

## **Appendix 1**

### **NORTH TYNESIDE COUNCIL**

### **ADULT SOCIAL CARE**

### **FAIRER CONTRIBUTIONS POLICY FOR NON- RESIDENTIAL CARE SERVICES**

**Amended March 2013**

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## **Background**

The power to charge for social care services is provided within Section 17 of the Health & Social Services and Social Security Adjudications Act 1983 (HASSASSA). This power is discretionary. However, where a Local Authority exercises the power to charge, then it must have regard for Statutory Guidance issued by the Secretary of State under Section 7 of the Local Authority Social Services Act 1970.

In common with most local authorities providing social care, North Tyneside Council is reliant upon the income raised from charging to fund a proportion of the costs of the non-residential care services we provide. Without this income service levels would be significantly reduced. Central Government also assumes that we will raise income from charging for services and this is taken into account when they allocate funding each year.

Statutory Guidance entitled 'Fairer Charging Policies for Home Care and other non-residential social services' was issued in September 2003 and provided a framework to ensure that where local authorities applied charges, that their charging policies were fair, reasonable and operated consistently with the social care objectives of promoting independence and social inclusion.

Since that time the way in which adult social care is provided has changed. There are an increasing number of people receiving Direct Payments and a move to providing personal budgets giving customers greater choice and control in terms of deciding how, when and by whom services are provided.

With this shift in policy comes the need to reconsider how an individual's contribution towards non-residential care services, if any, might be worked out. Whilst the basic principles of assessing an individual's ability to pay towards the cost of their non-residential social care services, as set out within the 'Fairer Charging Guidance' will remain, the way in which charges are applied needs to change. The traditional method of calculating charges based on units of service does not align itself to the introduction of personal budgets, which are an, 'up-front' allocation of social care resources to an individual who is eligible for support.

To address the move toward Personalisation further statutory guidance entitled 'Fairer Contributions: calculating an individual's contribution to their personal budget' was issued in July 2009. This supplemented the 'Fairer Charging Guidance' and sought to address this need to move to a new system for charging, using a contribution towards the total cost of the personal budget or care package provided, rather than calculating a charge, based units of service.

This policy has been written in accordance with that guidance.

This policy will apply to all non-residential social care services, whether taken as a Direct Payment or a managed service arranged by the Council. It also

applies to housing related support services, provided through Supporting People funding and which are assessed as being chargeable.

### **Principles of the Fairer Contributions Policy**

The principles underlying this policy are set out below and seek to ensure that a reasonable and equitable approach to charging is taken.

The principles of the Council's Fairer Contribution Policy are that:

- Individuals will not pay more than they can reasonably afford to, following a Fairer Charging Assessment in line with the Department of Health's Fairer Charging Guidance (2003).
- The contribution required will reflect the size of the care package or personal budget received.
- The required contribution will take account of any additional costs that an individual faces as a result of their disability, through undertaking an individual Disability Disregard Assessment.
- The financial assessment process will also include a welfare benefits check and individuals will be supported to apply for any additional benefits to which they are entitled, including those non-means tested benefits specifically to help with care costs.
- Charges will not be made that would reduce an individual's income below the basic level of Income Support or the Guaranteed Credit of Pension Credit, plus a 25% buffer. The exception to this is that a reasonable, 'flat-rate' charge will be applied for meals, which substitute for ordinary living expenses.
- Each individual who is assessed, as being able to contribute towards the cost of their care package must pay their assessed contribution. The Council will instigate recovery proceedings, including Court action to recover unpaid sums.
- The assessment of ability to pay will be easily understood.
- Systems and working practices for charging will be efficient and effective in terms of assessing ability to pay, helping to maximise entitlement to benefits and for recovery of charges.
- There are clear criteria against which individuals are assessed and charged in a consistent manner, which meets the Council's policy on equality and diversity issues.
- The Policy and appropriate guidance is transparent to external scrutiny, widely advertised and available in a variety of media, versions and languages to meet the communication needs of those individuals who use our services.
- There is an easily understood and efficient appeals procedure, which is fair and equitable and which allows charges to be waived in exceptional circumstances.

### **Services that fall within the scope of the Fairer Contributions Policy:**

- Domiciliary Care services
- Domestic help
- Live-in care, including sleep over and waking nights
- Independent Supported Living Services
- Outreach and enablement services
- Sitting Services
- Day Care or day activities
- Extra Care Housing
- Care Call (Community Alarm)
- Transport
- Social activities
- Housing related support services funded via the Supporting People programme
- Personal Budgets whether taken as a Direct Payment, managed service or an Individual Service Fund.

