CLT Paper: Application of Adult Social Care Charges Review – Appendix 1

Application of Adult Social Care Charges Review - Summary

To: Corporate Leadership Team and Members
Date: 6 November 2024
From: Kirstin Clarke - Service Director Adult Social Care and Richard Gibson, Head of Service: ASC Finance Operations

Purpose: To undertake a review of the charging arrangements, set by the Council's Adult Social Care Charging Policy, within the statutory framework of the Care Act 2014; for residential and non-residential charging. This review will incorporate a specific anti-poverty view and the implications of the cost-of-living crisis on people who use our services.

1. Background

1.1 The review remit was set out in the proposal to the Chair and Vice Chair, Adults and Health Committee, Cambridgeshire County Council on 13 June 2024. It was "To undertake a review of the charging arrangements, set by the Council's Adult Social Care Charging Policy, within the statutory framework of the Care Act 2014, for residential and non-residential charging. This review will incorporate a specific anti-poverty view and the implications of the cost-of-living crisis on people who use our services." Details of the lines of enquiry were subsequently set out and are addressed individually below.

2. To review the Cambridgeshire County Council's Adult Social Care Charging Policy, comparing the interpretation and application of the Care Act and Statutory Supporting Guidance, against other council's both regionally and nationally.

2.1 Comparison was made against the Cambridgeshire County Council (CCC) Local Government Association (LGA)/Chartered Institute of Public Finance Accountants (CIPFA) comparator group. The group consists of the county councils of Oxfordshire, Staffordshire, Warwickshire, Worcestershire, Leicestershire, Hertfordshire, Gloucestershire, Suffolk, Surrey, Nottinghamshire, Essex, Kent, Hampshire, Somerset and West Sussex. The comparator group was extended to include the neighbouring councils of Norfolk County Council and Peterborough City Council for further regional comparison.

2.2 The review found that CCC and comparator councils are principally aligned with respect to chargeable and non-chargeable services where a financial assessment is required to determine a contribution (or charge) toward a person's cost of care and support. In respect of chargeable services, where a financial assessment is undertaken, all councils in the comparator group have exercised their discretion to charge for services where Care and Support Statutory (CASS) Guidance allows. The current CCC Charging Policy is compliant and consistent with the comparator group, of seventeen councils, in its interpretation and application of the regulations and guidance.

2.3 There are variances in how councils apply Disability Related Expenses (DRE) in a financial assessment and what and how councils set associated fees and charges, including for administration of care and support for self-funders and Deferred Payments Agreements (DPA). The DRE rates established by CCC are in the middle to high bracket compared with the comparator group councils.

2.4 The charging policies themselves vary in content and detail. Most of the councils have a standalone policy complimented by online information that is often more detailed. CCC follows this principle. CCC can enhance its current published policy and supporting information with further content and detail to more clearly demonstrate that the charging system is fair, transparent, and supportive of individuals' needs and circumstances.

2.5 In conclusion, CCC is legally compliant in its charging policy through its interpretation and application of the CASS regulations and guidance.

2.6 Recommendations and Action Plan

2.6.1 The following recommendations/actions are made with a priority level and indicative timeline:

Ref	Description	Priority	Timeline
1.	That the charging policy is reviewed, approved, and republished for the next financial year after consideration of the recommendations arising from this review.	High	January 2025 to March 2026
2.	That separately to any changes to the body of the Charging Policy itself, further detail is included as appendices in the policy and reviewed annually or as required on: • General Charging Principles including fees and charges • Disability Related Expenses (DRE) • Recourse to support for non-payment including right of appeal against financial assessment outcomes and the waiver process	High	January to September 2025
3.	A review, against the comparator group, is undertaken of supporting information available to people in documented and digital form on paying for care be carried out to establish a refreshed and expended set of leaflets and factsheets.	Medium	September 2025
4.	That a review of the type and level of expenditure considered in an enhanced (full) DRE assessment be undertaken and any output be set out in supporting documentation and online content.	Low	September 2025

3. A review of regional and wider national comparators which will compare what services (other) councils charge for, what services do they not charge for, and any rationale for why.

3.1 In respect of chargeable services, where a financial assessment is undertaken to determine contributions towards a package of care and support, all councils in the comparator group have exercised their discretion to charge for services where CASS guidance allows. The rationale amongst the comparator group for this would appear to be purely financial. The reduction in funding to local authorities over a number of years has not seen councils looking at options to relax charging policies but has conversely required local authorities to strengthen their charging policies whilst remaining in compliance with CASS regulations and guidance.

