

Southend-on-Sea City Council Adult Social Care Charging Policy

Purpose



Southend-on-Sea City Council are making some changes to the way people pay towards their care and support.



This policy tells you how they will make sure it acts fairly when asking people to pay money towards the cost of their care and support.

The costs cover residential and non-residential care services.



Residential care services means care and support in a care home.

Non-residential services means other types of care such as help at home, getting wash and dressed, getting meals and going to the shops.

Legal Framework



A legal framework is a set of documents that include laws, rules and contracts which people must work to.



This policy was made with the Care Act 2014 and similar guidance in mind.

Context



One of Southend-on-Sea City Council's jobs is to make sure that the social care needs of people are met.



To do this, the council provide a range of services from care homes to services that support people to be independent at home.



When the council arranges someone's care and support they can charge that person money for their care.

This is set out in the Care Act 2014.

Policy Principles

The council have said that they will:



- Start to use a simple, well-planned, and low-cost financial assessment and income collection process.

A financial assessment works out how much you will pay towards your care.

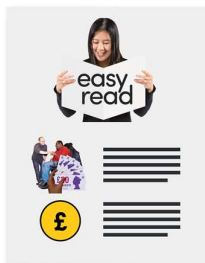
An income collection process is how the council will work with you to collect the money you need to pay.



- People will not be charged more than they can afford.



- The charging rules will be fair to everyone.



- People will be given clear information about how much they are being charged and how it has been worked out.



- Advice on how to get welfare benefits will be made available to people and carers.



- The charging plans will reflect the actual cost of services.



- The policy will contribute to the sustainability of Adult Social Care in Southend.

Sustainability means meeting our needs now without hurting people's needs in the future.

Policy Exclusions



There are some situations and services which the Council will not charge for. This includes:



- People who have any form of Creutzfeldt Jacob Disease. This disease causes dementia.



- People who get services after they leave hospital that are provided under Section 117 of the Mental Health Act 1983.



- Any service or part of a service with the NHS has to provide.

This includes 'Continuing NHS Health Care' and the NHS contribution to registered nursing care.



- Advice and information provided by the Council about the different types of care and support that are available.



- Independent advocacy services which supports the person to be part of their care and support plans.



- The cost of assessments, including assessment of care and support needs and financial assessments.



- Community equipment and minor adaptations that costs up of £1,000.



- Intermediate care including supporting people, for up to six weeks, to be independent again.

Intermediate care means up to 6 weeks of free care to help you get better when you go home from hospital.



- Care and support services provided to carers to meet their support needs.

Financial assessment



The Council are looking to do a financial assessment to work out how much a person should pay towards the cost of their care and support.



The person will pay either the full cost of care or their maximum assessed contribution.

The person will pay whichever one is the smaller amount.



Each person's situation will be looked at to work out how much they should pay.



It is the person's job to give all information needed to make the financial assessment.



If the person does not want a finance assessment then they will be expected to pay for the full cost of their care.



The financial assessment looks at the person's incoming money.



Depending on what type of assessment is done, then allowances can be made for.

Things like personal costs, specific household costs and disability related costs.

Capital rules

Capital rules are controls on savings.



Capital means anything you have that has a money value.

The cost and treatment of capital is based on rules set by the Department of Health and Social Care.



Until more information is given, the following rules apply to assessments:

- If someone has £14,250 or less in savings, then the Council will not take account of an individual's savings.

They will still be expected to have a financial assessment.

- If someone has between £14,250 and £23,250 in savings, then the Council will ask them to use some savings to pay towards care.

For every £250 that is on top of £14,250, the person will pay £1 of their savings a week to pay for their care and support.

- If someone has £23,250 or more in savings they will be asked to pay the full cost of their care.



Deprivation of capital



Deprivation means to stop someone from having something.



If a person has stopped themselves having a certain amount of money saved up so they do not have to pay or are able to pay less towards their care, the Council will treat this as a deprivation of funds.



