

Adult Social Care Fair Contributions Policy



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Author: Katie Brown & Ashley Leduc

Owner: Anna Earnshaw, Executive Director

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Document sign-off

Debt Management Board	
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Feedback

If you have any comments about this document please email:

financialassessments@northamptonshire.gcsx.gov.uk

For public access on the Internet YES NO

For staff access on the Intranet YES NO

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1 POLICY STATEMENT

1.1 This policy has been developed having regard to Section 14 of the Care Act 2014, which gives local authorities the discretionary power to charge adults who receive non-residential care services. The Care and Support Statutory Guidance states that local authorities should consider the objectives of care and support charging when designing a policy so that it can, amongst other things:

- Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control
- Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet their needs
- Apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings

1.2 This policy should be read in conjunction with the [NCC Personalisation Policy](#) and the [Care and Support Statutory Guidance \(February 2017\)](#).

2 WHAT DO WE MEAN BY FAIR CONTRIBUTIONS?

2.1 Unlike Health, social care has always been a means-tested service, meaning that people are expected to contribute towards their care or certain parts of it, if they can afford to do so. The Council uses this money to reinvest in services which would otherwise become unsustainable.

2.2 Fair contribution is our framework of fairly assessing what people should contribute towards the cost of their care, taking into account all of their income and assets, as well as any expenses they have linked to their disabilities or housing situation. We use this method of financial assessment across all age groups of customers above 18 years of age.

2.3 The level of the contribution that you will be asked to make towards your care will be calculated by a financial assessment, which is triggered at the point of an assessment of needs. The amount you will need to contribute will be the value of the care you will be receiving, or your assessed contribution, whichever is lower.

2.4 The principles of our policy are:

- Fairness - the policy will be applied consistently to all adults receiving services, regardless of how they are receiving their services, so that everyone

is treated fairly and equitably. For those who are not eligible for services we will offer signposting and advice and information

- Ability to pay – everyone will be asked to contribute towards the cost of their social care based on their ability to pay rather than on the cost of their services alone. Everyone will be offered a comprehensive financial assessment of their individual circumstances and be left with a basic level of protected income, as set out in Government guidance. Following an assessment, no-one will be asked to contribute more than is reasonable. Depending on their situation, some people will not have to contribute anything
- Maximising benefits entitlement – to ensure everyone is receiving all the welfare benefits they are entitled to and not missing out, everyone will be offered a welfare benefits check as part of their financial assessment
- Transparency and clarity – the policy is set out in a clear and straightforward way so that everyone can understand how their contributions (if any) have been calculated, will know what their contributions might be at an early stage, and be able to judge whether or not the policy has been applied correctly in their individual case
- Empowerment – the policy supports the overall goal of the Council to support people to have more choice and control over their resources and the way these are utilised, so that they are able to live their lives the way they want and feel included in their community
- Proportionality – the charges will be based on the actual cost of the service to the Council and you will only be asked to contribute towards the value of your own care
- Compliance with statutory duties – the policy will be applied in a way that is fully consistent with legislation and the requirements set out in national guidance on fairer contributions

3 WHICH SERVICES ARE COVERED BY THIS POLICY?

3.1 This policy applies to the following services

- Non-residential social care services – services received in your home and in the community. It covers contributions towards most adult social care costs except long-term residential and nursing fees, and short-term respite care.
- Flat rate charges for assistive technology.
- Flat rate charges for use of the Appointeeship Service.

3.2 The following services are provided free of charge by Northamptonshire County Council and are therefore not subject to a financial assessment:

- Reablement services for a maximum of six weeks
 - Intermediate care
-

- All social care assessments of community care needs, including the processing of the financial assessment
- All information and advice
- Services for carers

3.3 Meals and drinks provided at a day centre are charged at set rates and are not subject to this policy. Appointee and deputy charges are also not covered by this policy.