### **Services, which are not included within the scope of the Fairer Contributions Policy:**

- Information, Advice and Guidance provided by Adult Social Care.
- Financial Assessments
- Welfare Benefits checks
- Equipment and minor adaptations
- Supported employment
- Reablement Services, which are time limited (usually for a period of **up to 6 weeks**) and including services for people suffering with mental health issues.
- The costs of meals provided at a Day Care or similar setting and the cost of meals provided directly to individuals at home, via the Community Meals Service.
- All residential care services, including respite care taken in a residential care setting.

### **Services which are exempt from Charging**

Charges will not be applied to the following customers:

- Services provided to customers suffering from Creutzfeldt Jacob Disease.
- Services that are provided under Section 117 of the Mental Health Act (1983), which relate to a customer's mental health problems and cannot be charged for.
- Services provided to customers who are terminally ill and assessed as palliative end of life care
- Intermediate care and re-ablement services for a period of **up to six (6) weeks**.

Customers may still be required to undergo a financial assessment, in order to identify exemption from charging.

### **Capacity Issues**

When undertaking the financial assessment the Council will find out if a customer has any of the following:

- An Enduring Power of Attorney (EPA);
- A Lasting Power of Attorney (LPA) for Property and Affairs;
- A Property and Affairs Deputy appointed by the Court of Protection; or any other authorisation for dealings with the customer's affairs (e.g. someone who has been given appointeeship by the Department for Work and Pensions (DWP) for the purpose of Benefit payments).

At the time of the assessment of care needs, Social Care staff will determine whether a customer has the capacity to consent to the care plan and any following financial assessment. If a customer appears to lack the capacity to consent to their financial information being given to the Council, while all practicable steps have been taken to help the customer, the Council will make enquiries as to whether there is a registered EPA, or registered LPA for Property and Affairs, or a Property and Affairs Deputy to manage the person's financial affairs, or an Appointee by the Secretary of State for Work and Pensions to manage the customer's benefits.

The Council recognises that whilst customers have capacity, they may wish to choose whether to give the information required for the financial assessment personally or to provide this information via their Attorney.

If there is no one acting on behalf of the customer with appropriate authorisation to do so, and if, following an assessment of capacity to make financial decisions, it is considered that the customer does not have the capacity to manage some or all of their finances, the Council will satisfy itself under its duty of care that there are arrangements put in place which meet the requirements of the Mental Capacity Act 2005. The provision of services will not be delayed whilst applications are made to register an EPA/ Property and Affairs LPA or to appoint a Property and Affairs Deputy or an Appointee.

### **The Financial Assessment Process**

All social care customers will be financially assessed to determine how much they are able to contribute towards the cost of the services they receive, or the level of their personal budget.

A flat rate charge for meals will be applied, where applicable. This will be outside of the scope of the financial assessment and not included in a customer's assessed contribution. This is in line with the 'Fairer Charging Guidance', which considers such charges as 'a substitute for ordinary living costs'.

At the time of the financial assessment, customers will be offered the opportunity for a full financial benefits check and provided with assistance where necessary to make application for benefits.

If a customer does not wish to have a benefits check or disclose their financial affairs, that is their right, but they will be asked to pay up to the maximum cost of the services they receive or 100% of their personal budget allocation.

Customers who have in excess of £23,250 capital/savings will be assessed as being able to pay up to the maximum cost of the services they receive or 100% of their personal budget allocation.

### **Assessment of Income**

Income from benefits, private/personal or occupational pensions, tariff income (from savings and capital) and income from other sources will be assessed net of Income Tax, National Insurance and reasonable housing costs (net of Housing Benefit and Council Tax Benefit), with the exception of:

#### **Benefits completely disregarded**

- Mobility Allowance
- War Pensioner's Mobility Supplement
- War Widows Supplementary Pension
- Ex-Gratia payments to former Far Eastern Prisoners of War
- Vaccine Damage Payments Scheme

#### **Benefits where a partial disregard is applied as standard**

- War Disability Pensions
- War Widows Pension
- The night-time care element of the higher rate of Disability Living Allowance (Care) and Attendance Allowance will be disregarded, unless care is specifically provided overnight.