This means the assessment will be worked out as if they had the full amount of the savings they would have had.

Arrangement fees



People with eligible needs, who have savings above £23,250 and who ask the Council to organise their non-residential care services will be charged a fee to arrange their care.

Eligible needs might mean someone who needs support because of a mental health condition or a physical health condition.



The fee includes a one-off payment to set up their care and then regular payments to cover costs related to billing.

Trust funds and Personal Injury Awards



If savings are held in trust or by the Court because of a personal injury pay-out award which pays for care needs, then this money will not be looked at for the financial assessment.



In trust means that money or property is in the care of a trustee.



Any money gained from this will be looked at in the financial assessment.



The Council will look at any personal injury awards that are held in trust for less than a year from when they were awarded.

Changes in people's financial situation



It's the person's job to tell the Council of any changes in their financial situation which may affect their financial assessment.



This may include getting a lot of savings at once or an increase in benefits or a new benefit award.



The Council has the right to review financial assessment at any time.



This might mean people need to give new or extra evidence.

If they do not provide information when asked to they may end up having to pay a lot more money for their care.



The Council will do a financial assessment again if they become aware of changes to benefit amounts or rules.

This might include yearly increases to benefits payments like:



- The State Retirement Pension
- Income Support
- Attendance Allowance (AA)
- Personal Independence Payment (PIP)
- Other types of income such as private pensions.

Financial Contributions



The Council aims to complete the financial assessment as soon as they can and they expect the person to take part.



People will be charged based on the actual cost of care and support that the Council pay.

People are expected to pay towards their care from the date they start getting the service.



The Council will not bill for contributions that are below £5 a week.

Charging for Care and Support in a Care Home



People who get care and support in a care home are expected to make a contribution towards the cost of their care.

Living Expenses – Residential Care



People living in a care home can keep a certain amount of their income to pay for personal costs which the care home don't cover.

This is called Personal Expenses Allowance (PEA) and is set by the Department of Health and Social Care.

Treatment of Property



The financial assessment takes into account the value of any property that is owned.

This includes the person's main home or only home and the value of any extra buildings or land that they have.



Mandatory property disregards

In certain situations, the Council must not include the value of the person's main home.



For example, if the person moves into a care home but their partner or relative aged over 60 continues to live there, then this will not be included.

Discretionary Property Disregards



The Council may also decide not to include a property when a mandatory disregard does not apply.

This is called a discretionary property disregard.



This may be where the property is the main home of someone who has given up their own home to care for the resident.



Or when someone who is an old companion of the resident stays in the main home.

If someone requests for a discretionary property disregard, the council will look at:



- The total budget of Adult Social Care in Southend
- That the assets of the person living at the care home is not something the public pays for.

The 12-Week Property Disregard



If the person is moving to a registered care home forever then the council will not include the value of their property for the first 12 weeks of them living at the care home.



This would end if the property is sold in the first 12 weeks. The money they get from the sale will be included in the person's financial assessment.

Deferred Payment Arrangements

If the person's main or only home is not already included, then the council will offer a Deferred Payment Agreement.



A Deferred Payment Agreement is where the person can push some of the costs of their care and support to a later date.

This is normally when they sell their home or when they die.

They will still pay their assessed charge.

The Council will charge a one-off fee for managing a deferred payment agreement. This can be paid all at once or over time in a loan. Interest on the loan will be added.



The person won't be able to get their money back as this is non-refundable. The amount is set yearly.

Sometimes, the property needs to be valued when setting up the deferred payment agreement.



The person is responsible for paying this. This can be paid all at once or over time in a loan. Interest on the loan will be added.

The person won't be able to get their money back as this is non-refundable.



The Deferred Payment Agreement scheme is done within regulations and national guidance.



When a Deferred Payment Agreement is in place, the Council will take steps to make sure:

- Any money owed to the Council during the agreement is secured by a fee.
- The person or their representative has taken proper steps to make sure the property is maintained, insured, and secured.



