like to hear from people who may be directly affected by the proposals including people who use services and their carers as well as service providers and Hartlepool residents. All service users who have been assessed have been sent the consultation document and been asked for their views.

The consultation will involve a significant number of people across the borough who receive services but **will only affect those who can afford to contribute more towards the services they receive.**

4. THE CHANGE WE ARE PROPOSING

While we are proposing a change to the way we assess a person's contribution, we will continue to assess each person on an individual basis. We know that in many cases people will not be able to pay for the services that they receive and this proposal will help to ensure that we continue to be able to support the most vulnerable members of our community.

PROPOSAL

To increase the amount that people contribute, according to their means, up to the total value of their support package. At the moment the Council pays 25% of a person's support costs irrespective of their financial means.

The proposal is to increase the amount a person who can afford to do so, following a financial assessment, contributes to their support costs.

We feel that people should contribute as much as they can afford and the current 75% threshold should be raised to 95% or removed so that people contribute up to 100% of their care costs if they can afford to do so.

If the threshold was raised to 95% we anticipate that the Council would raise additional income of £158,000 – £175,000 per year.

If the threshold was removed and people contributed up to 100% we anticipate additional income of approximately £196,000 -£218,000 per year would be raised.

5. WHO WOULD BE AFFECTED?

Of the 4,600 people who are supported by the Council in their own homes, approximately 1,680 people have been assessed financially to see whether they have sufficient income to contribute towards the cost of their support services.

The proposed change would affect between 380 and 430 of the 4,600 people that the Council currently supports to stay in their own homes.

There would be no impact for the majority of the people the Council supports as they cannot afford to make a contribution to the cost of their support services or are already making the maximum contribution that they can afford to make.

The most anyone will be expected to pay will depend on individual circumstances. No-one will be expected to pay more than the cost of their support package or more than they are assessed as being able to pay.

6. HOW CAN I COMMENT ON THIS PROPOSAL?

We would like to hear any views you may have on this proposal. Please share your views with us and make specific comments or suggestions relating to these proposed changes:

Online survey: www.hartlepool.gov.uk

E-mail us at: geraldine.martin@hartlepool.gov.uk

Write to us at: Geraldine Martin
Head of Service (Adults)
Hartlepool Borough Council
Civic Centre
Victoria Road
Hartlepool
S24 8AY

Talk to us at: two open meetings which will be held as follows:-

Date: Monday 18 November 2013

Time: 3.00pm – 4.30pm

OR

5.30pm – 7.00pm

Venue: Committee Room B
Civic Centre
Victoria Road
Hartlepool
TS24 8AY

The consultation will close on 26 November 2013.

Contribution Policy - Consultation Responses

Email Comments Received:

E-mail Comment 1

I wish to know the circumstances, criteria, and means of ascertaining simple figures, involved in making one of these assessment decisions. By dint of your reply, and your assertion that I personally do not receive any chargeable services, you have therefore assessed me to an extent. And presumably you assume that since I am apparently unaffected on this occasion, I should not be concerned.

I am in fact, in receipt of what I presumed to be council support of a type which will be affected. This is with regard to the maintenance contract for my through-floor lift. If the council are embarking upon another cost-cutting exercise, Councillor's expenses being exempted of course, then I would therefore expect to receive a similar missive in the future.

I have lost count of the number of similar "consultations", which have been conducted in order to provide some justification for unpopular decisions or cuts. One springs to mind with regard to the council's posture on plastic windows on the Headland, as a simple example. At the end of the "exercise", which did no other than provide evidence of support for the council's position, it was "suddenly discovered" that a large wad of consultation documents against the proposition to disallow plastic windows had come to light. And this after the council hired a professional company (from Middlesbrough) to ensure that the "results" that were required were to be manifestly in favour of the wholly unrealistic council position. This perverse position being further undermined when it was discovered that all council properties were fitted with plastic windows. Even the Carnegie Library, now council offices, was illegally fitted (by the council) with plastic rainware.

Faux democracy is far easier to administer when the results can be usefully manoeuvred. Ask Robert Mugabé, or indeed his rôle model General Idi Amin. No one was ever taken to task over this. That too is a necessary condition in order to ensure that the exercise may be repeated, perhaps with smaller, less contentious issues, until the public mind can be tamed from it, and it can be buried in committee.

I am in receipt of GM/LE/172 which tells me that I am to be consulted on a matter which cannot be other than a fait accompli.

This kind of "benignly seeming dictatorial policy" is general and typical of Hartlepool Council. If this were otherwise then you would not, by your own

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admission, have been covertly assessing us. I can say that you have covertly assessed us with confidence since no one ever asked me if I wanted to be assessed... or to remove the political correctness from it.. means tested.

You have stated that there are 4,600 of us. You further state that in your "wisdom", and using your covertly obtained data, that 1,680 have been assessed financially. By what means and by whom?

Hartlepool Council have a past record of "consultation" which does not bear close scrutiny. Why is this occasion different?

Have I been financially assessed, and if so by whom, and using what criteria?

By definition, I am physically disabled. I am not bed blocking a hospital, and score no points on any mental or psychological grounds. This presumably makes me fair game for re-assessment and re-appraisal with regard to my "care in the community" by the council. Aside from a visit to assess my entitlement to poll tax relief for having a water facility some years ago, which like my recent bereavement had to be instigated by me, the council have not presented themselves to "re-assess" anything about me, which is where I draw my conclusion that you are therefore employing covert methods. Hardly something to endear you to the poll tax payers... but then there are so many things...

E-mail Comment 2

I would like to express my views on the proposed changes to the charging for care. My mother receives care at the moment through the scheme where she has 25% price reduction. We feel that this system is a good one. My mother needs to have a visit from a carer 4 times a day and has been happy with the care.

Her family feel that because she has been in the fortunate position to have accumulated some capital over the years that it would be wrong for her to not contribute something towards her care. However we are very disappointed that now that the council is thinking of removing her discount. My mother has also own her own home in Hartlepool for at least 35+ years and with all other residents has paid her rates / council tax on time for all this time. Therefore my parents have made a valuable contribution to the Hartlepool council. The fact that she buys her care through Hartlepool council means that the council must have more bargaining power with the care providers. We, her children, have managed to convince my mother to have carers because they were organised by the council, she feels safe.

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We feel that these proposals could lead to the following

1 Hartlepool Council in theory would collect more money,

2 Hartlepool Council would cease to be attractive to new customers who can pay 75%, so in the long term they would lose income.