3.2 Hammersmith and Fulham Council is unique for councils in England by not charging residents for community care. The decision made in 2015 required the council to cover all the costs for care provided at home and their financial position allowed, and continues to allow them, to do this. In April 2024, the London Borough of Tower Hamlets promised to become just the second council in England to "abolish all charges for care and support for 'disabled people in their own homes...". This has not been implemented yet and appears to be a commitment without an approved and funded implementation plan.

3.3 In the comparator group there are minor variances to chargeable and non-chargeable services. Staffordshire CC have discretionally set a higher limit, £5,000 instead of £1,000, for the provision of equipment and minor adaptations free of charge and Nottinghamshire CC do not stipulate a 6-week period for free of charge reablement giving discretion to extend this target period if deemed appropriate. Staffordshire and Nottinghamshire are two of the seventeen councils exercising this discretion.

3.4 The types and levels of fees and charges for certain services (not classed as chargeable and non-chargeable) that councils provide and have discretion to charge for vary in scope and cost. This includes transport, telecare and assistive technology, meal provision and administration charges for Deferred Payment Agreements (DPA), self-funder brokerage and management of Direct Payment accounts. CCC charges are in the low to middle range of the comparator group except for self-funder brokerage costs in the middle to high bracket. Some of the comparator group councils levy the full set up charge when a DPA is not finalised on the part of the applicant even though the council has incurred costs. Reputationally it is advisable for CCC to more clearly set out their fees and charges based on the neutral cost recovery principle set out in CASS regulations and guidance. For example, fees and charges are published on the council website but are not published in the Adult Social care 'Paying for Care' webpages; the advice is to publish fees and charges information in multiple locations to promote sharing of information.

3.5 The CASS guidance on chargeable and non-chargeable services has been followed by CCC in line with virtually all English councils. In summary, the key principles of charging for care, outlined in the Care Act 2014, and applied by CCC can be assessed as:

- **Affordability**: People are not charged more than it is reasonably practicable for them to pay. Support is in place for those who have issues in paying including a right of appeal against any financial assessment and a planned waiver scheme for charges.
- **Comprehensiveness**: The systems and processes in place reduce variation in how people are assessed and charged.
- **Transparency**: Whilst the current policy is a good baseline, fees and charges could be more clearly set out, digitally and documented, so people know what they may/will be charged and what indicative costs for services are.
- **Well-being and Inclusion**: The approach does promote well-being, social inclusion, and support personalisation, independence, choice, and control. As preventative services develop especially assistive technology (TEC enabled care) CCC should be planning to establish a policy on whether such services are charged for.
- **Support for Carers**: There is support for carers to contribute towards them looking after their own health and well-being and to care effectively and safely. The policy of not charging for carer services supports this.
- **Person-focused**: The system reflects the variety of care journeys and options available to meet individual needs.
- **Equality**: Charging rules are applied equally so those with similar needs or services are treated the same but attention through processes and staff training should be paid to how couples are treated.
- **Encouragement of Employment and Education**: The system would appear to encourage and enable those who wish to stay in or take up employment, education, or training to do so. Earnings, where appropriate, are correctly disregarded in the financial assessment.
- **Sustainability**: The current approach contributes to a CCC balanced budget and appears sustainable in the long term.

3.6 In conclusion, CCC chargeable and non-chargeable services are in line with 99% of councils in England but it could improve how it sets out its full list of associated fees and charges. There is also opportunity to strengthen charges for Deferred Payment Agreements to recoup incurred costs when an agreement does not proceed due to the action of the applicant.

3.7 <u>Recommendations and Action Plan</u>

3.7.1 The following recommendations/actions are made with a priority level and indicative timeline:

Ref	Description	Priority	Timeline
1.	That all Fees and Charges, including for Direct Payment Managed Accounts, be detailed as an appendix to the Charging Policy and updated annually.	High	January to March 2025
2.	That a decision is made on whether to annually include alongside the charging policy a list of indicative costs of care paid to providers.	Medium	December 2024
3.	That consideration be given to amending the CC charging and DPA policies that the set-up fee is payable even if the DPA is not finalised due to the action of the applicant.	Medium	January to March 2025
4.	That ASC consider how future TEC enabled care is treated with reference to the CASS regulations and guidance.	Low	April 2026 onwards

4. To consider the options to charge or not for specific services, the implications this will have on the person and the council's Adult Social Care financial position.

