**NOTES:**

Please read these notes before completing the template to check it is right for your situation.

This letter is for people who have been reassessed by West Sussex County Council for their adult social care funding.

It will help you explain any concerns you have about the financial assessment and ask for a new assessment that considers all your disability related expenses.

Our Disability Related Expenses Training Vlog also offers tips and advice on how to explain your expenses. Here is a link: <https://indd.adobe.com/view/7be31af6-bd44-4e5b-a26b-d0df1ffa3183>.

Mencap also have some useful information on their website: <https://www.mencap.org.uk/advice-and-support/social-care/paying-support>

You can also get support from a Benefits or debt Advisor at Citizens Advice - <https://www.advicewestsussex.org.uk/> by calling 0808 278 7969

**Please delete these notes so you have just the letter template. .**

**The letter can be customised to your needs by adding or deleting information.**

From the Healthwatch West Sussex Team.

**[Insert your name**
**and address here]**

Customer Relations Team

West Sussex County Council

County Hall

West Street

Chichester

West Sussex PO19 1RQ

**[Date]**

Dear Sir/Madam,

**RE: [The name of the adult in receipt of social care, Postal Address] [D.O.B]**

 This is an urgent request for a Financial Reassessment of the contribution [**name**/**I /we**] has been asked to pay towards the adult social personal budget. The increase in the contribution is causing **financial hardship**.

**[I/we/name**] cannot afford to pay this amount because the process has not considered all the [care and support needs/care costs and/or disability-related expenses].

I believe there have been errors in the calculation of the amount of money **[I/we/name**] have been asked to pay.

BACKGROUND

***(Delete what is not applicable)***

**[I/we/name**] did not receive/have only just received a letter detailing West Sussex County Council’s charging adjustment that affects the personal budget contributions. This means there has been no time to plan how to manage [name/our/my] personal money. The increased charge is a shock and was not expected to be anywhere near this high.

**[I/we**] only became aware of the adjustment to the personal budget when an invoice was received ***[please add details, e.g., date and amount].*** Without a breakdown to explain how this invoice was calculated, **[I/we**] do not understand why **[I/we/name**] has been asked to pay the extra money and **[I/we/name**] do not have this money available.

If **[I/we**] had known in advance **[I/we/name**] would be expected to pay so much money, **[I/we**] could have:

* Decided to meet the assessed needs differently.
* Suspended the personal budget as [name/**I was/we were] shielding** under the *extremely clinically vulnerable* status imposed by the UK Government.
* Suspended the personal budget as **[I/we/name**] could not access support.

This situation has caused a great deal of distress and affected my confidence and wellbeing. **[You may include examples of how this has hurt/harmed you, including your mental health or carer role. Also include the impact on the person you are supporting, if you are the carer.]**

CONCERNS

***(Delete what is not applicable)***

**[I/we**] are concerned that by making the financial contribution unaffordable, West Sussex County Council is not following the principles of the Care Act in this case. I would like the following points addressed:

1. Written details of how the charge has been calculated and a written explanation of why I have not already received this information.

.

1. The assessment has not taken in account the following costs which need to be included:
* [**Cost], the** need for this is included in [my/name] care and support plan as [**add details of how this is described]**
* [**Cost]**, which is needed so that we can manage [my/**name]’s** care. This cost is a direct result of a disability.
* [add further costs as needed].
1. [my/**name of the person in receipt of adult social care]**’s night-time care needs have not changed. Their/my Personal Independent Payment (PIP) is based on both day and night care needs. The calculation has wrongly assumed that all the daily care component is available income. As the Care and Support Plan only includes cover for the daytime, we must have funds available for night-time needs.

**I would like the above costs included in the financial assessment recalculation. If** the financial assessor feels these costs do not meet the Council’s definition of a disability-related expenses, please action an urgent reassessment by a qualified social worker so the costs can be covered elsewhere.

Please note that because of the pandemic, I do not have the receipts for some of the disability-related expenses. A lack of receipt does not mean no costs.

WHAT I WOULD LIKE

I would like the Council to carry out a fair and affordable assessment, understanding that I am not avoiding paying but cannot afford to pay this calculation.

Following your acknowledgement of this letter, I expect all actions relating to the payment of my contribution to be put on hold.

I am aware [I/name] may still receive invoices during the reassessment but I hope they are adjusted quickly after the recalculation to avoid any further stress.

Yours faithfully,

**[Name of complainant]**

**[Insert contact number]**

**[Include a daytime contact email/number if possible]**