



# **Charging Policy for Non-Residential Services**

**April 2020**

## Contents

<b>1. Information &amp; Legislation .....</b>	<b>3</b>
<b>2. Charging Principles .....</b>	<b>3</b>
<b>3. Charging For Services .....</b>	<b>5</b>
<b>4. Financial Assessment.....</b>	<b>6</b>
<b>5. Calculating The Charge .....</b>	<b>7</b>
<b>6. Non Residential Services.....</b>	<b>11</b>
<b>7. Mental Capacity.....</b>	<b>13</b>
<b>8. Welfare Benefits.....</b>	<b>13</b>
<b>9. Appeals .....</b>	<b>14</b>
<b>10. Information Sharing .....</b>	<b>14</b>
<b>11. Payment .....</b>	<b>14</b>
<b>12. Debt Recovery.....</b>	<b>15</b>
<b>Appendix 1 .....</b>	<b>17</b>

## **1. Information & Legislation**

### **Information**

This document is the formal charging policy for non-residential social care services and incorporates decisions made on how charges will be applied by Durham County Council.

For the benefit of service users and their families, a range of booklets and information leaflets have been produced, ask your social worker or care coordinator for more information.

Alternatively, the range of leaflets produced by the council are available on the website [www.durham.gov.uk](http://www.durham.gov.uk)

The guidance issued by the Department of Health is available on their website [www.dh.gov.uk](http://www.dh.gov.uk)

### **Legislation**

The Care and Support (Charging and Assessment of Resources) Regulations 2014 gives councils the power to decide whether to charge. If a decision is taken to charge, the Care and Support Statutory Guidance issued by the Department of Health in 2014 has provided councils with a framework to ensure that charging policies are fair, reasonable, transparent and consistent.

Social care services are provided in such a way as to promote wellbeing and social care and to support the vision of personalisation, independence, choice and control.

The Care Act 2014 provides a single legal framework for charging for care and support under Sections 14 and 17. It enables a local authority to decide whether or not to charge a person when it is arranging to meet a person's care and support needs or a carer's support needs. The new framework is intended to make charging fairer and more clearly understood by everyone.

This policy has been written in accordance with that guidance and will apply to all non-residential care services, whether taken as a Direct Payment, Virtual Budget or a managed service arranged by the council.

## **2. Charging Principles**

The key principles of the policy are:

- Charges for non-residential care are calculated openly and transparently and all service users are treated in a fair and consistent manner.

- Service users will be required to complete a financial assessment to calculate their contribution towards the services they receive. If a service user declines or refuses a financial assessment, they will be required to pay for the full cost of services up to the maximum charge (see page 8).
- Service users will not be required to pay more than they can reasonably afford, following a financial assessment in line with the Care and Support Statutory Guidance issued by the Department of Health (2014).
- To support carers to look after their own health and wellbeing and to care effectively and safely.
- To apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings.
- Be sustainable for local authorities in the long term by disregarding earnings from the service user's financial assessment.
- Contributions will not exceed the full cost of the service.
- Service users will retain at least the basic level of Income set by the Department of Health
- Service users who are subject to a financial assessment will be offered a welfare benefits check to ensure that they are receiving all of the income to which they are entitled.
- Care services will not be withdrawn if service users refuse to pay their assessed contribution, but the council will instigate recovery proceedings, including court action to recover unpaid sums.
- The financial assessment will consider any additional costs that the service user may have as a result of their disability known as Disability Related Expenditure (DRE).
- The lower and upper capital limits for care will apply.
- A reassessment of charges will be carried out annually to re-calculate contributions. Additionally, a financial reassessment will be carried out whenever there is a change in circumstances. Service Users can request a reassessment at any time.
- The review procedure is fair and equitable and allows charges to be waived in exceptional circumstances.
- Service users will be given an explanation for any decisions made.