#### **Housing related expenditure**

When determining chargeable income, an allowance will be made for reasonable housing related costs on the production of documentary evidence to substantiate these costs. Allowable housing related costs can include, but are not restricted to:

- Rent (net of any Housing Benefit received)

- Additional lighting and heating costs, over and above the levels set in Appendix A
- Buildings insurance
- Maintenance
- Ground rent/service charges
- Council Tax (net of any Council Tax Benefit)
- Mortgage repayments (net of any housing costs met by Income Support or Pension Credit)

Actual costs over and above those illustrated above will be considered by the Council on the production of evidence/receipts to justify this expenditure.

## **Treatment of Disability Benefits**

### **Benefits taken into account**

Disability Benefits such as Attendance Allowance, Disability Living Allowance, Constant Attendance Allowance, Exceptionally Severe Disablement Allowance and Severe Disability Premium will be taken into account as income for the purpose of the financial assessment.

The Council will also undertake a “Cost of Disability Assessment” to ensure that any reasonable additional costs resulting from a customer’s disability are taken into account. The additional costs must be over and above those accrued by a non-disabled person and it is expected that evidence will be provided to support these additional costs.

Disability expenditure assessments will be carried out in a way that takes account of individual needs and circumstances. Where a customer has higher costs associated with their disability then consideration to disregard these costs will be given on an individual basis within the parameters of the guidance, the assessment of need and if necessary legal opinion.

North Tyneside’s policy is not to apply a standard disregard but to assess customers on an individual basis that takes account of individual need and circumstances.

### **Treatment of Earnings**

Earnings will be completely disregarded from the financial assessment in order to avoid the direct disincentive to work.

*Working Families Tax Credit and Disabled Persons Tax credit will be disregarded.*

### **Treatment of Savings and Capital**

The Council will apply the same levels as those for residential and nursing care, as set out in the Charing for Residential Accommodation Guide (CRAG). These are currently: -



- Lower Limit               £14,250
- Higher Limit             £23,250

Savings below £14,250 will be disregarded from the financial assessment process.

Tariff income of £1 for every £250 worth of savings or capital will be applied for assets held over £14,250. Customers with savings or capital over £23,250 will be required to pay up to the maximum charge dependent upon the level of service received.

These limits are reviewed annually in line with Charging for Residential Accommodation Guidelines (CRAG) amendments and any other guidance issued by the Department of Health.

Where there is evidence to prove that capital has deliberately been transferred / given away (gifted), for whatever purpose, knowingly, in order to avoid or reduce liability to contributions, the amount in question will be added to the capital as a 'notional' figure and included within the financial assessment.

Where there are reasonable grounds to believe that a customer has savings/capital that has not been disclosed at the time of the financial assessment, the Council will review the position and reach a decision on the information available. If the Council concludes that a customer is deliberately withholding information that would affect the level of contribution, the Council will assess the individual as being able to contribute the full cost of their package.

### **Treatment of Property**

The council will disregard the value of the main residence; however, the value of secondary property will be taken into account, and the capital and the tariff income described above will be used.

### **Carers**

North Tyneside Council will not apply charges to carers where they are directly in receipt of a service as a result of a Carers Assessment under Section 2 of the Carers and Disabled Children's Act 2000.

### **Health Funding**

Where care packages are fully, or partially funded by Health under the NHS Continuing Care Policy, customers will not have to contribute to that element of their care package. Contributions will only be applied to those elements of the care package that are funded by the Council.

## **Treatment of Couples including Civil Partnerships**

Section 17 of HASSASSA (1983) envisages that Council's will have regard only to an individual customer's means in assessing ability to pay a charge.

Where only one partner is a customer, jointly held savings will be divided equally between the owners and the CRAG savings limits of £14,250 to £23,250 will be applied. Where a couple are both receiving services and are therefore each liable for charges the capital limits will be applied to both partners and will be £28,500 - £46,500.

Where benefits are paid at the rate for a couple but only one partner receives a service, the charging assessment will ensure that the household income is not reduced below the basic levels of Income Support plus a 25% buffer by taking into account the expenditure needs of both partners.

Where the council has a reasonable belief that the customer does have means other than those initially disclosed, a request will be reasonably made for the user to arrange for the partner to disclose his/her relevant resources.

Where following such request there is no such disclosure, the council may consider that it is satisfied that the customer has sufficient means to pay the charge for the service. Cases will be considered on an individual basis, seeking appropriate legal advice.