4.1 Any decision to change the current charging policy in respect of services will affect the council's financial position. The income from charging forecast for 2024/25 for residential and non-residential care is £52.5 million. The latest forecast with an increase in contributions will be reflected in the current budget setting process. It includes a sizeable backdating of charges that are one-offs and not recurring. Research shows that local authorities are not looking to stop or reduce charging levels but are looking to increase income from chargeable services and/or contributions. In the CCC comparator group this can be evidenced by the recent decision of Norfolk CC to reduce their enhanced MIG levels to that of the annual advised Government levels.

4.2 The forecast contributions income for 2024/25 for community-based services is £19.6 million. Whilst people can receive multiple community care services, about 80% of this income can reasonably be attributed to care at home. A decision to stop charging for this type of care would result in lost income of around -£19.6 million. As well as the need to find a replacement for this lost income there is the question of equitability especially for those being charged for residential care.

4.3 There is a right of appeal for people and support is in place if they wish to challenge their financial assessment or are unable to pay their contributions to care. The resources put in place by the council around welfare benefits maximisation and cost of living crisis support, discussed later in this report, also provide support. It should be noted that not only the charging policy, but the level of future fees paid to providers will have an impact on contributions to care, especially for full cost payers and not just the elements (benefits levels, MIG, disregarded income etc.) of the financial assessment process.

4.4 In conclusion, the financial position of the council does not lend itself to any significant change in its charging policy. Any changes to the policy done in isolation could result in legal challenge based on equitability and fairness.

4.5 Recommendations and Action Plan

4.5.1 The following recommendations/actions are made with a priority level and indicative timeline:

Ref	Description	Priority	Timeline
1.	That no changes are made to scope of chargeable and non-chargeable services for 2025/26. i.e. Element/charging lines Deferred Payment Agreements, Self-Funder Arrangement Fees, Meals and Transport. Rates for these fees will be changed each year to reflect changes in operating cost/inflation.	High	December 2024

5. To provide insight across the diverse range of people who use our services, the outcome of their financial assessment and their typical incomes, of the (financial) impact of the current Charging Policy.

5.1 Insight into service users is available from the ASC statutory SALT Return for 2023/24. Further detail is available in the ADASS self-assessment report currently being refreshed.

5.2 CASS regulations and guidance implicitly set out for councils the detail of how individuals paying for care must be left with sufficient monies to live on and ensure they are not financially compromised as a result of any financial assessment. This includes income disregards, expenses to be considered including allowances for any disability related expenses and for those receiving care at home the Minimum Income Guarantee levels set by the Government. CCC in comparison with the comparator group is in the middle to high bracket for the level of non-assessed disability related expenses allowed.

Residential Financial Assessments

5.3 The financial assessment takes assessed Income (including tariff income) and deducts the total of income disregarded, expenditure allowed and other allowances to give the contribution to care:

Level of Weekly Contribution	No. of Clients	Clients as %
Nil Charge	8	0.58%
Up to £100/week	22	1.61%
£100 - £200/week	567	41.42%
£200 - £300/week	352	25.71%
More than £300/week	229	16.73%
Full Charge	191	13.95%
Total	**1369**	**100.00%**

5.4 The majority of those undertaking a full financial assessment have an outcome resulting in a charge due to the nature of the financial assessment ensuring those in care are principally paying towards the accommodation element of the service received. Any change to income disregards and/or increased allowances will have a positive impact on the vast majority, but not self-funders, of those paying a contribution towards their residential care. There would be a virtually like for like negative impact on the council finances as a result of any such change.

5.5 Analysis of income considered during the financial assessment shows the complexity and variety of income sources for individuals in residential settings, with many having multiple income sources and a significant reliance on pensions and benefits. The most common income types are Occupational Pension or Annuity, State Pension, DLA/PIP Mobility and Pension Guarantee Credit.