3 Hartlepool Council would have less bargaining power with care providers.

4 The only people that receive care from Hartlepool will be the lower income pensioners, is this a good balance?

We know that elderly do not complain but their children do. So a wide social mix receiving care means a better check on the system which is designed to look after a very vulnerable group in society.

Finally, to buy care through the council with a 25% reduction is a good social policy to lose it would mean well off pensioners of Hartlepool will just go elsewhere. I hope you find these points of interest.

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Comments from Questionnaires:

	Comments
5	If I could pay for my care I would as it would help me keep my pride, dignity and independence. If I paid I would expect to pay 100% of it. All the administration to give 5% would be a waste of money and should be saved to help the poorest.
8	How is time allocated to patient 10-15 balanced with payment
11	I would like the system to stay as it is
16	Yes I agree with the increase only if it is not one of the private companies as they charge far too much now.
18	I am 77 years old and whilst I suffer osteoarthritis of my leg and arthritis of hands the only thing I have from the system is a battery operated bath seat. I use no other facilities – no home help etc. I have very good neighbours and therefore do not feel it right to comment on the system further.
32	Now let us think: me and my family have scrimped and saved, no drinks, no restaurants, no holidays and we have to pay for our care because we have savings; many others have lived life to the full, no savings, don't have to pay, is this right? If they could but didn't save, they should suffer the consequences. Question: What did you do with your money? The answer should provide the decision to give help or not. Am I dull, ignorant, nitpicking or other? NO, I suffered deprivation throughout my life, these people deserve to suffer now, they abuse the system, that's my opinion.
35	I am very pleased with the way things are.
41	My mother presently pays the minimum amount for care, if you add the cost of utilities, food, clothing, transport and hidden extras ie birthdays etc, it's a struggle to make ends meet. How about looking at the cost of the care package the Council is charged.
48	It all depends if the carer stays her allocated time. Some just seem to get away before fulfilling their full time, but we still have to pay full price, I wouldn't say I have a lot of money, but I have to pay £78.45 per week for 8 ¼ hrs weekly. A bit steep I would say nearly £1,000 every 12 weeks. I am 90 years of age.
51	Contributions should be pro-rata to the amount paid by the DWP
52	It seems only fair that people who can afford to pay do so. The funds saved could go towards supporting the people who are in real need.

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54	Personal circumstances on each case should always be the priority. Waste is always a contributor to social funding, looking into waste would help ease social funding.
56	My husband died recently. I believe people should pay more if they have a high cash income or are wealthy, but not make them sell their homes.
57	We have worked all our working lives, why should we pay extra now when you should address the problem of paying so much out for people who never work.
58	Increase should be determined on an individual basis with a limit of 45%.
66	The only thing I have is for occupational therapy equipment, chair over bath for showering and stairlift. I pay for a cleaner and with the help of my family I manage. I am 90 years old.
70	I do not know how these proposals really relate to my family. My wife is registered disabled and receives care allowance from DWP. We do have however a stairlift paid for by your council social services and a bath lift on hire from same department. My daughter is also registered disabled but not in receipt of any care from Hartlepool Council. Sorry can't be more helpful
74	Stop penalising people who have worked all their lives and have saved or built up a pension. They have contributed to the system, why do the people who have not contributed get everything free?
76	As usual this is the easy option for the Council, to penalise people who have tried to save for the long term. 5% might be a far more reasonable increase rather than the proposed higher amount.
83	Once again the people who have worked and contributed to society and government tax are the people who are penalised when they need care in return. One would be better off not every having been in employment at all.
93	Older people have paid taxes and national insurance all of their lives and some are still paying tax. Why should they now have to pay again for what they've already paid for? Get rid of all the foreigners claiming and there won't be a problem.
96	<ul style="list-style-type: none"> • Cost should be shared if possible. • Must be affordable to all clients involved.

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	<ul style="list-style-type: none"> • Both ways workers and non workers must be considered at all times. • Help to all, in all ways, for past labour and no labour for check. Could cause much stress to elderly and retired. • The contributions I pay weekly is just affordable after paying all other bills. Doesn't leave much to spare for anything special. You must consider all. Not just people without working skills. Also us that have worked hard, people disabled and rely on help.
97	Old people with more money have saved for when they can't work so why should they be penalised by paying more. Everyone should pay the same.
104	I myself cannot go to any meetings as I have real bad COPD. Paying too much just like now, that is my view.
105	<ul style="list-style-type: none"> • If people have large amount of savings and large pension, yes they should pay. • But people on average pension and no savings, I totally disagree with the above. • How are you supposed to eat and pay bills?
107	If our elders worked all their lives they have earned that privilege. They paid their taxes. It's the scroungers that you should target, ie foreigners who have never paid into the system.
130	<p>I know these are austere times but given that the Council is 'giving away' money that it has underspent I don't understand the need to change things.</p> <p>This is a valuable service needed by people in need and in the main they are the poor and needy.</p>
131	May I suggest you dig deeper into people's benefits. I personally receive money towards my care but pay full rent of £421.32 and Council Tax of £84.00 per month. I have various items from the services including Telecare.
133	Folks today do not have money for increases. Food and Gas and electric shooting up. Keep prices at today level. No increases.
135	Don't really understand your proposal but in my opinion I think the charges for home care are already extreme.
138	People just on pension cannot pay extra it costs too much to keep warm. I get no help from anybody and I am 90 years old next year. I can hardly walk and I have not been out for over a year, nobody from any social services ever comes to see me. I depend on my son who lives at Harrogate to bring my shopping in.

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148	People have paid tax all their lives now you want them to pay more. I pay a small amount for my wife's care. If she had not been getting home care she would have died in a home 2 years ago (I could not pay anymore).
150	The care currently received is adequate as for the package received BUT if this is to change, as surely in this current climate it must then those who receive and pay for their care MUST be fairly means tested otherwise the system will collapse.
165	Whilst I realise that some changes may be required I believe the amount being proposed is high. Considering people with more money available I still believe they are entitled to equal as people with less money.
174	It is a shame that anyone should have to pay for care in their later years, especially as those with savings will be the very people who have paid taxes etc all of their working lives. Whereas those who have lived off the state all their lives continue to obtain maximum benefit.
177	Leave as it is or maximum increase of 5% (ie increase to 80% contribution. Raising £45,000 for Hartlepool Council. A lot of people have already contributed to central government during their 'working' lives.
185	Should stay the same as it could make people not bother with an assessment and hire privately and cheaper without fully exploring their full needs as hiring privately may work cheaper for them. Disabled people may suffer in the long run due to substandard care.
188	Sorry but after a stoma operational for some reason I was left to god and providence with no medical care or help. I was later asked to tell some medical centre how bad or good the care home I was taken to on release from North Tees. I told them I was taken straight home to a water leak in the bathroom, the combi boiler broke down in the kitchen, ceiling fell in. My savings went. I had to take a loan from Yorkshire Bank and I have some memory loss so I cannot take part in discussions. Still ticking along with my little dog.
191	Any contribution should be totally abolished. Why does the elderly and disabled be punished for their daily needs, when if you're single, pregnant you contribute to nothing but are given all benefits including payment for rent. TOTALLY WRONG!!
196	It is invariably the people who save for the future who get penalised. Why should they be the ones who pay for those who don't make an effort to provide for their own future? Those who have saved have most likely also paid significant amounts of tax over the years. Leave all as it is.