### 3. Charging For Services

All non-residential services fall within the scope of this policy and include:

- Home Care
- Supported Housing
- Extra Care
- Sitting Services
- Shared Lives Service and Carer Breaks
- Day Care Services (building based and in the community)
- Befriending
- Transport
- Respite that is not in a residential care home
- Telecare including CARESSE units
- Housing Related Support Services
- Personal Budgets taken as a Direct Payment, virtual budget or managed service
- Outreach and Enablement Services
- Support and Recovery
- Services for carers as outlined in their care plan
- Joint funded services – service users will be required to contribute towards the total cost of the services provided by the council
- Lift Maintenance

Services that are not included within the scope of this policy:

- Residential/Nursing Home Care

- Respite and short stays in residential/nursing care homes
- Meals in Day Care – a flat rate charge will be applied for those who have lunch. This is outside of the scope of the financial assessment as it is considered a substitute for ordinary living costs.
- Continuing Health Care (CHC) is a service funded by the NHS - the decision on whether services qualify as CHC and are therefore free of charge is the responsibility of the Clinical Commissioning Group (CCG). If a decision is taken to backdate CHC services then any charges collected will be reimbursed from the date that CHC is awarded.

The council does not charge for the following services:

- Any services provided as After Care Services under section 117, Section 3 or Community Treatment Order of the Mental Health Act 1983.
- Intermediate Care/Support and Recovery/Reablement for a period of up to six weeks. Any continuation of services beyond that will be chargeable from the beginning of the seventh week.
- Mental Health services classed as universal or preventative
- Equipment and adaptations costing less than £1,000
- Services provided to people suffering from Creutzfeldt Jakob Disease

## **4. Financial Assessment**

### **The Financial Assessment**

A financial assessment (means test) will be undertaken for all service users who receive chargeable non-residential services to establish their ability to contribute towards the services they receive.

If a service user declines a financial assessment or refuses to disclose full financial information they will be required to pay the full cost of their non-residential care services, up to the maximum charge (see page 8).

A financial assessment will be carried out by specialist financial assessment officers as soon as possible following the completion of the care assessment, usually by pre-arranged telephone call, office visit or, in exceptional circumstances, a home visit. A provisional indication of the charge will be notified immediately. This will be confirmed in writing as soon as possible following the completion of the financial assessment and any checks that may be necessary.

Service users will be advised that they can be assisted by a relative, friend or other representative during the financial assessment and of the availability of the Representational Advocacy Service for those who wish to use the services of an Advocate.

The council will wherever possible, work in partnership with the Department for Works and Pensions to reduce intrusion for service users and this will involve the sharing of information.

### **Financial Re-assessment**

Service users' charges will be re-assessed in April each year in line with benefit increases, though if requested savings/capital will be reassessed at no more than six monthly intervals to identify any reduction in charges.

Service users who have a change in their financial circumstances must inform the Financial Services Team and a reassessment will be undertaken. This will include 'life changes' which affect their financial circumstances such as the death of a partner; a partner moving out or into permanent residential care; the birth of a child or a child they are currently maintaining leaving home.

Any reduction in the service user's contribution due to a change in financial circumstances will take effect from the date the Financial Services Team are notified.

Any increase in charges will be implemented from the Monday following the change in circumstances.

### **Deprivation of assets**

Where following investigation by finance staff there is evidence that a service user has deliberately given away or disposed of assets in order to avoid care charges then the council will treat that person as still having the assets.

## **5. Calculating The Charge**

### **Charge made to the Service User**

The actual charge to the service user is either:

- the full cost of service for example the value of the Personal Budget (divided by 52) or the weekly value of services commissioned
- or
- their maximum assessed contribution

whichever is less.

### **Income taken into account for Financial Assessment Purposes**

The following income is taken into account:

- All state benefits with the exception of PIP (mobility), or Disability Living Allowance (Mobility) and Carers' Premium
- All occupational pension income
- Tariff income from capital and savings based on £1 per week for every £250 or part thereof, above the lower capital limit set out in the Care & Support Statutory Guidance issued by the Department of Health
- PIP Daily Living Component, DLA (care) and AA is taken into account with the exception of the night-time care/enhanced element of the higher rates which will be disregarded unless care is available/provided at night
- Any other income other than Service User earnings (earnings of a partner or spouse will be taken into account).

### **Minimum income disregarded**

This is set annually by the Department of Health.