If the person does not want to sell their property and chooses not to apply to the Deferred Payment Agreement scheme, they may need to arrange their own placement in a care home.





Top-up payments

If a person chooses care that is more expensive than the council has assessed them for, the person or their family can 'top-up' the costs to buy the care of their choice.



Any 'top-ups' are the individual's choice.

If the person or their representative wish to 'top-up' the costs then they must sign a contract with the Council which sets out the terms and conditions of the arrangement.



If the top-up stops being paid, then the Council will not increase what they pay towards the care.

This may mean that the person will have to move out. However, they can stay if their needs can only be met in that service.

First Party Top-Ups

The person receiving care can only pay the top-up themselves in the following situations:



- They are under a 12-week property disregard
- They have a deferred payment agreement in place with the Council. This must also include the first party top-up arrangement
- They are in housing provided under Section 117 of the Mental Health Act.

Third Party Top-Ups



Third party top-ups are paid by a third party who wants to and is able to pay the extra costs.

A third party is someone other than the person receiving the care.

Charging for non-residential care and support



People receiving non-residential care and support services will be expected to pay towards the cost of their care.

This is in line with the rules set out in the Care Act 2014 and related guidance.



Treatment of Property

For people that get non-residential services then the Council will not look at the value of the property they live in.



If a person owns or partly owns a second or extra property which is not their main home then it will be looked at as an asset in the financial assessment.

Living Expenses – Non-Residential



An allowance will be made in the non-residential assessment for everyday living expenses such as paying for food, utilities, insurances, and other similar costs.

This amount is set by the Department of Health and Social Care and is known as the Minimum Income Guarantee.

Housing costs

An allowance will also be made for housing costs such as:



- Rent not covered by Housing benefit
- Council Tax not covered by Council Tax Benefit
- Mortgage payments
- Ground rent and maintenance charges for Lease Holders (unless these costs are part of day-to-day weekly costs).



If more than one person lives in the household, the allowance the person gets will only be for their part of the total household costs.



Disability Related Expenses

An allowance will be made for Disability Related Expenditure, which are the additional costs a person runs up due to their age or disability. Evidence is needed for this.



The Council will not include items that could be considered as normal living costs like laundry, clothing, and bedding.

These are covered by the allowance made in the Minimum Income Guarantee.



The Council will not normally make allowance for costs that should be covered elsewhere like incontinence pads provided by the NHS unless this is allowed by a Social Work Team Manager.



Transport Costs

Charges made for transport costs are extra to any money spent on care and support provided by chargeable services.

Debt Recovery and Fraud



When a person does not make a payment for their care services then the Council will look to recover the debt.

This may mean legal action is taken against the person and they may have to pay extra costs.



The Council will protect public money from fraud, misuse, or deprivation of assets.

Waivers and appeals



If a person disagrees with their financial assessment they can ask for a reassessment at any time.



A waiver is a document that means someone no longer has to do something or had a claim to something.

In this case, a waiver which reduces the amount or gets rid of the money they would have to pay for their care might be granted.



This would only be granted if the amount someone had to pay would cause them serious money problems or their health would be put at serious risk.



Waivers only apply to non-residential care services and related financial assessments.



Waivers will be thought about and approved by the Director of Operations.



All waivers will be recorded and reviewed at an agreed time.

Disagreements or Complaints



Where disagreements or complaints happen, we will try to work with the person or their representative to solve them.

This might be by:

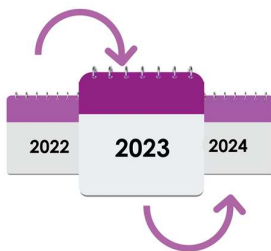


- A review of the financial assessment and/or service
- A complaint or representation against policy
- An application for a waiver.



If a person is still not happy with the decision, they can ask the decision to be looked at under the Council's Complaints procedure on the [Council's website](#).

Review



This policy will be looked at regularly.



The review will keep in mind learning from complaints, compliments and concerns, from people who use the council's services and their families.