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201	I know times are hard but if people can afford to pay 75% should be 80% increase and the other 75% to 85% only if the care improved. Otherwise it should remain the same, I for one could not afford to pay for social care.
212	I don't believe that just because someone has their own home they should be penalised. These people are usually the ones that have worked all their lives. Typical Council and Government suggestion.
220	The people with more money put more into the kitty than others. Why then should they receive less rather than the same as the others. Your proposal does not fit in with your description of Fairer Charging.
227	Without any actual amount of charges I cannot answer question 2. Are the amounts based on income on savings? All people over a certain age should be treated the same. Perhaps increasing to 100% - it would be better for a person to employ someone privately.
253	When national and local government find ways to discontinue paying child benefit to millionaires and winter fuel allowance to people who do not need it they could then begin to look at ways they want elderly people to contribute towards their care.
264	I think its disgusting as my father has worked all his life to make sure he has a bit of extra pocket money so that he can enjoy his life. Now with the amount of care he is going to require it will probably eat all his money, whilst people who haven't worked and prepared for their older years will get more help. Everyone should be treated the same regardless of their bank balance. Maybe high paid Councillors should take a pay cut and we should allow those that have worked hard to ensure they have money after retirement still have some left to enjoy.
265	I think it is disgusting that people who have earned their money and worked all their life should be made to pay more when there's people out there that have lived off the government all their life and get help left right and centre with no questions asked.
270	People find it hard to pay now and any increase will be a struggle. It always seems to be the people who have worked and have to pay lose out, whilst people on benefits will not pay a penny.
277	I think that it is totally unfair that people who have worked hard all their lives have to be targeted and those who didn't bother get it all. Why not charge full price to those with savings over 25, in the bank etc. They can afford to.

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279	<ol style="list-style-type: none"> 1. Look from within the department, costsavings: admin; sharing services with other councils 2. Make extra effort to recover council taxes from defaulters both individuals and firms 3. Assess the remaining 2/3 of 4,600 care recipients
280	<ol style="list-style-type: none"> 1. Tackle the other approx 3,000 care recipients by financial assessment rather than hitting the easy targets 2. chase up the outstanding council tax defaulters 3. look for savings from within the department, staff, admin, stationery 4. Look at competitive tendering from care providers re. value for money
294	<p>Because I have a work pension and widows pension my weekly income for living is reduced, so I get the same as my relatives who never worked but get guarantee credit – but I don't so this means I will be asked to pay for home care if ever needed – so whatever I am given in future depends on your outcome for change!</p>
304	<p>Paying 75% has already taken most of my savings. I worked all my life and scrimped and saved to have savings. It is not fair that I should pay when I contributed for 60 years and some people contributed nothing at all and squandered money they got and now pay nothing and receive everything.</p> <p>I would rather do without care than pay any more!</p>
305	<p>In reply to your correspondence of 14 October 213. I am assuming it was in relation to my sister who was until February of this year in receipt of personal home care but is now a resident in a nursing home.</p>
323	<p>For short term care after operations, care should be free for all. Pensioners who do not receive state benefits are finding it hard to pay for essentials such as food and heating. Added costs could discourage necessary surgery.</p>
337	<p>If it went up to 95% we would struggle to pay as I am already on a tight budget also my family that support me in all my daily activities, it would put more burden on my family as I would have to reduce my hours I get carers in – to give my family a rest.</p>
352	<p>Provided a person's income is taken into account they should contribute if they are able. Also I think you should check people receiving carers allowance, use that allowance for caring. It would be easy to implement if they are required to send invoices in from bona fide agencies (or whatever they use to prove monies are being used for caring).</p>
365	<p>Asking for payment should depend upon their ability to do so. Not to be given benefits by the dozen and still have support fees. These should be</p>

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	looked at. You give out benefits but then take into account other benefits so people don't qualify – whilst some work or manage their money adequately others seem to be given money from all over the place!!
366	If they have loads of money then yes but it costs a lot more to look after people with disabilities than you think. We need the services but can't afford to pay for it. It's wrong people like that to worry about this – if they need to save money the Council should suffer instead of the disabled people who suffer. Every time money needs to be saved – about time we got looked after.
382	I will not be attending meeting because I am on oxygen 24 hours. No transport at the moment. I am not very happy with my home care provider. It's not the girls that come they are very nice. It is the staff that do the rotas.
391	Not many disabled people have much income so how can they pay for their support and the government are trying their best to take benefits away from disabled people. How long does people's money last to pay what happens when they get old and they have less money what happens then the Council have less money to their support would stop completely.
445	It seems yet again the vulnerable people are being targeted for having 'special' needs requiring special care to make up for budget cuts. Everyone should be kept informed of how this change would affect them on a personal basis and various options identified for them to consider.
458	Instead of once again picking on the most vulnerable sections of society, HBC should get its own house in order. Reducing the pay of some of the unwanted and useless bureaucrats in the civic centre, or better still sacking them, would produce the savings HBC wants.
460	In view of the fact that we pay the full cost of Council Tax and any respite care needed and other charges such as fuel etc costs, because of having to keep a constant temperature for people not able to keep active, any extra charges mean a cut back in other essentials. Not able to attend the meetings because not able to leave my husband.
461	The reason I have not supported any of the above is you do not give any threshold regarding money what does people give more money mean. Cost of living is so hard for older people unless you have a real large amount of money. Many people are going to suffer hardship again why are the Council hitting the elderly again.