It is expected that this disregard will cover daily living costs such as food, clothing, fuel bills, water rates, insurance, leisure activities, TV license, telephone and subscriptions for satellite/digital television etc.

### **Housing costs**

Where a service user is the registered owner or tenant of the property an allowance will be made for housing costs such as mortgage interest and repayments, rent and council tax net of any benefit received including payments made under a mortgage protection scheme.

Where a service user lives with a spouse/partner, a housing allowance will be given to cover 50% of the couple's total joint liability.

Where a service user lives with another adult carer other than their spouse/partner no housing allowance will usually be made as it is assumed that any contribution towards housing costs will be made from the service user's income disregard. This is the general position but there may be exceptions to this that could be considered if evidence was provided.

## **Disability Related Expenditure (DRE)**

During the financial assessment any reasonable costs resulting from the service user's disability will be taken into consideration. The additional costs should be over and above those of a person without a disability and it is expected that evidence of the costs would be provided. The service user's care plan should also indicate that additional allowances are justified.

Our policy is to assess service users on an individual basis that takes account of individual need and circumstances.

Payments to family members will not be allowed as a disability related expense unless exceptional circumstances are identified.

A list of disability related expenses with an indication of amounts to be allowed is attached in Appendix 1. This is used as a guide to calculate DRE allowances and the list is not exhaustive.

Where evidence of disability related expenditure results in a reduced charge the reduction will be backdated to the commencement of charges where the evidence is provided within four weeks of the assessment and from the date it is provided, if later.

## **Benefits fully disregarded**

The following benefits are totally disregarded in the financial assessment:

- Savings Credit Reward
- Mobility Allowance
- War Pensions paid to the veteran
- Carer Premium (paid as Guaranteed Credit or Income Support)

## **Capital**

The lower capital limit, as set out in the Care and Support Statutory Guidance issued by the Department of Health will be disregarded from the financial assessment. For savings over this amount and up to the upper capital limit we will charge £1 for every £250 worth of savings or part thereof. People with savings over the upper capital limit will be required to meet the full cost of their care.

## **Treatment of property**

The council will disregard the value of the main residence, but the capital value of additional properties will be taken into account in the financial assessment.

In the case of Extra Care and Supported Housing Services the value of any property owned will be taken into account within the financial assessment.

People in Supported Housing and Extra Care may be eligible to apply for a Deferred Payment Agreement where the service user intends to retain their former home. An information leaflet is available that explains more about this on the council's website at [www.durham.gov.uk](http://www.durham.gov.uk)

### **Minimum/maximum charge**

A minimum assessed contribution of £1.00 per week will be necessary for charges to be payable.

The maximum contribution payable will be based on 75% of the current standard cost of residential care services.

Service users will not be required to pay more than they can reasonably afford, in line with the Care and Support Statutory Guidance issued by the Department of Health (2014).

Contributions will not exceed the full cost of the service.

### **Treatment of couples**

A service user who is part of a couple and not in receipt of joint benefits will be given a choice whether to be assessed as an individual or to be assessed as a couple (which will allow a benefit check to be carried out).

Both assessments can be carried out to establish which is the most beneficial to the service user. This is called a "better off assessment". The service user will pay the lesser of the two assessments.

Assistance with means tested welfare benefits will not be possible if full disclosure by a couple is not agreed.

### **Non-residential care services and respite care in a residential care home**

Service users who have respite care in a residential care home and a non-residential care service on the **same day** will be charged the higher of the two contributions.

Service users who receive residential care and non-residential care services in the same week, will be charged for their individual services. However, in total, this will be no more than their assessed maximum weekly charge for care regardless of whether it is residential or non-residential.

Service users paying the full fee for services will be charged the full cost of both residential and non-residential services received in the same week.

### **Setting the rate for charges**

The Council reviews charges (at least) on an annual basis usually in April.

### **Date of commencement of charges**

Charges will commence from the start of service. Ordinarily, no charge will be backdated more than four weeks prior to the Service User being notified of the assessed charge. Exceptions to this would include where a service user or their representative requests a delay in the financial assessment, where the Service User or their representative fails to notify the Council of a change in circumstances or where the service user has been admitted to hospital and we have been unable to carry out the financial assessment.