Non-Residential Financial Assessments

5.6 The financial assessment takes assessed Income (including tariff income) and deducts the total of income disregarded, expenditure allowed, disability related expenses and other allowances/Minimum Income Guarantee (MIG) to give the contribution to care:

Level of Weekly Contribution	No. of Clients	Clients as %
Nil Charge	615	18.56%
Up to £60/week	709	21.41%
£60 - £100/week	276	8.33%

Level of Weekly Contribution	No. of Clients	Clients as %
£100 - £150/week	827	24.95%
More than £150/week	416	12.56%
Full Charge	470	14.19%
Total	**3313**	**100.00%**

5.7 The most financially vulnerable clients are 'nil costers' (18.56% of clients); whose income is so low that they are not required to contribute toward their care. Therefore, any discretionary change to retained income and/or allowances would not benefit these clients, as they are already assessed as 'nil cost'.

5.8 21.41% of contributors to care pay up to £60 per week and could still be classed as financially vulnerable. Any increase to income retention through increased benefit or allowances levels/rates permitted would have a more significant impact than those in higher contribution brackets.

5.9 Analysis of income considered during the financial assessment mirror that of the residential financial assessments with many having multiple income sources and a significant reliance on pensions and benefits. The most common income types are Occupational Pension or Annuity, State Pension, DLA/PIP Mobility and Pension Guarantee Credit. There is also significant instances of Employment and Support Allowance (ESA).

5.10 In conclusion, CCC follows the CASS regulations and guidance on ensuring that those paying for care have sufficient income for day to day living costs. The council has support in place for those in financial difficulty.

5.11 <u>Recommendations and Action Plan</u>

5.11.1 The following recommendations/actions are made with a priority level and indicative timeline:

Ref	Description	Priority	Timeline
1.	A dataset and agreed periodic analytical and statistical output be agreed with the Policy and Insight Team to provide an insight into the demographics and financial aspects of those contributing to care to assist in informed decision making.	Low	September 2025

6. A review of the current approach for Adult Social Care and the Council, with an anti-poverty approach, to understand the application of such, comparing other councils both regionally and nationally to understand alternative options and the financial impact on the county council of any changes.

6.1 Councils regionally and nationally are strengthening their focus on the impact of the cost-of-living crisis and all forms of poverty on their residents and what support they can offer in response. Whilst Adult Social Care (ASC) has its part to play in addressing these issues at all contact points with residents this focus needs to be corporately lead with a strategy that ASC contributes to and supports.

6.2 With the cost-of-living crisis, and in September 2021 the setting up by the Government of the Household Support Fund, councils have administered that scheme and provided resources for those affected by the cost-of-living crisis. The approach taken by CCC and councils in the comparator group is remarkably similar in offer and detail. Digital content is principally provided through standalone resource hubs or specific web pages. CCC have their 'support with the cost of living' landing page accessible under the Communities channel. The content across the comparator group is principally the same as that for CCC whose content, locally and nationally, looks comprehensive and is benefited by being tagged as a popular topic on the CCC landing page.

6.3 ASC can effectively use all of its 'front door' entry points and subsequent contacts with people to provide information, advice and guidance on options to address all forms of poverty and specific resources under the council's response to the cost-of-living crisis. This means ASC has effective access routes to the Welfare Benefits team across the service to support people maximising their personal and household income. To ensure transparency ASC needs to clearly set out in its charging policy and also digitally:

- The details and process for the right of appeal against the outcome of financial assessments
- The details and process for the council to waive any charges made for care and support be that for future service provision and/or outstanding charges accrued
- The debt recovery policy specific to ASC

6.4 Resolve Poverty is working with Cambridgeshire County Council and the Poverty Strategy Commission to meaningfully engage with local people who are living in, or are at risk of living in poverty.

The Cambridgeshire Poverty Strategy Commission is a new, independent initiative to explore how the local system serves those experiencing the consequences of poverty, and how improvements can be made to this system. Initially facilitated by Cambridgeshire County Council, the Commission will draw on the experiences of its commissioners, as well as evidence gathered from people with lived experience of poverty.

Resolve Poverty is facilitating the lived experience elements of this effort, by hosting workshops over the next month in communities across Cambridgeshire. They are looking to engage with a diverse range of people across Cambridgeshire, to listen to their experiences, priorities and ideas for influencing the anti-poverty policies and strategies that are likely to affect them and others. Participants will be compensated for their time, as well as the VCFSE sector organisations that refer them.