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462	I would be willing to make a monthly contribution of £10.00 per month if required. I appreciate the help this device has given me.
466	It is my understanding that DLA is awarded to disabled people because that is what they need to live on and to cover the additional expenses of being disabled. This should not be taken from them to cover any shortfall in Council finances.
470	<p>Is this proposal about elderly sick people or just a case of saving money? I would propose you get rid of the top 10 heartless people concerned with this proposal and stop wasting money on consultation fees or you could propose euthanasia be legalized.</p> <p>From a disgusted relative of an elderly parent needing care. PS Don't forget everybody gets old, you could be the unlucky one who needs care.</p>

4.1 APPENDIX 4

Department	Division	Section	Owner/Officer
Child and Adult Services	Adult Social Care	Adults over 18 years who meet the eligibility criteria for services	Jill Harrison, Assistant Director Geraldine Martin, Head of Service
Function/Service	Review of the current Hartlepool Borough Council Contribution Policy for non-residential services and support.		
Information Available	The purpose of the Contributions Policy is to establish how the Council will calculate the contribution an adult makes towards the cost of non-residential social care support. The policy sets out how a person's contribution, if any, will be determined. The review is focused on increasing the maximum a person can contribute to the cost of their care from 75% to either 95% or 100% in cases where it is assessed that people can afford to pay this amount.		
Relevance <i>Identify which strands are relevant to the area you are reviewing or changing</i>	Age		✓
	17% of the population in Hartlepool is over 65 and 66% of people who contribute to the cost of their services are over 65. Approximately 37% of older people would pay more if the proposals were implemented. However, by charging the actual cost of the service and offering a financial assessment to everyone, a person will only pay a contribution based on their individual financial circumstances. The financial assessment leaves people with a minimum of income support levels + 25% and takes into account disability related expenditure.		
	Disability		✓
	33% of the population in Hartlepool have some form of disability. Approximately 2% of people with a learning disability, 5% of people with mental health issues and 4% of people with a physical disability would pay more if the proposals were implemented. However, people are financially assessed to establish how much they can contribute and would only pay more if it was assessed that they could afford to do so. The financial assessment leaves people with a minimum of income support levels + 25% and takes into account disability related expenditure.		
	Gender Re-assignment		X
	Race		X
	Religion		X
	Gender		X
	Sexual Orientation		X
	Marriage & Civil Partnership		X
	Pregnancy & Maternity		X

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Information Gaps	Consultation will take place to determine people's views on the proposals to generate additional income for the council. A full consultation will be undertaken prior to any decision being taken regarding implementation of proposed changes.		
What is the Impact	The impact will be to increase the amount a person may pay for the services they receive, within a framework of financial assessment which ensures fairness and equity between service user groups. Generating additional income will support the delivery of adult social care services at a time of increased financial austerity and will only affect people who can afford to pay more towards the cost of their services. The financial assessment process ensures that people retain a basic level of income and that they have sufficient money to meet their basic housing costs and any disability-related expenditure.		
Addressing the impact	<p>1. No Impact- No Major Change - There is no potential for discrimination or adverse impact on the above Protected Characteristics. All opportunities to promote equality have been taken and no further analysis or action is required.</p> <p> </p> <p> </p> <p> </p>		
Actions			
<i>It will be useful to record and monitor any actions resulting from your assessment to ensure that they have had the intended effect and that the outcomes have been achieved.</i>			
Action identified	Responsible Officer	By When	How will this be evaluated?
Consultation exercise to be undertaken with current service users, carers and interested groups.	Geraldine Martin	26 November 2013 COMPLETED	Feedback has been collated and is reported to the Adult Services Committee on 6 January 2014 when a decision will be made regarding implementation of a revised Contribution Policy.

Date sent to Equality Rep for publishing	01/10/13
Date Published	00/00/00
Date Assessment Carried out	02/09/13

4.1 APPENDIX 5

Potential No's of Individuals Affected: 95% Threshold

95%	Learning Disability		Mental Health		Older People		Physical Disability		Total						
a-Nil Charge	65	-	70	65	-	70	240	-	270	125	-	140	495	-	550
b-No change	190	-	210	10	-	10	380	-	420	50	-	60	630	-	700
c-£0.01-£4.99	0	-	0	4	-	4	65	-	70	0	-	0	69	-	74
d-£5.00-£9.99	2	-	2	0	-	0	80	-	92	7	-	10	89	-	104
e-£10.00-£19.99	2	-	2	0	-	0	126	-	140	0	-	0	128	-	142
f-£20.00-£29.99	0	-	0	0	-	0	36	-	40	2	-	2	38	-	42
g-£30.00+	2	-	2	0	-	0	59	-	66	0	-	0	61	-	68
TOTAL	261	-	286	79	-	84	986	-	1098	184	-	212	1510	-	1680
	2%		2%	5%		5%	37%		37%	5%		6%	25%		26%

Potential No's of Individuals Affected: 100% Threshold

100%	Learning Disability		Mental Health		Older People		Physical Disability		Total						
a-Nil Charge	65	-	70	60	-	70	240	-	270	120	-	140	485	-	550
b-No change	195	-	210	10	-	10	385	-	420	50	-	60	640	-	700
c-£0.01-£4.99	0		0	4		4	40		52	0		0	44		56
d-£5.00-£9.99	2		2	0		0	75		80	5		6	82		88
e-£10.00-£19.99	2	-	2	0	-	0	134	-	150	0		0	136	-	152
f-£20.00-£29.99	0	-	0	0	-	0	40	-	40	0		0	40	-	40
g-£30.00+	2	-	2	0	-	0	80	-	90	2		2	84	-	94
TOTAL	265	-	286	74	-	84	994		1102	177		208	1510	-	1680
	2%		2%	5%		5%	37%		37%	4%		4%	26%		26%

**HARTLEPOOL BOROUGH
COUNCIL**

**CONTRIBUTION POLICY FOR
NON-RESIDENTIAL SUPPORT**

April 2014

Review date: March 2015

1. Background

- 1.1 Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 gives the local authority discretionary powers to charge adult recipients of non-residential service provided under S.29 National Assistance Act (NAA) 1948, s.45 (1) NHS Act 2006, S.2 Carer and Disabled Childrens Act 2000 and S.74 (14) of the Social Security Contributions of Benefits Act 1992.
- 1.2 S17 of Health and Social Services and Social Security Adjudications Act 1983 provides that a local authority may recover such charges as they consider reasonable in respect of relevant services.
- 1.3 This policy complies with the requirements set out in 'fairer charging' for home care and other non-residential Social Services Guidance and the subsequent Fairer Contribution Guidance issued October 2012.

2. Guiding Principles

- 2.1 The following principles support the policy to ensure the council:
 - Recovers contributions from service users for non-residential services based on the person's ability to pay
 - Has a clear and transparent contribution policy which is easy to understand and consistently applied to all people using services, taking into account individual circumstances and needs.
 - Provides an early notification to service users of their contribution to non-residential care costs.
 - Ensures that people have an opportunity to maximise welfare benefits and their ability to contribute to their non-residential care costs.
 - Ensures efficiency and convenience for people using services.