## **6. Non Residential Services**

### **Extra Care charges**

The charges for Extra Care are:

- A standard charge to each tenancy as a contribution to the cost of the overnight and emergency response by care staff.
- The assessed care hours identified in the service user's care plan.

The actual charge will be the sum of the costs outlined above or the service users assessed maximum contribution whichever is less.

The standard charge will continue to be collected during temporary absences.

### **Treatment of couples in Extra Care**

Where a couple take up a tenancy, they will be assessed as detailed in page 10 "Treatment of Couples".

For a couple, there will only be one standard charge included in the calculation.

When a couple includes only one service user and that service user pre-deceases the non-service user, the standard charge and housing related support charge will continue to be payable.

## **Temporary absences from Extra Care**

Temporary absences, for example hospital or holidays, will not affect payment of the standard charge. Contributions towards the cost of care are based on actual hours of care received.

## **Day Care charges and Transport**

Charges will apply for non-attendance for periods of up to four weeks as the day care place and transport is pre-booked and costs are still incurred. The service user is therefore required to make their usual contribution towards the cost of the place held open for them even if they do not attend.

Where there is a planned absence, but the place is held open for the service user to return, the service cost will still be incurred and therefore a continued contribution from the service user is again required.

Where a service user wishes to cancel a day care place or transport, or if the service is no longer required for any other reason, there is a two week notice period unless the placement is cancelled in the first 6 weeks, in which case, only 1 weeks' notice is required. This is the arrangement currently in place with the independent sector providers for service cancellation. If a service user does not attend day care, for whatever reason, there is a non-attendance charge for up to four weeks.

There is no charge made to service users when the service is not available. For example, on Bank Holidays or if the centre is closed or transport was not available due to bad weather.

Charges for lunch and refreshments are outside the scope of the financial assessment. This is in line with the Care and Support Statutory Guidance issued by the Department of Health which considers this a substitute for ordinary living costs.

## **Support and Recovery**

Charges will be waived for a period of up to six weeks. If the service continues after the six weeks then there will be a charge for this service. Charges will also apply if a planned session is cancelled at short notice or is ineffective.

## **Home Care**

Service users will be required to give two weeks' notice for cancelling a service otherwise charges will be incurred.

If cancelling an odd visit please refer to your care provider for details of the notice period required. If notice is not given then charges will be incurred.

## **Telecare services**

There will be no charge for the provision of the individual items of equipment included in the service user's care plan.

There will be a charge based on the payment to the service provider for a monitoring and response service.

There will be a maximum charge equivalent to the cost for monitoring three items of Telecare equipment with the exception of CARESSE equipment which will incur an additional weekly charge.

## **Intermediate Care/Reablement**

These services are free for a period of **up to** six weeks where specific qualifying criteria are met. If care continues after the period of intermediate care or reablement there will be a charge for services.

## **Two carers at a visit**

If a service user requires two carers at a visit the cost of both carers will be included when calculating the service user's costed care package.

## **7. Mental Capacity**

During the assessment of the service user's care needs, their capacity to consent to the care plan and the financial assessment will be determined.

If a service user appears to lack capacity to undertake a financial assessment, enquiries will be made to see if the service user has any of the following arrangements in place:

- An Enduring Power of Attorney (EPA)
- A Lasting Power of Attorney (LPA) for property and affairs
- A Deputy for Property and Affairs appointed by the Court of Protection
- An Appointee for the receipt of state benefits and pensions

If there is no one acting on behalf of the service user, steps will be taken to find out if there is someone available to provide this support. If there is no one else, the Council will arrange to manage the service user's finances on their behalf.

The provision of services will not be delayed whilst enquiries are being made and charges will be backdated to the date of commencement of services.

## **8. Welfare Benefits**

### **The Welfare Benefits Check**

All service users who are subject to a financial assessment will be offered a welfare benefits check and where appropriate help/advice to complete any claims for benefits to which they may be entitled.