4 WHO DOES THE POLICY APPLY TO?

4.1 You will probably be eligible for a financial assessment to work out how much you need to pay unless you fall into one of the following categories:

- You suffer from Creutzfeldt-Jakob disease (CJD)
- You have a terminal illness and are receiving either Attendance Allowance or Disability Living Allowance (or Personal Independence Payment if you are a new claimant or have moved over from the old system) claimed under special rules on the DS1500 claim form
- The full cost of your care is covered by Continuing Health Care funding
- You are receiving after care services provided under Section 117 of the Mental Health Act 1983 relating solely to mental health needs (however, if you also have social care needs as well as mental health needs and you are receiving services to meet those social care needs, this policy will apply and you will be eligible for a financial assessment to work out how much you need to pay towards your social care support)

5 FINANCIAL ASSESSMENTS – THE BASICS

5.1 Financial assessments will be carried out will be carried out if you:

- Are in receipt of an eligible care package; and
- Have capital below the threshold limit (currently set at £23,250). This includes, but is not limited to, bank or building society accounts, unit trusts and savings bonds. The value of your home (your primary residence) does not count for these purposes, but any additional properties you don't live in, do

5.2 If you receive a Direct Payment or Managed Budget, or a combination of the two, it will be your responsibility to pay the assessed contribution directly into a bank account set up specifically for this. The Council will make payments net of your contribution.

YOUR PERSONAL BUDGET minus YOUR CONTRIBUTION

=

YOUR DIRECT PAYMENT

(if you pay your service providers directly)

- 5.3 If you have more than £23,250 in capital, you will contribute the full cost of your support package. Capital and savings will still be checked and welfare benefits advice and assistance offered.
- 5.4 If you refuse to disclose your income and capital, you will contribute the full amount of the services you receive. It is not possible to give advice about means-tested benefits in these circumstances, but it may be possible to advise on disability benefits.
- 5.5 At the time of carrying out your assessment, we must establish whether or not you have 'mental capacity', i.e. the ability to make your own decisions. If you lack capacity, we will carry out your financial assessment by consulting with someone who is dealing with your financial affairs. We will check to see whether you have:
- Enduring Power of Attorney (EPA)
 - Lasting Power of Attorney (LPA) for property and affairs
 - Lasting Power of Attorney (LPA) for health and welfare
 - Property and affairs deputyship under the Court of Protection
 - Any other person dealing with your affairs (e.g. someone who has been given appointeeship by the Department for Work and Pensions for the purpose of benefit payments)
- 5.6 If you lack capacity to give consent to a financial assessment and do not have any of the above people with authority to be involved in your affairs, you may need the appointment of a property and affairs deputyship. Family members can apply for this to the Court of Protection or the Council can apply if there is no family involved in your care.

6 HOW DOES THE FINANCIAL ASSESSEMENT PROCESS WORK?

- 6.1 If you have had a community assessment (i.e. a needs assessment) that states you are eligible for services, you will be charged a provisional contribution of £20 per week for community-based care from the date that the service or Personal Budget starts. This provisional contribution will continue until the financial assessment has

been completed and the actual contribution has been calculated. The actual contribution will be applied from the date your services start.

- 6.2 The assessment has two main purposes: to get a full view of your financial circumstances and to give detailed advice and help with welfare benefits.
- 6.3 You will received a telephone call from a Financial Assessment Officer, who will obtain all relevant financial information from you over the phone. The information provided will be verified with the Department of Work and Pensions and any other relevant body. In most cases, you will be provided with the outcome of your financial assessment over the telephone and in writing. , Where necessary, a home visit can be arranged, and you may have a family member or representative present. Once the financial assessment has been completed, and if you are requested to make a contribution towards your care, you will be expected to set up a direct debit for all invoice payments. The Financial Assessment Officer can help you to set up a direct debit over the telephone.
- 6.4 You will receive notice in writing of the provisional charge you will be paying until your contribution has been calculated. This notification will also include the date by which you must return your financial assessment form and any supporting information.
- 6.5 The telephone financial assessment **must** be completed within 21 days of the request being made; if you do not provide the necessary financial information within this time, then you will be charged the full amount of your care package from the date the care started.
- 6.6 In some circumstances, the Council can choose to treat you as if a financial assessment had been carried out – this situation includes where you are in receipt of benefits which demonstrate that you would not be able to contribute towards your care and support costs. This might include benefits such as Income Support or the pension credit but where you do not receive disability benefits such as DLA, PIP or AA. In such cases, the provisional charge would not be applied. The Council will still support you with making claims for any additional benefits that you may be entitled to.

