

LOCAL AUTHORITY RESPONSIBILITY FOR PROVISION OF CARE IN REGISTERED SETTINGS

Report By: Head of Adult Social Care

Wards Affected

County-wide

Purpose

1. To provide information on the Local Authority's (LA) responsibilities in relation to the provision of care in registered care home settings and to explain the associated financial commitments.

Financial Implications

2. In the event of an individual being admitted to a registered care home supported by Herefordshire Council, the financial commitment remains until the individual no longer needs the care, usually on the death of that individual. In some cases of younger people there may be opportunities for them to move into less supported accommodation.
3. Individuals living in their own home can access additional funding for example through the benefit system, Independent Living Fund (a central government fund for people under 65 years with substantial disabilities).

Background

4. The National Assistance Act 1948 requires Local Authorities to provide accommodation for "people (aged 18 or over) who by reason of age (illness, disability) or any other circumstances are in need of care and attention which is not otherwise available to them".
5. Care homes are registered with the Commission for Social Care Inspection (CSCI) either as a care home with, or without, nursing care. Although this registration indicates certain standards of care have been assessed, the LA also has a responsibility in its commissioning role to ensure levels of care are adequate.
6. A Community Care Assessment is carried out when an individual approaches the LA for support with their social care needs. Each LA sets its eligibility criteria for social care services based on a national framework. Not all needs identified in this assessment will be eligible for LA support, in which case other sources of assistance are identified. When needs are eligible, the LA is required to meet these needs through the organisation of appropriate services within a reasonable time scale.
7. National and local consultation has shown that older and disabled people want to have services provided which enable them to live as independently as possible in their own homes. Most people wish to avoid the need for a move to a care home and only consider this when their needs cannot be met in the community. However, there

Further information on the subject of this report is available from
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are a number of people with a learning disability who have not necessarily made a positive choice to live in a registered setting. They have too frequently been offered this model of care because suitable alternatives had not been developed.

8. The development of home support services is key to ensuring the appropriate levels of support are provided so that individuals can make positive life choices. Following a Best Value Review of the in-house home care service (the Short Term Assessment, Reablement and Review (STARRS)) service was developed. Volume contracts with independent sector providers for a specified number of hours in geographical patches are intended to ensure the supply of sufficient care and support at home.
9. LAs are expected to seek a financial contribution from individuals towards the costs of their care. Appendix 1 and 2 explain the process of financial assessment for care at home and care in a care home respectively. A fictitious case study indicates the amounts individuals might be expected to contribute.
10. Appendix 3 shows the number of care home placements for each service user group. There has been an increase in placements for all groups during this financial year. This is due to increase in numbers and longevity of older people and the associated increase in older people with mental health problems (the incidence increases with advanced age). People with learning disability are also living longer and with increasing level of disability, while we have seen an increase in younger people surviving road traffic accidents with severe head injuries. Appendix 4 shows the range of costs of care home placements based on a sample of 720 current spot purchased (individual i.e. not volume or block) places. The costs of placements for younger people with physical/learning disabilities or mental health problems can be considerably higher than for older people due to the complexity of their needs
11. Charges for registered care are prescribed by Central Government. LAs have more discretion on charges for support at home. Benchmarking with other authorities indicates that HC is more generous in using this discretion than comparable authorities and as a result is not receiving as much income. The Adult Social Care Improvement Plan will make recommendations regarding this.
12. On occasions an individual will choose a care home which charges more than the LAs usual rate. In these circumstances a third party can pay the difference, often referred to as a "top up". The individual themselves may not contribute as this will deplete their assets unless they make a deferred payment (ref appendix2).
13. The threshold for receiving financial support from a LA is savings of £21,000. An individual may be required to pay the full costs when they enter a care home but if their savings then fall below this threshold the LA is required to provide a community care assessment with a view to taking on the financial responsibility.
14. People who need an element of nursing care in a care home are entitled to a varying level of contribution from the local Primary Care Trust. Any one in a care home with nursing is entitled to an RNCC (registered nursing care contribution) of between £85 and £100. However some people may be entitled to all their care free of charge through the PCT under the Continuing Care scheme. Their care is regularly reviewed and if their needs change they could be deemed ineligible and be subject to charges by the LA.

RECOMMENDATION

THAT the report be noted, subject to any comments the Committee wishes to make.

BACKGROUND PAPERS

- None

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NON-RESIDENTIAL CHARGING

Charging for non-residential services is at the discretion of each Local Authority. Charging is covered by Department of Health guidance on Fairer Charging.

The basic tenets of the guidance are that:

1. Service users should, wherever possible, receive one charge for all of the non-residential services that they receive.
2. Service users' income should be assessed and individual charges should be set at a level that leaves a service user with at least Income Support plus 25%.
3. When assessing a service user's income Councils should take into account any reasonable costs of disability that a service user incurs.
4. Benefits advice is given to ensure that service users are maximising the income available to them.

Herefordshire Council's Fairer Charging Policy was drafted in accordance with this guidance. The charging policy and assessment process covers homecare and day care. Meals and transport charges are set at a flat rate and do not form part of the financial assessment. These contributions are collected directly by the providers e.g. at day centres.

Process

1. A service user is approved for a non-residential service through a Funding Panel
2. The approvals are notified to the Assessment Officers by the Funding Panel Administrator
3. The Assessment Officer visits the service user to complete a financial assessment and calculate the service user's "charging cap" – i.e. the maximum the service user can afford to pay.
4. The Fairer Charging Team is notified of the service user's financial assessment. The Charging Team enter this assessment onto the Charging System and send the service users a notification letter confirming their charge.
5. External care Providers send information to the Fairer Charging Team detailing the actual services provided to individuals. The Fairer Charging Team enter this onto the charging system and generate a charging statement. The weekly amount payable is based on actual services received up to the service user's charging cap.
6. The service user pays for their services via a variety of payment methods e.g. cash offices, Direct Debit, telephone and Internet payments.