Should the service user require assistance to appeal against rejection of a claim for a welfare benefits, they will be asked to give authority to the council's Welfare Rights Team to be their authorised representative.

A financial re-assessment will be undertaken following the award of benefits to re-calculate the charges payable.

## **9. Appeals**

All persons paying assessed charges have the right to appeal. The appeal will examine whether this charging policy has been applied correctly and whether there are any exceptional circumstances that justify a reduction in charges.

The appeal must be in writing and clearly state why the person believes the financial assessment is incorrect.

The appeal will be carried out by a senior member of staff not previously involved in the financial assessment and the outcome notified to the person in writing within three weeks from receipt of the appeal.

A person will be advised of their right to access the Adult and Health Services Complaints Procedure. An appropriate leaflet is included with every care plan produced.

## **10. Information Sharing**

The Welfare Reform Act 2012 and the Social Security (information sharing in relation to welfare services, etc.) Regulations 2012 enable the Council to access Department for Work and Pensions (DWP) data directly.

The purpose of this access is to support the financial assessment process and to assist in some claims to social security benefits that the person may be entitled to.

## **11. Payment**

The Council's preferred method of payment is by Direct Debit. Alternatively, an account or invoice will be sent every four weeks, which can be paid in any of the following ways:

- At the Post Office/Pay Point using the bar code on the invoice
- By returning the payment slip with a cheque to the address supplied
- By debit or credit card (details will be provided on the invoice)
- Via the Council's website (details will be provided on the invoice)
- By telephone or online banking (details will be provided on the invoice)
- By PayPal

Service users who receive a Direct Payment and commissioned services will follow the payment arrangements above. Service users who receive a Direct Payment only will be advised individually whether they will be required to pay their contributions into their Direct Payments bank account or if they will be sent an invoice.

## **12. Debt Recovery**

The Council takes a firm but fair approach to managing debt. Large amounts of debt can build up very quickly in respect of social care contributions. Not only does this make the debt very difficult to recover, it can also have a detrimental effect on the individual's wellbeing. If debt starts to build up, it is very important that the Council take action as quickly as possible, so the debt does not become unmanageable.

If a person does not pay their contributions, or builds up any debt in respect of their care contributions, the Council continue to meet their care and support needs in the most cost effective way. However, this may mean that there will be a change to the way in which the Council meet need;

- the Council will always carry out a review of the Support Plan before making any decisions. In doing so, the Council will have regard to the client's wellbeing. If any changes are required to the Support Plan, the Council will give enough notice to enable the client to meet any contractual responsibilities for cancelling existing services and give them time to choose a suitable alternative service.

The point at which a debt becomes due to the Council is the due date stated on the Council's invoice.

In line with the Care Act Guidance the Council will consider the following principles when approaching the recovery of debt:

- possible debts will be discussed with the person, their representative and Social Worker
- the Council must act reasonably
- arrangements for debt repayments will be agreed between all relevant parties
- repayments must be affordable
- court action should only be considered after all other reasonable avenues have been exhausted

If a person dies and they owe money to the Council, the Council will write to the executors of the will or next of kin, informing of the monies owed.

The Council will actively pursue the recovery of debt accrued as a result of non-payment of accounts or invoices. Debt will be pursued in accordance with the Council's Debt Management Policy.

## Appendix 1

### Appendix 1: Disability related expenditure

Item	Amount	Evidence
Community alarm system	Installation Costs (calculated over a 12-month period) Actual weekly cost, if reasonable.	Bills from or payments to provider.
Privately arranged care	Actual cost where this is not provided as part of the care plan but the amount is reasonable and necessary for their care and support.	Evidence of employment arrangement and/or legally correct payments to an employee under UK employment and tax law. Where agency arranged evidence of billing and payment.
Private domestic help	Actual cost where this is not provided as part of the care plan but the amount is reasonable and necessary for their care and support.	As privately arranged care.
Laundry/washing powder	£3.91 per week.	The assessment or care and support plan may identify a need. If not evidence from other sources and consideration of the nature and impact of any health problem or disability may provide a guide.  Identify more than four loads per week.
Special Dietary Needs	Reasonable amount where demonstrated above average dietary costs.	The assessment or care and support plan may identify a need. If not evidence from other sources, which may include medical evidence, and consideration of the nature and the impact of any health problem or disability may provide a guide.  Details of special purchases, including evidence of payment.
Special clothing or footwear/ exceptional wear	Reasonable amount for extra cost caused by disability. Discretionary as may not be more costly or required more frequently than usual.	The assessment or care and support plan may identify a need. If not evidence from other sources, which may include medical evidence, and consideration of the nature and the