7 CAPITAL

- 7.1 The Care Act 2014 sets out upper and lower capital limits:
- If you have capital above the upper threshold of £23,250, you will contribute the full amount of your care package
 - If you have capital below the lower threshold of £14,250, the total amount will be disregarded within the financial assessment

- If you have capital between the two thresholds (between £14,250 and £23,250) you will have to pay £1.00 per week for every £250 or part of £250 (so for example, if you have £18,250 in savings, this is £4,000 above the lower

threshold and so this would be calculated as £4,000 ÷ £250 =£16.00 per week which would be included in your weekly income based on your savings)

7.2 This policy will be updated when thresholds change.

7.3 Examples of capital to be taken into account are:

- Shares
- Savings held in banks, building societies etc
- Trust funds
- Premium Bonds
- National Savings Certificates
- Land *
- Buildings **

* We will ask for a valuation of any land or property you own (where this is not the home in which you live), and the capital value, if above the lower threshold, will be included within the financial assessment.

** The value of your home will normally be disregarded if it is the home that you live in. However, any subsequent properties will be treated as capital.

7.4 Some capital is not taken into account for financial assessment purposes. This includes:

- Personal Injury Compensation Payments
- Arrears of Attendance Allowance, Pension Credit, Income Support, Housing Benefit

8 PENSION REFORM

8.1 On 1 April 2015, HM Treasury changed the way that a service user can access their Defined Contribution Pension Scheme (also known as a Money Purchase Pension Scheme) and Defined Benefit Pension Scheme (also known as a Final Salary Pension Scheme). For the purpose of this policy, we have outlined the rules for how to assess pension income for the purposes of charging.

8.2 If you are a member of such a scheme and have removed the funds and placed them in another product or savings account, they will be treated according to the rules of that product.

- 8.3 If you are drawing a minimal income, then the Council can apply notional income choosing not to withdraw income, or according to the maximum income that could be drawn under an annuity product.

9 INCOME

- 9.1 Income is received in various forms – state benefits, occupational pensions, tariff income from capital, property etc – and will be taken fully into account within a financial assessment.
- 9.2 All earnings from paid employment are disregarded and are not considered as income for calculation purposes.
- 9.3 We will disregard all or part of the following benefits when assessing your income:
- All earnings from paid employment
 - Widowed Parents/Parents Allowance (£15 disregard per week)
 - Maintenance (£15 disregard per week)
 - DLA / PIP Mobility component
 - War Widows' Special Payment
 - War Disablement Pension
 - War Widows' Pension
 - Working Tax Credit
 - The savings element of Pension Credit
 - Charitable payments
 - Direct Payments

Please note that this list is not exhaustive.

- 9.4 Annex C of the Care and Support Statutory Guidance sets out very specific situations dealing with particular forms of income. In complex circumstances, the Financial Assessment Officer will explain how your assessed contribution has been calculated if your situation is not covered by examples given in this policy.

10 BENEFIT MAXIMISATION

- 10.1 As part of the financial assessment, the Financial Assessment Officer will also identify any benefits you might be entitled to and provide you with details of how to apply. Once you start receiving these additional benefits, it is your responsibility to notify the Financial Assessment Team of the change in your circumstances.
- 10.2 Any successful benefit claims received after your financial assessment has been completed will be included in the financial assessment from the date the benefits have been awarded or the start date of your care package, whichever is later.
- 10.3 If a benefit entitlement is identified and you require support to apply for the benefit, the Council can arrange for a Welfare Benefits Adviser to contact you to offer support. If you refuse to make an application after benefit entitlement is identified, the Council may include the benefit entitlement within your financial assessment.

11 DISABILITY-RELATED EXPENDITURE (DRE)

- 11.1 The current Department of Health Guidelines for Fairer Charging Policies for Home Care and Other Non-Residential Services specify that if we take into account someone's disability benefits when calculating contributions, we need to make a proportionate allowance for reasonable expenses that you may incur as a result of your disability, in order to allow you to maintain independence and dignity.
- 11.2 The relevant disability-related benefits are:
- Attendance Allowance (AA)
 - Disability Living Allowance (DLA) (Care Component only)
 - Personal Independence Payment (PIP) (daily living component only)
 - Constant Attendance Allowance (CAA)
 - Exceptionally Severe Disablement Allowance (ESDA)
- 11.3 If you receive any of these benefits, you will be offered an assessment of your disability-related expenses so that certain items can be disregarded, in line with national guidance and regulations. Only items where you have no choice other than to incur the expenditure in order to maintain independence will be allowed.

