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**Appeals Procedure**

How residents can appeal against a care needs assessment decision or a financial assessment decision.

Adult Social Care and Financial Assessment Team

**Version Control**

In the footer below, add the name of the author and the date it was created

1. **Purpose and Summary**

This procedure describes the process through which residents can appeal against a care needs assessment decision in adult social care, or a financial assessment decision.

1. **Definitions**
   1. Care needs assessments are described in 2014 Care Act statutory guidance. The aim of the assessment is to identify what needs the person may have and what outcomes they are looking to achieve to maintain or improve their wellbeing. The assessment is core to the determination of whether needs are eligible for care and support from the local authority, using the eligibility threshold described in the Care Act. Assessments can be carried out with a person who needs care and support, and/or unpaid carers (often called ‘carer assessments’).
   2. For the purposes of this procedure, a ‘financial assessment’ is defined as an assessment to determine how much a person might have to contribute towards the cost of their care. The national framework for this is set out in the 2014 Care Act. The local framework for this in community-based services is set out in our 2019 Charging Policy.
2. **Scope**
   1. This procedure is applicable to all staff working in adult social care in the local authority and in the financial assessment team. It is not applicable to staff working in commissioned provider settings.
   2. The procedure should be read in conjunction with the council ‘[complaints policy and procedure](https://www.lbbd.gov.uk/council-and-democracy/complaints-policy-and-procedure)’.
3. **Detail**
   1. Appealing against a care needs assessment decision
      1. A resident who disagrees and wants to appeal against a care needs assessment decision and their eligibility for support from the council should first be advised to raise their concern informally with the practitioner who carried out the assessment. The practitioner will then review the assessment decision and discuss this with the resident.
      2. The next stage is for the resident to appeal against the decision by making a complaint to the council complaints team, under Stage 1. The complaint will be acknowledged within two working days and a response will be provided within 20 working days.
      3. The procedure then follows the procedure set out in the council ‘[complaints policy and procedure](https://www.lbbd.gov.uk/council-and-democracy/complaints-policy-and-procedure)’.
      4. The number of formal appeals – via the complaints process - and the outcome will be regularly reported to the Operational Management Team (OMT) in adult social care.
   2. Appealing against a financial assessment decision
      1. A resident who is concerned that their assessed contribution has not been calculated correctly can appeal against the calculation decision by contacting the Financial Assessment team directly.
      2. It should be noted that the Financial Assessment team will only consider an appeal that refers to a concern that an assessed contribution has not been calculated correctly according to our local policy. A concern about the policy itself is not considered to be an appeal. A concern about an inaccurate invoice – for example, an amount based on incorrect dates or services – is not considered to be an appeal.
      3. The Financial Assessment team will record the appeal and will review and respond to it within 20 working days.
      4. The number of appeals and the outcome will be regularly reported to the Adults Improvement Board.
4. **Roles and responsibilities**
   1. Adult social care operational services are responsible for the following:

* Informing people with support needs how to appeal against a care needs or financial assessment decision.
* Responding to appeals against care needs assessments at an informal stage.
* Regularly reviewing information on the number and outcome of appeals against care need and financial assessment decisions and learning lessons as a result.
  1. The financial assessment team is responsible for the following:
* Informing people with support needs how to appeal against a financial assessment decision.
* Responding to appeals against financial assessment decisions in line with this procedure.
* Recording and regularly reporting on the number and outcome of appeals against financial assessment decisions to adult social care.
  1. The customer feedback and complaints team is responsible for the following:
* Dealing with formal appeals against care need assessment decisions, in line with this procedure and the council ‘[complaints policy and procedure](https://www.lbbd.gov.uk/council-and-democracy/complaints-policy-and-procedure)’.
* Recording and regularly reporting on the number and outcome of appeals against care need assessment decisions to adult social care.

1. **Monitoring and review**

This procedure will be reviewed in November 2026, or sooner if needed.

1. **Communication**
   1. Communicating this procedure to staff

The procedure will be cascaded to staff via team meetings, staff newsletters and via learning and development / communication on Tri-X (the procedure will be uploaded to Tri-X as part of our larger suite of policy and procedure).

* 1. Communicating this procedure to residents

The procedure is communicated to residents via our website (please see relevant webpage on [care needs assessments](https://www.lbbd.gov.uk/adult-health-and-social-care/care-and-housing/assessing-your-care-needs/assessment-process#lgd-guides__title) and [financial assessments](https://www.lbbd.gov.uk/adult-health-and-social-care/care-and-housing/paying-care/paying-community-based-services)) and in relevant printed information (please see our assessment leaflet and printed information on charging). It is also communicated verbally by staff to residents during assessment visits or phonecalls.