Case Study

Mr Smith has a charging cap of £24.20 and a care package of 7 hours homecare per week.

In week 1 Mr Smith receives his 7 hours of homecare which is chargeable at £10.90 per hour – i.e. $7 \times £10.90 = £76.30$. However as Mr Smith has a charging cap of £24.20 he will only pay £24.20 for that week.

In week 2 Mr Smith visits his daughter in Dorset and only receives one hour of homecare that week. This hour is chargeable at £10.90 so Mr Smith only pays £10.90 that week.

RESIDENTIAL CARE ASSESSMENT PROCESS

1. As part of the community care assessment process a financial assessment form (A6) is completed by the service user or his/her representative, with the help of the social worker who confirms all details given. The form captures information on income, expenditure, savings, investments and property.
2. A residential or nursing placement is agreed at funding panel.
3. Using the information gathered on the financial assessment form the service user is assessed under statutory CRAG regulations (Charging for Residential Accommodation Guidance) on the following basis/criteria:
 - a) If the service user has more than £21,000 in savings, they are considered to be a self-funder and pay the full cost of their residential or nursing placement.
 - b) If the service user has less than £21,000 in savings but owns a property they are asked to sell the property to fund the full cost of their care. The property is disregarded from the assessment for a period of twelve weeks to enable the service user to sell their property. If the service user decides they do not wish to sell their property they may defer payment of their charges until they pass away, at which point the proceeds of their estate will settle their residential care bill.
 - c) If the client has less than £21,000 in savings and no property their contribution is assessed in the following way e.g.

Client's weekly income (retirement pension)	£114.05
Minus Personal Allowance that the service user is allowed to keep	<u>(£19.60)</u>
Equals Client Contribution	<u>£ 94.45</u>

4. Permanent placements in residential and nursing homes are paid for by the Council net of the client contribution i.e. the gross weekly cost of the placement minus the client contribution. The Home is expected to collect the contribution directly from the service user.
5. Payments for respite care are made gross and the Council collects the client contribution from the service user by way of an invoice.
6. The service user is asked to notify the Social Care Finance section of any changes to their benefits. Additionally all claims are reviewed each year to take account of changes in benefits or income.

Community Care Placements

<i>Mental Health</i>	Nursing	Residential	Total
Budget Assumption 05/06	90.0	149.0	239.0
Budget Assumption 06/07	94.0	148.0	242.0
1st April	99.0	151.0	250.0
End of May	98.0	156.0	254.0
End of June	102.0	151.0	253.0
End of July	102.0	155.0	257.0
End of August	101.5	158.0	259.5
End of Sept	103.5	153.0	256.5
End of Oct	106.5	157.0	263.5

**ADULT SOCIAL CARE & STRATEGIC HOUSING
SCRUTINY COMMITTEE**

1ST DECEMBER, 2006

The O.5 care package is jointly funded by mental health and olderpeople's client group. Mental health will cover the age spectrum of 18 to death. There are 2 distinct client groups elderly mentally infirm (EMI) & adults suffering mental health problems. The EMI client group does have turnover due to the elderly age of the service users. Since April there have been significant fluctuations in the number of care packages.

<i>Older People</i>	Nursing	Residential	Total
Budget Assumption 05/06	131.0	156.0	287.0
Budget Assumption 06/07	126.0	161.0	287.0
1st April	127.0	167.0	294.0
End of May	134.0	175.0	309.0
End of June	134.0	171.0	305.0
End of July	136.0	167.0	303.0
End of August	130.0	167.0	297.0
End of Sept	133.5	160.0	293.5

End of Oct	143.5	162.0	305.5
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The 0.5 care package is jointly funded by mental health & older people's client group This client group deals with physical frailty over 65 years of age. . This group is similar to mental health EMI, ie there is significant turnover within this area. There was a significant decrease in the summer months (ie a number of deaths) from the extreme hot weather. Other seasonal trends can affect this client group, for example cold weather or flu epidemic.

<i>Physical Disabilities</i>	Nursing	Residential	Total
Budget Assumption 05/06	4.0	8.0	12.0
Budget Assumption 06/07	9.0	21.0	30.0
1st April	8.0	20.5	28.5
End of May	9.0	19.5	28.5
End of June	9.0	19.5	28.5
End of July	11.0	19.5	30.5

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End of August	11.0	19.5	30.5
End of Sept	13.0	20.5	33.5
End of Oct	12.0	19.5	31.5

There was a significant increase in the number of care packages during 2005/06 from 12 to 30. The demand for this client group is difficult to predict. A substantial number of service users have head injuries resulting from an accident. Risks are monitored for this client group to identify new service users, usually the individual is receiving healthcare and may require social care services or funding. There is minimal turnover for this client group, traditionally the social care responsibility exists until the service user's death.

<i>Learning Disabilities</i>	Nursing	Residential	Total
Budget Assumption 05/06	2.0	59.0	61.0
Budget Assumption 06/07	5.0	92.5	97.5

APPENDIX 3

1st April	5.0	95.0	100.0
End of May	5.0	99.0	104.0
End of June	5.0	99.0	104.0
End of July	5.0	100.0	105.0
End of August	5.0	100.0	105.0
End of Sept	5.0	100.0	105.0
End of Oct	6.0	103.0	109.0

A number of care packages were previously paid on a manual invoice. These have been Put onto the automated system. This explains the significant increase from 2005/06 into the budget assumptions 2006/07. The numbers should remain static for the learning disabilities client group as this area is being modernised.