11.4 The Care/Support Plan should provide guidance on the level and type of support needed and therefore what Disability-Related Expenditure is justifiable, but Financial Assessment Officers can also consult care management staff for further questions.

Only the most cost-effective and reasonable form of expenditure on disability-related items will be allowed within the financial assessment.

11.5 Disability- Related Expenditure which relates to any type of support will only be included if this is being provided but does not form part of the package of care which is being financially assessed.

11.6 Evidence e.g. receipts will be requested to verify the expenditure. Items will be allowed on the basis of past expenditure. If there are plans to spend a certain amount of money in the future, this will be assessed as part of a future assessment.

11.7 Examples of the type of expenditure that will be considered are:

- Payment for any community alarm system
- Costs of any privately arranged care services required, including respite care
- Costs of any speciality items needed to meet your disability needs, for example:
 - Day or night care which is not being arranged by the Council
 - Specialist washing powders or laundry
 - Additional costs of special dietary needs due to illness or disability (you may be asked for permission to approach your GP in cases of doubt)
 - Special clothing or footwear, for example, where this needs to be specially made, or where there is additional wear and tear to clothing and footwear caused by disability
 - Additional costs of bedding, for example because of incontinence
 - Any heating costs, or metered costs of water, above the average levels for the area and housing type, required because of age, medical condition or disability
 - Reasonable costs of basic garden maintenance, cleaning or domestic help, if needed due to your disability, and not met by social services
 - Purchase, maintenance and repair of disability-related equipment, including equipment or transport needed to enter or remain in work – this may include IT costs where needed due to your disability; reasonable hire costs of equipment may be included if you are waiting for supply of equipment from the Council
 - Personal assistance costs including any household or other necessary costs arising for you
 - Internet access, for example if you are blind or partially sighted
 - Other transport costs incurred as a result of your illness or disability, including cost of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs.

In some cases, it may be reasonable for us not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport, such as Council-provided transport to day centres, is available but has not been used

- 11.8 For the approved amounts, please see Appendix C. If your Disability Related Expenditure costs are more than the amounts shown, they will only be considered in exceptional circumstances and where evidence of expenditure is produced.
- 11.9 The Financial Assessment Team will discuss these additional claims with care management and in certain circumstances, we may ask you for proof for the different expenses, including information from your GP or other professionals.
- 11.10 The Council offers a standard rate of Disability Related Expenditure for those who are in receipt of disability benefits and do not wish to undertake a personalised DRE assessment. This is so that the Council can ensure that an allowance is made for those who do not wish to provide evidence of any expenditure. The standard allowances are as follows:
- £18 per week for those in receipt of the lower rate of Attendance Allowance, the lower or middle rate of Disability Living Allowance (care component) or the standard rate of Personal Independence Payment (daily living component).
 - £28 per week for those in receipt of the higher rate of Attendance Allowance, the higher rate of Disability Living Allowance (care component) or the enhanced rate of Personal Independence Payment (daily living component).
- 11.11 If a personalised DRE assessment is completed and the allowable amount is higher than the amount of disability benefit being received, the disability benefit will be disregarded in full from the financial assessment and no DRE allowance will be made.

12 PROTECTED INCOME

- 12.1 The financial assessment will calculate a contribution based upon your maximum chargeable income. In all cases, you will be allowed to the amount set by the Department of Health each year and any other disability-related costs and they will not be included within the maximum disposable income figure.
- 12.2 As a minimum, “basic” levels of Income Support or the Guarantee Credit element of Pension Credit are taken to include the personal allowances and any premium or additional amount appropriate to the user, according to age, level of disability and family status. Examples of this are provided at Appendix A.

12.3 If you are receiving either Income Support, the Guarantee Credit element of Pension Credit, JSA-Income Based, Income-Based Employment Support Allowance (ESA) or Universal Credit (UC) and you receive **additional income** which takes you above the basic levels – for example:

- Attendance Allowance (AA)
- Disability Living Allowance (DLA)
- Personal Independence Payment (PIP)
- Severe Disability Premium (SDP)
- The support component for ESA for Income Support
- The additional amount for severe disability for Pension Credit

the Council will include your overall income within a charge assessment. We will ensure that any charge does not reduce your net income below basic levels of Income Support or the Guarantee Credit element of Pension Credit.