6.5 5 out of the 17 councils in the comparator group have a waiver scheme in operation for those who are unable to pay for their care charges. Of those 3 state a waiver will only be granted in exceptional circumstances. Those councils that have no dedicated waiver scheme instead talk about a right of appeal or advise people to contact the council if they are in financial difficulty when paying for care.

6.6 In conclusion, ASC actively supports the corporate initiatives on anti-poverty and the cost-of-living crisis at all contact points with those seeking its support and services. As stated it offers support to those with issues in meeting their contribution to care commitments.

6.7 Recommendations and Action Plan

6.7.1 The following recommendations/actions are made with a priority level and indicative timeline:

Ref	Description	Priority	Timeline
1.	All ASC staff are provided with regular updates on the councils' anti-poverty strategy and cost of living response and how they can ensure available support is provided where necessary for use at all contact points.	Medium	April 2025 onwards
2.	ASC sets out clearly and transparently to future and current contributors to care costs in the charging policy the details of appeal against the outcome of the financial assessment, any implemented waiver scheme and the CCC debt recovery policy.	High	January to September 2025

7. Impact assessment of disregarding different levels of benefits, people receive, including higher rate of disability living allowance (DLA), Personal Independence Payment (PIP) or Attendance Allowance (AA) from the Financial Assessment.

7.1 The CASS guidance sets out that councils may take most of the benefits people receive into account as part of the financial assessment. The guidance fully details what such income must be fully disregarded and what must be considered. Certain allowance rates are set out annually by the Government (DHSC and DWP) with increases supposed to address inflationary and cost of living pressures. Within certain allowances the mobility component must be fully disregarded, and the DLA Care lower rate is a legacy allowance so the only option allowable really to CCC under the guidance would be make changes to how it treated the 'assessed income' of PIP Daily Living and Attendance Allowances. The external consultant supporting the fees and charges review has set out a number of changes to rates which could be considered by the Council and has estimated the financial impact of each. These are set out in the paragraphs below. Further consideration of the issues arising from any of these changes and validation of the financial impact is needed and will inform any future proposals feeding into 2026/27 Business Planning.

7.2 If CCC decided to apply a single rate of DLA/PIP/AA of £72.65 thereby disregarding the higher rate of £108.55 this would have the following impact on contributions income across the allowance types:

Decrease in Contributions Income	**Numbers**	**Full Year Cost £**
DLA Care – Higher Rate (Community)	216	-393,660
PIP Daily Living – Higher Rate (Community)	896	-1,971,096
Attendance Allowance – Higher Rate (Community)	468	-849,331
Attendance Allowance – Higher Rate (Residential)	11	-20,535
Total	**1,591**	**-3,234,622**

7.3 If CCC decided to apply an enhanced Personal Expenses Allowance (PEA) for those in residential care of £60.30 per week up from the current rate of £30.15 then this would affect some 1,159 people reducing contribution income by -£1.92 million per annum.

7.4 From the comparator group the treatment of DRE varies. CCC apply two rates for DRE, based on disability benefits/allowances received, for those not having a full DRE assessment. As at 31 March 2024 rates were £20 and £28 per week. The following options used by other councils in the comparator group could be considered:

- A self-assessment banded scheme (such as Leicestershire CC) that increases the current allowed levels – Introducing two self-assessed bands of £30 and £38 would impact just over 2,000 individuals resulting in a reduction of contribution income by just over -£1 million per annum.
- A single flat rate minimum allowance (such as Surrey CC, Hertfordshire CC, Suffolk CC, Nottinghamshire CC, Kent CC) higher than that of the current higher level – Introducing a single flat rate of £35 would impact just over 2,000 individuals resulting in a reduction of contribution income by circa -£942k per annum.
- An indicative allowance based on 35% of a person's Disability Benefit (such as Oxfordshire CC) – This could impact on 90% of individuals going through a financial assessment resulting in a reduction of contribution income by circa -£4.9 million.
- All claimants are assessed on an individual basis with allowances linked to an expenses table, the impact cannot be quantified financially as we do not possess the detailed expenses information for the majority of current service users. However, the resources required to undertake such assessments would probably be prohibitive as to administer this would require a dedicated DRE assessment team.

7.5 As with any change made in isolation there is the prospect of legal challenge that the change is not fair and that all those contributing to care not affected by this isolated change are not being 'fairly' and 'equitably' treated.