### **Failure to disclose information**

Where a customer fails to provide information to enable a financial assessment to be undertaken in order to determine charges for services, the customer will be liable to pay up to the maximum charge, dependent upon the level of service provided.

### **Annual Review**

Customers will be reviewed annually in respect of their ability to pay contributions unless their circumstances change.

Customers must notify the council of any changes in circumstances that may affect their ability to pay charges.

Similarly a review will be undertaken if a relevant change of circumstances is identified which indicates that there is a possible claim for increased levels of benefit, or if the current level of charge is inappropriate.

The key components of the charging policy will also be reviewed on an annual basis in April to take account of benefit increases and CRAG amendments. These have been identified as: -

- Basic Guaranteed Pension Credit
- 25% additional buffer

- Maximum charge
- Unit costs of the services to which this policy applies

### **Cancellation without notice**

Customers will usually be charged where they fail to advise of a request for a cancellation of service, or fail to give two days notice of cancellation. This will not be applied in emergency situations, subject to the local authority's discretion.

### **Collection of charges**

The Council's preferred method of payment is Direct Debit. Alternative methods of payment are four-weekly invoice, payment card or internet payments.

### **Recovery of Debt**

Where a customer refuses to pay, the council will not withdraw the service, however it will follow the appropriate debt recovery procedures and may take legal action, including Court proceedings to recover the debt.

### **Reviews and Appeals**

If a customer is unhappy with the assessment or considers after the assessment that they cannot afford to pay, then they have the right to request a review of the charge that has been assessed, under Section 17 (3) of the Health and Social Services and Social Security Adjudication's Act 1983.

North Tyneside Council adopts a two-stage procedure for this process. **See Appendix B.**

**Note:** This process does not prevent a customer from informally discussing the outcome with the Financial Assessment Visiting Officer or Manager - Financial Services. It is recommended that any obvious errors be brought to the Officer's attention for resolution prior to a formal review commencing.

### **Complaints**

If a customer is dissatisfied with the process or outcome of the financial assessment then they are entitled to make a complaint. The leaflet entitled "How to Complain about Adult and Children's Social Services" is available upon request from **Customer & Member Liaison Office**, North Tyneside Council, Quadrant, The Silverlink North, Cobalt Business Park, Newcastle upon Tyne NE27 0BY,

Tel: (0191) 643 2280.

Fax: (0191) 643 2430

Email: [customerliaisonoffice@northtyneside.gov.uk](mailto:customerliaisonoffice@northtyneside.gov.uk)

## Appendix A

### Income / Disregards 2012/13 North Tyneside

Disregard Basic Income Support plus 25%

“Basic Income Support” includes Personal Allowance, age and disability premiums but **NOT** Severe Disability Premium, Attendance Allowance or Disability Living Allowance.

Amounts will be :

Over Pension Age - Single £178.38 per week Couples £272.38 per week

Under Pension Age - Single £126.69 per week Couples £193.38 per week

Attendance Allowance -if on higher rate (£77.45) disregard difference between higher and lower rate (£25.60) unless in receipt of both day and night care

Mobility Allowance -Disregard fully

War Disability and War Widows Pension -Disregard the first £10 per week  
N.B. War Widows Supplementary Pension  
Disregard fully £85.12

Cash in Lieu To be confirmed

### **Assets**

Capital below £14,250 fully disregarded.

Tariff Income of £1 per week for every £250 (or part of £250) above £14,250 and up to £23,250 (if the upper capital limit is applied).

### **Disability Related Expenditures 12/13**

The following table provides guidance of examples of additional costs which an individual may face as a result of disability. These additional costs may be taken into account in the Disability Related Expenditure (DRE).

This list is neither exhaustive nor exclusive and the Council recognises that each individual's circumstances may vary. As a result the Council will consider other additional costs that may be incurred, on the production of evidence or receipts to substantiate these amounts.

<b>EQUIPMENT</b>		
<b>Item</b>	<b>Standard Weekly Amount Allowable based on NAFAO Guidance</b>	<b>Notes</b>
Wheelchair - manual	£3.53	Considered if not provided free of charge – evidence of purchase will be required
Wheelchair - powered	£8.61	As above
Powered Bed	£3.96	Actual cost divided by 500 up to a maximum allowance (10 year life) – evidence of purchase if available
Turning bed	£6.86	Actual cost divided by 500 up to a maximum allowance - evidence of purchase if available
Powered reclining chair	£3.12	Actual cost divided by 500 up to a maximum allowance - evidence of purchase if available
Stair lift	£5.55	Actual cost divided by 500 up to a maximum allowance – evidence of purchase without DFG input
Hoist	£2.72	Actual cost divided by 500 up to a maximum allowance - evidence of purchase without DFG input