3. What Support is covered?

- 3.1 This policy applies to the following:
 - a. Home and domiciliary care services (including extra care) provided under S29 NAA 1948, S5 Chronically Sick and Disabled Persons Act (CSDPA) 1970, Section 45 (1) NHS Act 2006 and S.2 Carer and Disabled Children's Act 2000.
 - b. Day Services including transport if provided.
 - c. Any community based care packages through personal budgets and direct payments.
- 3.2 This policy does not apply to people who meet the following criteria, who will not be asked to contribute towards their care or support costs:

People in receipt of after care services under S117 Mental Health Act 1983

- People with Creutzfeldt Jacob Disease
- People whose support is fully funded by NHS (i.e. continuing health care)
- People accessing Reablement Services for up to six weeks
- People requiring basic aids and adaptations equipment

3.3 Examples (not an exhaustive list) of exempt support are:

- a. Provision of information, advice and guidance
- b. Provision of assessment including assessment of community care needs.

4. Application of this Policy

4.1 This policy applies to all people accessing the support listed in 3.1 above.

4.2 Representatives. Where the person using services lacks capacity to manage their financial and / or property affairs, as assessed by an officer of the council or somebody duly appointed by them, the local authority will consult with their agent (i.e. a person lawfully authorised to act on their behalf) under the following:

- Enduring Power of Attorney (EPA)
- Lasting Power of Attorney (LPA)
- Deputyship.

4.3 Where the person's only income is from the Department of Work and Pensions (DWP) and the person has no other financial assets, then the local authority will work with an appointee authorised by the DWP.

4.4 If there is nobody willing to undertake the role of representative, as a last resort, the council will appoint an officer to undertake the role of appointee, as described above, to support the person using services.

4.5 The local authority will, in the first instance, pursue this person using services for any unpaid liabilities owed to the council. It also reserves the right to pursue the agent either as litigation friend for the person using services or where it appears the agent may have acted in breach of their duties.

5. Financial Assessment

5.1 The council will complete a financial assessment for all people using services as soon as possible unless they:

- a. are exempt as described under section 3 of this policy

- b. Chose not to be financially assessed. ***Please note that people who decline a financial assessment will be required to pay the full costs of any support provided to them.***

- 5.2 The financial assessment team will offer a face-to-face meeting to complete the financial assessment forms and undertake a comprehensive benefits check, offer advice and provide practical support to apply for any benefits they might be entitled to claim.
- 5.3 At the point of the needs assessment, the practitioner will advise that there may be a contribution to the costs of support and explain how this will be calculated.
- 5.4 Any contribution will not exceed the full cost of support or reduce the person's income below the basic living allowance calculated as set out at 6.1 below.

6. How the contribution is calculated

- 6.1 When the council assesses a person's ability to pay a contribution towards the cost of their support, it ensures that each individual maintains a portion of their income that is at least the level of basic living allowance.

This allowance is equal to the basic level of Income Support (IS) or Pension Guarantee Credit (PGC) plus an additional 25% of this amount, as a buffer.

The calculation of basic living allowance (Income Support Threshold) is as follows:

<p>BASIC LIVING ALLOWANCE = IS <u>or</u> PGC & 25%</p>

- 6.2 The capital thresholds and the basic living allowance are updated annually and accord with the levels set within Charging for Residential Accommodation Guidance (CRAG) and by the DWP respectively.
- 6.3 The maximum contribution per week is calculated using financial information received from the person using services and other information available to the council. The calculation will take account of relevant income and capital.
- 6.4 The income that will be taken into account includes all the benefits received by the person (except those listed at 6.5 and 6.6 below), state pension, occupational pensions, any other income and capital including notional income and capital as defined by CRAG.

6.5 Savings between the lower threshold (as set out in CRAG) and the upper threshold will attract a surcharge of £1 a week for each £250 (or part thereof). For example if a person has savings of £17,000 the notional income would be £15 a week being £17,000 less £14,250 (= £750) divided by £250 (= £15). The lower and upper thresholds are currently:

Lower: £14,250
Upper: £23,250

6.6 Capital including any savings in bank or building society accounts; PEP; ISA or TESSA accounts, SAYE (Save as You Earn) schemes; cash; Premium Bonds or National Savings Certificates; stocks, shares; trust funds and investments in property, building and land (rental income will be included); and which someone else is holding on behalf of the person using services is taken into account.

6.7 If there are joint savings with a spouse or partner, 50% of the total amount will be taken into account.

6.8 In calculating the maximum contribution, the value of the main residence occupied by the person using services will be ignored (if the property is subsequently sold, such liquid capital that results for the person will then be subject to financial assessment). However, if the person using services owns a second property, 100% of the value will be taken into account. The maximum contribution, subject to 6.10, will be the full cost of care services.

6.9 People using services will be assessed in their own right and the income of any carer, parent, partner or spouse will not be taken into account.

6.10 There are some types of income which are partly or wholly disregarded in the calculation of the maximum charge. These include:

- The mobility part of DLA;
- £10 of a war pension or war widow's pension;
- All Guaranteed Income Payments (GIPs) made under the Armed Forces Compensation Scheme;
- Payments from the Independent Living Fund (ILF). The Department of Health issued guidance in 2000 which stated that people receiving financial support from the ILF should have their ILF considered as a disability related expense within the assessed charge for non-residential services;
- Child Benefit and Child Tax Credit;
- The part of Attendance Allowance (AA), Disability Living Allowance (DLA), Constant Attendance Allowance (CAA) and Exceptional Severe Disability Allowance (ESDA) that covers care at night where the council purchases no element of higher care;
- Working Tax Credit;
- The savings part of pension credit;