7.6 In conclusion, the complexity of the financial assessment process means changes made in isolation to income disregarded, be they allowances and/or benefits, would have a significant impact on the council's finances and could be legally challenged on the basis of equitability and fairness.

7.7 Recommendations and Action Plan

7.7.1 The following recommendations/actions are made with a priority level and indicative timeline:

Ref	Description	Priority	Timeline
1.	That no changes to any allowances are made in the Charging Policy.	High	December 2024

8. Impact assessment of adopting a locally agreed Minimum Income Guarantee (MIG), higher than that set nationally by the Department of Health and Social Care (DHSC), setting out the financial, legal, reputational, and political implications.

8.1 The legal position on the level of MIG applied, for charging for care and support in other (not residential care home) care settings including a person's home is explicitly set out in CASS regulations and guidance. "Local authorities must ensure that a person's income is not reduced below a specified level after charges have been deducted. The amounts are set out in the Care and Support (Charging and Assessment of Resources) Regulations. However, this is only a minimum, and local authorities have discretion to set a higher level if they wish". In addition, "The purpose of the minimum income guarantee is to promote independence and social inclusion and ensure that they have sufficient funds to meet basic needs such as purchasing food, utility costs or insurance. This must be after any housing costs such as rent, and council tax net of any benefits provided to support these costs – and after any disability related expenditure…."

8.2 All the comparator group, including Norfolk CC as of November 2024, apply the Government set multiple MIG rates. Reputationally CCC can be seen to be following guidance and regulations correctly but politically the option to go beyond this standard would be appealing if financial circumstances allowed. However, as stated before, those contributing to care but not affected by this discretionary change could challenge the council on fairness and equitability grounds.

8.3 Analysis of Community-based clients contributions show:

Level of Weekly Contribution	No. of Clients	Clients as %
Nil Charge	615	18.56%
Up to £60/week	709	21.41%
£60 - £100/week	276	8.33%
£100 - £150/week	827	24.95%
More than £150/week	416	12.56%
Full Charge	470	14.19%
Total	**3313**	**100.00%**

8.4 From an anti-poverty perspective the most financially vulnerable clients are 'nil costers' (18.56% of clients); whose income is so low that applying the Government set MIG means they are not required to contribute toward their care. Therefore, a discretionary change to the MIG would not benefit these clients, as they are already assessed as 'nil cost'.

8.5 From an anti-poverty perspective the next most financially vulnerable clients are those contributing up to £60/week (21.41% of clients), who would directly benefit by a change in the MIG; their weekly contribution would decrease equal to the discretionary increase in the MIG.

8.6 A discretionary change to the MIG would benefit all community-based clients, except for the most financially vulnerable ('Nil Costers') and the most affluent (Full Charge) clients, as a discretionary change would need to be applied to all MIGS to avoid legal challenge of discrimination.

8.7 The financial impact of options to increase the MIG levels have been estimated by the external consultant to be:

- MIG rates raised by £10 would result in a decrease of contributions of circa -£1.15 million per annum
- MIG rates raised by 5% would result in a decrease of contributions of circa -£1.19 million per annum

8.8 CCC would need to carefully consider applying changes to individual MIG rates as to do so, rather than a consistent change to all rates, would likely be legally challenged on equitability and fairness grounds.

8.9 In conclusion, CCC applies the same MIG rates as all of its comparator group councils and any change would have significant financial impact to the council especially as all rates would need to change to mitigate challenge.

8.10 Recommendations and Action Plan

8.10.1 The following recommendations/actions are made with a priority level and indicative timeline:

Ref	Description	Priority	Timeline
1.	That the council continue to use the MIG levels as set by the Government, and not to use its discretion to increase any MIGs.	High	December 2024

9. Opportunities for strengthening the welfare benefit advice available, to support residents to maximise their personal entitlement, and that of household income.

9.1 Welfare benefits advice is provided through a dedicated Welfare Benefits Team as part of Adult Early Help (AEH) and through a commissioned service provider, P3. There is also non-council support available through the likes of the Citizens Advice Bureau (CAB).

9.2 All those being supported who see positive financial impact of benefit maximisation with the result that those with increased eligible benefits increase their contribution to provisioned care and support. Care and support costs borne by the council will reduce accordingly.