<b>SERVICES</b>		
<b>Item</b>	<b>Suggested Weekly Amount Allowable</b>	<b>Notes</b>
Personal alarm	Actual cost	Actual rental charge if not covered by housing benefit
Personal care	Actual cost	If purchased privately and identified in the Support Plan and Council supported care is reduced accordingly
Cleaning/Domestic	£ 9.00	Actual cost up to a maximum allowance if purchased privately and identified in the Support Plan – (based on 1.5 hours per fortnight as currently assessed by social care staff for house work cases)

Garden Maintenance	£ 2.50	Discretionary based on individual costs of garden Maintenance – indicative amount based on NAFAO guidance
Personal assistance	Actual Cost	Actual cost if purchased privately and identified in the Support Plan and not covered by a Direct Payment
Chiropody/manicure	Actual Cost	Actual cost if purchased privately and identified in the Support Plan and not covered by a Direct Payment

<b>ADDITIONAL LIVING EXPENSES</b>		
<b>Item</b>	<b>Suggested Weekly Amount Allowable</b>	<b>Notes</b>
Holidays	Additional actual costs	<b>Additional actual cost for costs incurred for carer support</b> in excess of normal costs for similar holiday divided by 52
Prescription Charges	£104.00 per annum	Cost of annual season ticket divided by 52 where not eligible for free prescriptions (£104.00)
Special dietary needs		<b>Additional cost</b> of special dietary needs due to an illness or disability – details of special purchases required
Transport	Actual additional weekly costs	<b>Additional cost</b> of transport not covered by DLA mobility component and due to illness and disability for necessary trips.
Laundry	£3.41	Where incontinence is identified or other illness that may cause additional need for laundry in excess of normal needs – based on NAFAO guidance
Heating	£ 1,128 £1,487 £1,198 £1,577	Flat terraced house. Single person Flat/terrace house Couple Semi detached house Single Semi detached house couple

	£1,457 £1,920	Detached house Single Detached House couple – based on NAFAO guidance
Special Clothing or footwear	Additional cost/52	Additional cost of specialised clothing or footwear, or additional wear to clothing or footwear caused by illness or disability
Social Activities	£ 5.00	<b>Actual additional costs</b> in respect of disability, i.e. delivery charge for paper, paying for carer to accompany, etc
Internet Costs	£3.50	Where the internet offers the only choice for purchasing shopping due to mobility problems
Incontinence Pads	£10	<b>Only</b> if free pads are not suitable where incontinence has been identified.
Hairdressers	£5	<b>Max additional cost</b> for a basic weekly hair wash where there is no one else available to assist
Repairs/maintenance of essential equipment	Actual Cost	Actual cost in respect of equipment essential to continuing independence in the home

<b>HOUSING COSTS</b>	Actual costs incurred, on production of evidence to substantiate liability for expenditure.
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## **Appendix B**

### **Review and Appeals Process – Financial Assessments Residential and Non-Residential Services**

#### **Purpose:**

The Council charges for residential services in accordance with the Charging for Residential Accommodation Guide (CRAG), and for non-residential care services in accordance with North Tyneside Council's Fairer Contributions Policy.

Both policies allow some discretion in terms of dealing with individual cases and each case is determined on individual financial circumstances and the outcome of a financial assessment. The complaints procedure is not suitable for dealing with appeals of this type in that it examines the process and does not have the capacity to exercise discretion based on the details of the case.

The Local Government Ombudsman has emphasised that customers should be given clear information as to the criteria for having charges reduced or waived, and of their right to a hearing before an appeal panel if their initial challenge is unsuccessful.

#### **The Financial Assessment Appeals process sets out the mechanism through which individuals may appeal against their assessed charge.**

The process has two stages as set out below:

##### **Stage One**

Where a customer disagrees with the level of charge set following a financial assessment, they can request a review. The request would normally be within 20 working days of receiving confirmation, in writing, of the assessed charge.

The review will be completed within 15 working days of receipt of the request and undertaken by the Manager Financial Services. The customer will be notified in writing of this, with an undertaking that any reduction (if agreed) will be applied from the date of notification of the assessed/re-assessed charge, i.e. the date from which the charge would take effect.