		<p>impact of any health problem or disability may provide a guide.</p> <p>Details of purchases, payments and receipts.</p>
Internet access	Reasonable amount for additional cost due to disability .	<p>Evidence that costs are higher due to disability.</p> <p>Evidence of purchase and payment.</p>
Transport Costs necessitated by illness or disability	<p>Reasonable amounts over and above the mobility component of PIP or DLA.</p> <p>Where support with costs are available from other sources but have not been used this can be taken into account in considering reasonableness. For example, transport to hospital appointments or council provided transport to a day centre.</p>	Evidence of payment and purchase.
Gardening	Discretionary based on individual costs of garden maintenance.	As privately arranged care.
Wheelchair/ mobility scooter	Actual cost divided by 500 (10 year life) up to a maximum of £4.07 per week manual £9.89 per week powered.	Evidence of purchase. No allowance if equipment provided free of charge.
Powered bed	Actual cost divided by 500 (10 year life) up to a maximum of £4.50 per week.	Evidence of purchase if Available.
Turning bed	Actual cost divided by 500 (10 year life) up to a maximum of £7.88 per week.	Evidence of purchase if Available.
Powered reclining chair	Actual cost divided by 500 (10 year life) up to a maximum of £3.57 per week.	Evidence of purchase if Available.
Stair-lift	Actual cost divided by 500 (10 year life) up to a maximum of £6.36 per week.	Evidence of purchase without DFG input.
Hoist	Actual cost divided by 500 up to a maximum of £3.12 per week.	Evidence of purchase without DFG input.

<p>Costs associated with holidays – once per year</p>	<p>Additional costs as a result of a disability such as ground floor room with wheel chair access would allow difference between that room and a standard room; additional leg room on flight etc.</p>	<p>Evidence of booking and costs.</p>
<p>Other costs</p>	<p>Discretion in consultation with social worker and reference to the care plan.</p>	<p>Evidence of expenditure.</p>
<p>Social Care Activities</p>	<p>Social care activities are distinct from leisure activities. They must be included in the Care Plan/social activity plan as essential to meet the care need.</p> <p>Actual cost over a 3 month period is divided by 13 weeks up to a maximum of £10.00 per activity.</p> <p>Leisure activities (e.g. cinema visits, access to entertainment/events, swimming etc) are not allowable and are either accessed free via the local community or funded by the service user.</p>	<p>Evidence of purchase over a three-month period.</p>
<p>Cost of meals for carers/befrienders when supporting a service user as part of a social care activity</p>	<p>Discretionary as part of a Social Care Activity. This must be detailed in the Care Plan. Clarification of why it is necessary for the cost of the carer's meal to be included.</p> <p>A maximum of £5.00 per meal.</p> <p>Meals are <b>not</b> allowable where Durham County Council funded care provision is in place for the same time period (e.g. day care).</p>	<p>Evidence of purchase over a three-month period.</p>

Funeral Plans	<p>Funeral Plans are only allowable if taken out and paid in full prior to receiving a chargeable service.</p> <p>Funeral Plans are not an allowable expense if taken out after the start of a Service or if paid by instalment. Under such circumstances the Service User is expected to fund the cost of the Funeral Plan from savings or capital.</p>	Evidence of date of purchase.
Additional heating Costs	Actual cost less average heating costs – see table below.	Evidence of bills of last year.

Average heating costs	Annual cost
Single person - Flat/Terrace	£1,389.95
Couple – Flat/Terrace	£1,831.81
Single person – Semi Detached	£1,476.21
Couples – Semi Detached	£1,943.99
Single – Detached	£1,794.81
Couples – Detached	£2,365.77