9.3 The Welfare Benefits Team sees demand outstrip capacity. This has an impact on ASC referrals as they are not prioritised ahead of residents who can self-present for support. If the team had additional resources including a dedicated IT system, they could expand their offer so the numbers the team support, and the positive impact on the council's finances, could be increased.

9.4 In conclusion, there is an opportunity for ASC to enhance the welfare benefits of those it supports with the subsequent positive financial impact on the council by expanding the Welfare Benefits Team to enable a focus on those in contact with ASC services.

9.5 Recommendations and Action Plan

9.5.1 The following recommendations are made along with a proposed Action Plan showing a priority level and indicative timeline:

Ref	Description	Priority	Timeline
1.	An invest to save proposal is developed to increase the capacity of the Welfare Benefits Team.	High	February 2025

Ref	Description	Priority	Timeline
2.	That priority consideration be given for IT to supply a database for team activity and outcome recording and reporting.	Medium	April 2025
3.	That the operating model for benefits maximisation and welfare support be determined with consideration being given to the Welfare Benefits Team setting resources aside for ASC referrals and focus on Attendance Allowance take up by existing service users.	Low	February 2025

10. Support with Cost-of-Living: Explore production of a visual guide to demonstrate the ways in which the council is supporting client and wider residents with cost-of-living crisis and our anti-poverty focus.

10.1 The provision of such a resource setting out numerous sets of information in a schematic or visual guide that is easily understandable is difficult. If provided in printed form, it is hard to version manage as the information can quickly change or become redundant and managing old versions in circulation is impossible. That said, the LGA do provide a resource list of examples of cost-of-living policy and strategy documents that contain visual aids that CCC may wish to follow.

10.2 Recommendations and Action Plan

10.2.1 The following recommendations/actions are made with a priority level and indicative timeline:

Ref	Description	Priority	Timeline
1.	ASC requests that CCC Anti-Poverty Strategic Lead develop through the work with Resolve Poverty and the Poverty Strategy Commission a visual aid that shows the response of CCC to the cost-of-living crisis that includes all principal support offered to residents is produced for use at all ASC contact points.	Low	July 2025

11. Conclusion

11.1 In conclusion members are requested to note that the CCC Adult Charging Policy is:

- Legally compliant through interpretation and application of CASS regulations and guidance
- Consistent with other councils in the comparator group regionally and nationally
- That ceasing to charge for community-based services would cost the council around -£20 million per annum
- That changes in policy such as variations to benefits and allowances such as the MIG or DRE are estimated to cost the council between -£1.0 million and -£4.9 million in lost income per annum, and could risk challenge on the grounds of inequity and fairness if done in isolation
- There are areas for improvement principally around printed and online information and advice, such as transparency of fees and charges outside of the charging policy, typical rates for care and support for those with issues with paying for care already received

Appendix A – Other Recommendations

The following are recommendations in addition to the those contained against each line of enquiry.

Ref	Description	Priority	Timeline
1.	The annual Fees and Charges list should be available on the appropriate ASC web pages.	Medium	April 2025 onwards

Ref	Description	Priority	Timeline
2.	That further detail is included in the Charging Policy on the: • Levels of provider care costs paid, how they are agreed plus any effect on annual contributions uplifts • Flat rate fees to distinguish between contributions and other fees and charges	Medium	April 2026 onwards
3.	That a detailed analysis of how the DRE banded allowances were calculated and a review of the allowances and how they are applied be undertaken.	Low	September 2025
4.	How couples are treated in the financial assessment process should be reviewed and documented for staff to ensure adherence to CASS regulations and guidance and consistency of approach.	Medium	December 2024 onwards
5.	Development of a contributions forecasting tool to aid informed decision making based on accurate impact data.	Low	April to September 2025
6.	That the Policy and Insight Team be requested to provide analytic and statistical analysis of property/capital/income and assessed expenditure.	Low	April 2025 onwards
7.	Ensure that any approved waiver scheme financial implications have been determined and the scheme is in compliance with financial regulations.	Medium	April 2025 onwards
8.	CCC uses appropriate forums so that the Government provides detail on how annual MIG levels are calculated and set.	Low	April 2025 onwards
9.	That a review of ASC dashboards/reports be undertaken in respect of financial assessment and contributions and a development plan be put in place to prioritise those that would meet business needs and to inform decision making and address FOI, members queries and public challenge.	Medium	April 2025 onwards