The Manager of Financial Services will:

- Establish that the charging policy has been appropriately applied and that the charge has been calculated correctly.
- Establish that benefits have been maximised appropriately.
- Establish that any additional costs of disability have been allowed in accordance with agreed amounts.



- Consider any exceptional costs that result from disability, identified by the customer and assess the need for a reduction in the charge through the exercise of discretion.
- Check the care plan and discuss with the Care Manager whether any other exceptional circumstances apply.
- Ensure that, where appropriate, additional supporting evidence of actual expenditure is provided
- Arrange to meet with the customer user/family or carer as necessary to discuss the circumstances of the appeal.
- Obtain the agreement of the Strategic Commissioning Manager OP and PD to the outcome of the appeal.
- Notify the customer in writing of the outcome of the appeal and advise the customer of the right to move to Stage 2, if dissatisfied with the outcome of the appeal.

## **Stage Two**

If a customer is dissatisfied with the outcome of Stage 1 of the Appeals process they can request that the matter be referred to Stage 2, for consideration by the Financial Assessment Appeals Panel (see Flow Chart). The request would normally be within 20 working days of receiving confirmation, in writing, of the stage 1 decision.

- The Visiting Officer who undertook the initial visit, or the Manager of Financial Services in those cases where the original assessment has been amended but the customer remains dissatisfied will present the case to the Review Panel.
- The customer will be offered the opportunity to present his/her case in writing, or in person.
- The customer will be offered the opportunity to be represented or supported by an advocate.
- Interpreting services will be made available as required to assist the customer to fully participate in the process. Information will be provided in an appropriate format such as large print, Braille or audiotape.
- The customer will be asked to give permission for recovering additional information or documents to be obtained from the appropriate agencies, e.g. a report from a GP.

- Any documents to be considered by the Appeals Panel should be submitted at least 7 working days prior to the panel meeting.
- All panel documents will be circulated at least 5 working days prior to the date of the panel.
- The decision of the panel will be notified in writing to the customer within 5 working days of the panel meeting.

## Financial Assessment Review/Appeals Process Flowchart

Financial Assessment completed by Visiting Officer based on information provided by the User and the Department of Works and Pensions

Customer notified of charge (including a breakdown of how the charge has been calculated and how to pay)

Customer disagrees with the outcome of the financial assessment  
The assessing Visiting Officer should explain how the charge has been calculated explaining decisions in relation to property, savings or disability disregards where appropriate

Charge can be maintained or amended following further information or clarification by the Customer and Visiting Officer

### STAGE ONE - REVIEW

#### Process

Customer does not agree with the Visiting Officer decision. The customer can request a review, normally within 20 working days from being notified of the assessed charge.

Case is referred to Manager Financial Services who will review the case with support from the Council's Legal Section and Strategic Commissioning Manager OP and PD (where appropriate)

#### Outcome

The Manager Financial Services can maintain the original decision or replace with a new decision. The review will be completed within 15 working days of receipt and the customer notified in writing of the outcome.

### STAGE 2 - APPEAL

Customers who disagree with the decision can appeal to the Financial Assessment Appeal Panel within 20 working days of the decision

The Manager Financial Services will acknowledge all appeals within 10 working days.

**The case will be referred to the Financial Assessment Appeal Panel within 20 working days.**

The charge should be put on hold pending the outcome of the appeal. If the appeal is unsuccessful then the person will be required to pay the full charge

backdated to the original date of the assessment. The customer should be notified of this in writing.

The Financial Assessment Appeal Panel can:

Maintain the decision

Or

Revise the decision in light of new finding of fact

### **Terms of Reference for the Financial Assessment Panel**

Name	Financial Assessment Appeal Panel
Reports to	Head of Adult Social Care Service
Membership	Strategic Commissioning Manager OP and PD Senior Manager Personalisation Locality
Meeting to be held	As and when required
Aim	To resolve disputes in relation to Financial Assessments for Adult Social Care charges
Objective	To ensure that any charging decisions are fair, equitable, consistent and in line with CRAG Guidance, Fairer Charging Guidance and Council Policy.
Decision making powers	The panel can maintain the original decision Or Refer the case to the Manager Financial Services to review in light of new facts Or Replace the Manager Financial Service's decision with the Financial Appeal Panel decision
Communication	The Strategic Commissioning Manager OP and PD will direct the Manager Financial Services in relation to the Appeal Panel's decision.  The Head of Adult Social Care will be notified in writing of the outcome of the Appeals Panel.