

Linda Haigh

From: Peter Stevens [peter@ GRO-C]
Sent: 13 November 2006 12:00
To: Mark.winter@ GRO-C ; patspellman@ GRO-C Sue Phipps; Susan Daniels
Cc: Rosamund Riley; Martin Harvey; Linda Haigh
Subject: Re: ET RegPay

Attachments: 2007 rates (second cut).xls



2007 rates (second cut).xls (1...

The extra look prompted by Linda's figures, and the concern in the office about how to ensure consistency once the link with the MFT formula is broken, prompted me to look again at the figures produced by Susan and Linda. I apologise to them, and to the rest of you, for stepping back from immediate approval.

The attached is a revised version of the table. I have endeavoured to categorise recipients of regpay according to the MFT formula criteria - i./e. whether or not they are on Income Support and how their family is constituted. This would appear to me to enable us to maintain consistency and comparability across ET beneficiaries (but not with MFT) without having to adopt the same formula precisely.

There is one other consideration of which Sue and Susan will not be aware. The MFT trustees spent a Saturday recently inspecting the corporate navel. The day was kicked off by a presentation by our solicitor from Berwyn Leighton Paisner, an ex-Charity Commission lawyer, who told us, without reservation, that financial need is an absolute pre-requisite for any disbursement by a charity. When it was put to her that anybody with haemophilia, HIV and HCV by definition had financial needs in connection with trying to preserve their health that the Man in the Street did not have, and that such a person's health could deteriorate sharply and without warning, she said that those were insufficient to establish financial need or to justify disbursement.

This is quite tough, and goes against everything that MFT, and, by extension, ET, have been doing since inception. She acknowledged that, but insisted that making disbursements without financial need being established was, in effect, a breach of trust.

It should also be noted that, unlike MFT registrants, those of ET are not co-infected and do not, therefore, have quite the same health threat. Any of them who was diagnosed late, such as GRO-A, will have acute problems with HIV, and several of them, such as GRO-A, have other very difficult health issues. But for those whose infection arose from treatment for something relatively mild and was diagnosed long ago, such as GRO-A, HIV is, I gather, a chronic condition but not now regarded as a terminal illness. So it seems to me that the automatic presumption of financial need, on the grounds of the infection alone, that we adopted, in line with MFT, at the outset really is not applicable to at least some of our registrants.

In discussion (I think after the lawyer's departure) the MFT trustees agreed that anybody who is on Income Support must, again by definition, be in financial need. So in MFT we only have about 25% of our registrants to worry about.

Reverting to ET and the attached table, this suggests that we are paying regpay to only 3 people who are not on IS and might, therefore, not be in financial need. (I should say at this point that my ability to correlate numbers and names is minimal). One of those will be GRO-A; I cannot name the others. I offer, as a suggestion, that any increases to regpay should not be made to the first two, pending a review of how we are going to deal with the issue and absent any evidence from Susan that either of them is in fact in financial need.

5074A's regpay amount suggests no IS but receipt of DLA. Is this correct? She is also receiving a supplementary £30/month to pay for complementary therapy. Susan applied the uplift to the supplement, Linda did not (I believe); trustees should, I suggest, review this supplement. Further, without IS, we need to establish the degree of this person's financial need - can Susan throw any light on this?

5092 is, I am told, actually on IS and should, therefore, be receiving £316/month now. the figures in the table reflect this.

5087A sparks some questions, since this is a [GRO-A] - [GRO-A] - and I thought we were also making payments both to [GRO-A] and the boy, which do not appear in the table. More importantly, however, the legal advice would seem to mean that it is totally improper to be storing up payments for [GRO-A], who is clearly not in financial need now and might never be. Again we must think hard about this.

The groups of singletons on IS and of those with a partner seem to speak for themselves. However, we do need, even then, to be certain that there is genuine financial need in each case. Susan, are there any doubtful cases? (I think this unlikely since IS rules are, as far as I am aware, quite strict; but we should be certain).

The final two are also fairly clear. however, it is also not unreasonable to suggest that their regpay should not be the same, since 5085 has one more dependent child than 5089. Furthermore, the MFT formula is pretty niggardly when more than one child is involved; would anybody support, or object to, a greater supplement for larger families?

The main differences between the figures in the final columns, other than those mentioned already, are of rounding. I prefer to round up from 455. The final pair might well end up at £500 for 5089 and something higher for 5085.

Finally, the legal opinion also throws into question the whole practice of back-dating. Financial need that used to be felt is no longer financial need - only today's financial need is relevant. We have a new registrant awaiting a back-dated payment; the DoH have assured us, again, that there is nothing they can do to help; now it seems that we might not be able to make the payment anyway. I see no fundamental difficulty in explaining to the chap that, on legal advice, we have had to amend our policy. He would have to sue the lawyers, not us. Thoughts, please.

Linda tells me that she can make the December payments on time provided that we make up our minds this week. Again, I apologise for re-introducing some indecision.

Peter