- Ex-gratia payments made to Eastern prisoners of war;
 - Payments made under Vaccine Damage Payment;
 - Compensation from personal injuries award is disregarded for assessment purposes for a period of 52 weeks, with the exception of any part of the award provided to meet care costs. Where people using services are in receipt of compensation for personal injuries, their compensation will be considered on a 'case by case' basis. Where a person is unwilling to disclose the terms of any compensation payment(s) then they will be assessed as full cost.
- 6.11 Housing costs, mortgage, rent or council tax (net of related benefits) will be deducted from the relevant income as 6.4 above before calculating the maximum contribution.
- 6.12 Disability Related Expenses (DRE) will be considered when the extra cost is needed to meet the person's specific needs due to a long-term condition or disability, with the overall aim of maintaining independence or quality of life. The council will disregard these costs from any income where it is satisfied that the cost has been incurred by the person using services as a result of their disability and it is not reasonable for a lower cost alternative item or service to be used. Receipts may be requested. DRE will be assessed on an individual case by case basis.
- 6.13 Non-disability related expenses. Calculation of the maximum contribution will take into account such expenses as referred to in the Department of Health guidance. Some expenses i.e. household contents insurance, water rates etc, are deemed to be afforded by the person using services from their prescribed protected income. The council will seek to allow additional costs, together with other essential expenses, such as service charges and ground rent that owner occupiers may incur if they are not receiving related benefits to cover these costs. Essential expenses will include payments under court orders (i.e. child maintenance).
- 6.14 Dependants. The calculation of the maximum contribution will take into account the financial implications for people using services who have dependent children up to 18 years of age or for whom they provide maintenance payments (and dependant adults in exceptional circumstances).
- 6.15 The accessible income is calculated by adding together all the identified weekly income and then subtracting:
- any costs for housing
 - any income that must be disregarded under the policy;
 - any DRE;
 - the Basic Living Allowance.
- 6.16 The result is the assessable income. The maximum that a person could be asked to contribute each week will be the lower of:

- a. the assessable income, and
- b. the full cost of support received.

A breakdown of how the contribution has been calculated will be provided to the person using services. Examples of how contribution is calculated (using 2013 thresholds) are:

- 1. No financial information declared
= FULL COST
- 2. Customer savings of over £23,250
= FULL COST
- 3. Customer savings under £23,250
= customer income (including tariff income on savings)

LESS

Basic income level
(Basic IS/PGC + 25% extra
and
Customer expenses
(Housing and disability)

LEAVES

Accessible income
Chargeable income =

Charge lower of
a) accessible income
b) cost of service

7. Financial Assessment of Couples

- 7.1 The financial assessment will seek to identify shared capital, benefits or other income and apportion these between the relevant parties. The council will use the lower amount of contribution from a joint assessment process for couples (50% of a couple's joint income).
- 7.2 It is the responsibility of the person using services (or the person acting on their behalf) to notify the council of any joint financial arrangements. A couple is defined as two people who are married, in a civil partnership or are living together as if in a marriage or civil partnership.

8. Earned Income

- 8.1 Earned income is, in all cases, disregarded for the purposes of assessing a person's financial contribution towards any support services.

9. Decline to provide financial details

- 9.1 People have the right to decline to provide their financial details to the council. In such cases the council will be unable to complete a financial assessment and the person using services will be charged for the full cost of the support they receive.

10. Completing the Financial Assessment

- 10.1 The council aims to complete a financial assessment within 14 days of a request for assessment. Where further information is required it is expected that the person being assessed will provide this within two weeks.

11. Effective Point of Charging

- 11.1 People will be informed of their assessed maximum contribution within five working days of being financially assessed and people using services will be expected to contribute towards the cost of the services that they are receiving from the date that their services commence. Where this is done verbally a confirmation will be followed up in writing.
- 11.2 No contribution will be payable prior to support being provided and no contribution payment will begin prior to the person agreeing to accept services, on the understanding that they will contribute to the assessed cost.
- 11.3 It is the responsibility of the person using services or their representative to inform the council of any change in their financial circumstances as this may trigger a review of their contribution.
- 11.4 Any increase in contribution due to an award or increase in benefits entitlement will take effect from the date of the award.
- 11.5 Any increase in contribution due to an increase in other income or amount of capital held will take effect from the date of the change in circumstances.
- 11.6 In the event of any reduction of income or benefit received, any amendment to the assessed contribution will take effect from the date of the change in circumstances, provided the council is advised of the change in circumstances within four weeks.

11.7 Payment for assessed contribution will cover a four-week period by Direct Debit or alternatively a Social Care Payment Card with the frequency of regular payments to be agreed with the person using services.

12. Deprivation of Capital

12.1 Where the council believes that a service user has deprived himself or herself of a capital asset in order to reduce their contribution, the council will treat the person using services as still possessing the asset.

12.2 It is up to the service user to prove that they no longer have the resource and if they cannot do this then the council will treat the person as if they still possessed the actual capital. Examples of acceptable evidence of the disposal of capital would include: a trust deed, deed of gift, receipts for expenditure or proof that debts had been repaid.

12.3 The timing of the disposal will be taken into account when considering the purpose of the disposal.

12.4 Where, for the purposes of avoiding or reducing contribution, capital which would not have been disregarded has been used to acquire personal possessions, the current market value of those possessions should be taken into account as an actual resource.

12.5 If the person using services, in depriving himself / herself of an actual resource, converted that resource into another actual resource of a lesser value, s/he should be treated as notionally possessing the difference between the value of the new resource and the one which it replaced e.g. if the value of personal possessions acquired is less than the sum spent on them, the difference should be treated as a notional resource.

12.6 If the person using services is found to have disposed of capital in order to avoid paying or reduce their payable contribution, the council will decide whether to treat the person as having the (notional) capital and assess the payable contribution taking this capital into account.

12.7 If the council decides that the person has disposed of capital inappropriately, the council will then decide whether to:

- recover the assessed contribution from the person in full, or
- recover the assessed contribution by instalment, or
- defer payment to a later date, or
- place a charge on any property owned by the person either with agreement or subsequent court action, or
- take other appropriate action as agreed with management.

13. Appeal

13.1 Under Section 17(3) of the Health and Social Services and Social Security Adjudications Act 1983 all people using services, or someone acting on their behalf, have the right to ask the council for a review of the charge for which they have been assessed if they consider that they cannot pay it or they believe that:

- information given may have been misrepresented;
- some information may have been missed;
- there has been a change in the person's circumstances;
- a mistake may have occurred in applying the charging policy; or
- calculation is inaccurate or unfair.

13.2 The council will consider appeals within 3 months of the date of charge notification or, at its discretion, those appeals received outside this timescale. The appeals panel will consist of an independent Chair person and 2 other people.

13.3 The appeals process aims to protect the rights of people using services within a fair and open process to resolve the issues.

14. Review of Financial Circumstances

14.1 The person using services must advise the council of any change in their financial circumstances because this may affect their assessed contribution. Changes which should be notified include:

- a. receipt of a new benefit or any changes to benefits;
- b. change to income or allowable expenditure;
- c. if the person's capital or savings crosses one of the capital thresholds; or
- d. changes to living arrangements.

14.2 Once the council is informed of any changes in the person's financial circumstances then a new financial assessment will be completed using the updated information that has been provided. If the revised assessment results in a change to the person's contribution then the person will be notified of this in writing. The revised contribution will be backdated to the date of the changed circumstances.

15. People using services that are in arrears/non-payment of charges

15.1 If a person refuses to pay their assessed contribution the matter will be referred for legal action in accordance with the debt collection protocol.

A review of the person's community care needs will always be undertaken at this time.

- 15.2 The council will seek to recover any funds owing – including the cost of legal action. The council may recover arrears from contributions through Debt Collection Agencies and / or the courts where people have the means to contribute towards the cost of their support but refuse to do so.
- 15.3 The council appreciates that sometimes people who use services may experience difficulties or exceptional circumstances and the council will consider these on an individual basis and, where appropriate, through the appeals process.

16. Complaints

- 16.1 The council welcomes feedback from people who use services. If people using services are dissatisfied with the way they have been treated through the financial assessment process, or the services they receive, then they have the right to lodge a complaint to the Complaints Officer. The council has a statutory complaints process to ensure that people's views and concerns are considered and dealt with appropriately and that the council holds itself accountable to the highest possible standards.

17. Use of financial information and privacy

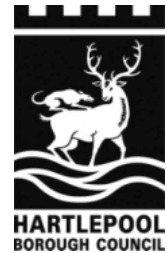
- 17.1 The council keeps information about people who use their services confidential and it is only seen by authorised staff. The information will only be shared with other relevant people and agencies in accordance with the Data Protection Act (DPA) 1998 or with the written consent of the person using services or their legally appointed representative. The DPA also gives people the right to see information that the council keeps about them.

18. Equality Impact

- 18.1 The council has assessed that this policy does not discriminate against groups of people using services or present adverse impacts due to any characteristics protected under the Equality Act 2010.
- 18.2 This policy will be reviewed annually prior to the start of each financial year. Annual review will ensure all rates are consistent with inflation or other relevant changes which may occur.

ADULT SERVICES COMMITTEE

6 January 2014



Report of: Director of Child & Adult Services and Chief Finance Officer

Subject: STRATEGIC FINANCIAL MANAGEMENT REPORT – AS AT 31ST OCTOBER, 2013

1. TYPE OF DECISION/APPLICABLE CATEGORY

For Information.

2. PURPOSE OF REPORT

2.1 The purpose of the report is to inform Members of the 2013/14 Forecast General Fund Outturn, 2013/14 Capital Programme Monitoring and provide details for the specific budget areas that this Committee is responsible for.

3. BACKGROUND AND REPORTING ARRANGEMENTS 2013/14

3.1 The availability and reporting of accurate and up to date financial information will become increasingly important as future budget cuts are implemented and one-off resources are used up.

3.2 The Finance and Policy Committee will continue to receive regular reports which will provide a comprehensive analysis of departmental and corporate forecast outturns, including an explanation of the significant budget variances. This will enable the Finance and Policy Committee to approve a strategy for addressing the financial issues and challenges facing the Council.

3.3 To enable a wider number of Members to understand the financial position of the Council and their service specific areas each Policy Committee will receive a separate bi-monthly report providing:

- A brief summary of the overall financial position of the Council as reported to the Finance and Policy Committee;
- The specific budget areas for their Committee; and
- The total departmental budget where this is split across more than one Committee. This information will ensure Members can see the whole position for the departmental budget.

- 3.4 The latest report submitted to the Finance and Policy Committee on 19th December 2013 advised Members that there will be an overall underspend in the current year. The report also advised Members that this position reflects action taken by the Corporate Management Team to achieve underspends to help address the significant financial challenges facing the Council over the next few years and to fund one-off commitments not provided for in the approved 2013/14 budget as these items were not known at the time. The Corporate Management Team will seek to achieve budget underspends through a combination of robust management actions, including;
- holding posts vacant, which will help reduce the number of compulsory redundancies required to balance the 2014/15 budget;
 - achieving planned 2014/15 savings earlier;
 - careful management of budgets to avoid expenditure where this does not have an adverse impact on services; and
 - savings in interest costs by taking advantage of current interest rates structures. As reported previously a comprehensive review of this area has been completed which secured a permanent budget saving of £1m from 2014/15 in interest and loan repayment costs.
- 3.5 The latest report on the position as at 31st October 2013 advised Members that there is a net forecast uncommitted underspend at the year end of between £0.729m and £1.160m. The range has reduced after reflecting the completion of further work to assess the year end position and the creation of a reserve to support the Local Plan over the period 2014/15 and 2015/16.
- 3.6 In addition, Finance and Policy have previously determined that a decision will not be taken on the use of these forecast resources until the actual grant cuts for 2014/15 and 2015/16 are known. The availability of one-off resources from the 2013/14 outturn will not provide a permanent solution to higher grant cuts over the next two years. However, they will provide temporary funding and therefore provide a longer lead time to address the impact of higher grant cuts.

4. Projected Grant Income to be Earmarked to fund 2014/15 Expenditure

- 4.1 The Department of Health (DoH) and Clinical Commissioning Group (CCG) budget arrangements have less flexibility to carry forward resources at the end of the financial year than local authorities. At a national level this often results in additional one-off funding from the DoH to councils being provided toward the year end. Similarly the Council will work closely with the CCG to ensure resources allocated to the Hartlepool area are retained in the town. The amount of this funding will not be known until March 2014. Therefore, to address these issues the Council will carry forward this funding at the financial year end as an Earmarked Reserve. The reserve will be used in 2014/15 to meet defined national and/or local spending priorities defined or agreed with the funders.

5. 2013/14 FORECAST GENERAL FUND OUTTURN – Adult Services Committee

5.1 The following table sets out the overall budget position for the Child and Adult Services department budget broken down by Committee, together with a brief comment on the reasons for the forecast outturn.

Budget	Description of Expenditure	October Projected Outturn Adverse/ (Favourable) Worst Case	October Projected Outturn Adverse/ (Favourable) Best Case	Comments
£'000		£'000	£'000	
31,482	Adult Committee	(428)	(463)	Underspend predominantly owing to staffing costs and management of contracted services mainly resulting from early achievement of 2014/15 planned savings. These are partly offset by demographic pressures for services.
				The favourable outturn projection has increased slightly since August owing to further underspend on staffing budgets and managed contract reductions, reducing the demographic pressures within this area.
21,290	Child Committee	343	152	Overspend predominantly relates to Children and Families pressures arising from increases in the numbers of looked after children. The range reflects the highly unpredictable and differing care needs within this area. The majority of the increase in outturn projection since August reflects new children's placements projected to the end of the financial year.
52,772	Total Child & Adult	(85)	(31)	
Creation of Reserves				
0	Childrens - Education Psychology	50	100	Approved by Finance & Policy Committee 18/10/13
0	Childrens - Adoption Reform Grant	170	170	This is a DfE funded initiative to increase the supply of adopters. It is proposed to create a reserve for the remaining balance of this funding to continue to support this initiative in 2014/15.
0	Childrens - Local Safeguarding Children's Board	10	10	This is a partnership budget consisting of contributions from HBC and other partner agencies. It is proposed that any underspend against this budget is transferred to the existing LSCB reserve for use to support the work of the Board in future years.
-	Creation of Reserves Total	230	280	
52,772	Total Child & Adult - Net of Reserves	145	(31)	

5.2 Further details of the specific budget areas this Committee is responsible for are provided in **Appendix A**.

6. CAPITAL MONITORING 2013/14

6.1 The 2013/14 MTFs set out planned capital expenditure for the period 2013/14 to 2015/16.

6.2 Expenditure against budget to the 31st October, 2013 for this Committee can be summarised in the table below and further details are provided in **Appendix B**.

Department	2013/14	2013/14	2013/14	2014/15	2013/14
	Budget	Actual to 31/10/2013	Remaining Expenditure	Rephased Expenditure	Variance from Budget Adverse/ (Favourable)
	£'000	£'000	£'000	£'000	£'000
Adult Services	973	23	950	0	0
Total	973	23	950	0	0

6.3 As indicated in previous reports there is a longer lead in time for capital schemes and therefore it is not unusual for expenditure to be low in the first half of the year, as the profile of expenditure for many of the schemes is in the second half of the year.

7. RECOMMENDATIONS

7.1 It is recommended that Members note the report.

8. REASONS FOR RECOMMENDATIONS

8.1 To update the Members on the Committees forecast 2013/14 General Fund Revenue budget outturn and provide an update on the Capital Programme for 2013/14.

9. APPENDICES

Appendix A attached.

Appendix B attached.

10. BACKGROUND PAPERS

Medium Term Financial Strategy Report referred to Finance and Policy Committee 31st May 2013, 2nd August 2013 and 18th October 2013.

Quarter 1 Strategic Financial Management Report. 23rd August, 2013
Strategic Financial Management Report 18th October 2013.

11. CONTACT OFFICERS

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REVENUE FINANCIAL MONITORING REPORT FOR FINANCIAL YEAR 2013/14 as at 31st October, 2013

Overview:

Approved 2013/2014 Budget £'000	Description of Service Area	October		Director's Explanation of Variance
		Projected Outturn Variance - Adverse/ (Favourable) Worst Case £'000	Projected Outturn Variance - Adverse/ (Favourable) Best Case £'000	
Adult				
0	Adult Education	0	0	
149	Carers & Assistive Technology	(4)	(4)	
3,614	Commissioning-Adults	(166)	(166)	This mainly relates to the early achievement of 14/15 savings arising from staff vacancies and contract savings.
1,458	Commissioning-Mental Health	3	3	
10,126	Commissioning-Older People	90	65	This outturn projection is owing to continuing demographic pressures for Older People both in residential care and non-
7,625	Commissioning-Working Age Adult	76	76	This outturn projection is owing to an increase in complex packages for individuals in the community.
184	Complaints & Public Information	20	10	
1,201	Departmental Running Costs	(101)	(101)	This mainly relates to the early achievement of 14/15 savings arising from staff vacancies.
1,062	Direct Care & Support Team	(101)	(101)	This favourable outturn relates to staffing underspends in this area. This area is volatile and can be impacted by external activity generated by hospital discharges.
378	LD & Transition Social Work	0	0	
2,355	Locality & Safeguarding Team	(125)	(125)	This mainly relates to savings on staff budgets.
636	Mental Health Services	(45)	(45)	
1,088	OT & Disability Equipment	(95)	(95)	This mainly relates to savings on staff budgets and contract payments arising from lower usage.
382	Workforce Planning & Dev	0	0	
1,224	Working Age Adult Day Services	20	20	
31,482	Adult Services Total (before Creation of Reserves)	(428)	(463)	
CREATION OF RESERVES (if applicable)				
0		0	0	
0	Creation of Reserves Total	0	0	
31,482	Adult Services Total - Net of Reserves	(428)	(463)	

PLANNED USE OF RESERVES

The above figures include the 2013/2014 approved budget along with the planned use of Departmental Reserves created in previous years. The details below provide a breakdown of these reserves

Approved 2013/2014 Budget £'000	Description of Service Area	Planned Usage 2013/2014 £'000	Variance Over/ (Under) £'000	Director's Explanation of Variance
Adult Services Committee				
110	Social Care Delayed Hospital Discharges	110	0	
0	Adult Education	80	80	Release of Reserve to fund additional costs incurred during year over and above the grant funding.
15	PCT Hearing Loss Strategy	15	0	
40	PCT Carers Funding	40	0	
30	PCT Carers into Employment	30	0	
195	Total	275	80	

ADULT SERVICES COMMITTEE

6.1 APPENDIX B

CAPITAL MONITORING REPORT PERIOD ENDING 31st OCTOBER 2013

Project Code	A Scheme Title	EXPENDITURE IN CURRENT YEAR							2013/2014 COMMENTS
		B 2013/14 Budget £'000	C 2013/14 Actual as at 31/10/13 £'000	D 2013/14 Expenditure Remaining £'000	E Expenditure Rephased 2014/15 £'000	F C+D+E 2013/14 Total Expenditure £'000	G F-B 2013/14 Variance from budget £'000	H Type of financing	
Adult Committee									
7234	Chronically Sick and Disabled Persons Adaptations	245	8	237	0	245	0	MIX	
8284	DAT Accommodation	10	0	10	0	10	0	GRANT	
7723	Resettlement Capital Works - Campus Reprovisioning	115	0	115	0	115	0	GRANT	
8428	Havelock Upgrades Phase 2	204	15	189	0	204	0	MIX	Scheme on hold pending future plans and approvals.
8075	Short Break Capital Grants Pool	21	0	21	0	21	0	MIX	
8312	Social Care Transformation Capital Grant	378	0	378	0	378	0	GRANT	
	Adult Committee Sub Total	973	23	950	0	973	0		

Key

RCCO	Revenue Contribution towards Capital	GRANT	Grant Funded
MIX	Combination of Funding Types	CAP REC	Capital Receipt
UCPB	Unsupported Corporate Prudential Borrowing	UDPB	Unsupported Departmental Prudential Borrowing
SCE ®	Supported Capital Expenditure (Revenue)	SPB	Supported Prudential Borrowing