12.4 It is expected that the income you are allowed to keep will cover everyday living costs such as:

- Food and drink
- Board and lodging
- Hairdressing and hygiene
- Bedding
- Clothes
- Spectacles
- Dentistry
- Alternative therapies/treatments
- Prescription items
- Insurances including building, contents, mortgage protection, life etc
- Utility bills such as water, gas, electricity, telephone
- Domestic cleaning, gardening (other than basic gardening costs allowable as disability-related expenses) and window cleaning
- Transport costs
- TV licence and subscriptions to satellite or digital TV companies
- Repairs and maintenance of buildings
- Other expenditure, such as personal debts and arrears

This list is not exhaustive.

13 HOW MUCH WILL I HAVE TO PAY?

13.1 Your contribution will be calculated using your income and capital to calculate the maximum amount you will need to pay.

13.2

The sum is: The amount of weekly assessable income
minus the weekly allowance/disregards **equals**
maximum chargeable income

13.3 Appendix B shows worked examples of what someone might be paying, depending on their circumstances.

13.4 If the assessed person is one half of a couple, then we will base their financial assessment on the assessed person's income entitlement only, ensuring that the spouse or partner has at least 50% of the minimum income guarantee for income support/pension credit.

13.5 If you have parental responsibility for a child who lives with you, in some circumstances we can disregard more of your weekly income by applying a disregard

per child (dependent upon the amount of Child Benefit or Child Tax Credits received).

14 WHAT EVIDENCE WILL I NEED TO PROVIDE?

- 14.1 You will be asked to produce up-to-date documentary evidence of all income including all state-related benefits, entitlements and allowances, as well as any other income received, to allow for the financial assessment to be performed.

15 WHEN WILL I HAVE TO START PAYING?

- 15.1 You will be charged a provisional contribution of £20 per week for community-based care from the date the service or Personal Budget starts.
- 15.2 Providing the information needed to complete the financial assessment have been received in time, the Council will calculate the difference between the provisional contribution and the actual contribution and will either credit the difference to your account or invoice you for the difference as a lump sum, depending on whether it is higher or lower than the provisional contribution.
- 15.3 The Council aims to complete financial assessments as soon as possible and ideally within 7 days of all the information required being provided and confirmation of the contribution will be provided in writing. If there is a delay in the Council assessing your financial information in order to calculate your contribution, and the contribution is assessed as being higher than the provisional contribution, the Council will exercise discretion in how to apply the principle of backdating, dependent on the length of the delay.
- 15.4 If, due to the late return of the financial assessment information, you have already begun to be charged the full amount, any refund that is due following receipt of the financial assessment information will be paid at this point or credited to your account.
- 15.5 If we become aware that you are receiving income or capital not previously declared within your financial assessment, then we reserve the right to backdate any amended contribution to the date you started receiving this additional income or had the capital or the date of commencement of services, whichever is the later date.
- 15.6 A charging week starts on a Sunday and ends on a Saturday.

- 15.7 If you receive a Direct Payment to pay for your support, any contribution payable will be deducted before the payment is made.
- 15.8 If services are purchased on your behalf, an invoice will be issued every four weeks in arrears for any contributions payable.
- 15.9 Settlement terms for each invoice will be sent to you on a four-week basis. The Council's default method of payment is Direct Debit. Once you have been assessed as having eligible needs, you will be required to provide your direct debit details. Your Care Manager will arrange for the direct debit details to be collected from you and you will receive written correspondence to confirm that the direct debit has been set up. You will be sent an invoice for any care contributions 21 days before the direct debit payment is due to be taken from your bank account.

16 CANCELLATION OF SERVICES AND BREAKS IN SERVICE

- 16.1 If you need to cancel a service, you are expected to follow the agreement with the provider who will notify us.
- 16.2 If you do not receive a service in a particular week, you will not be asked to contribute the cost of that service. However, if you still receive the service for part of the week and the cost of the service is more than your weekly assessed contribution, you will pay the actual cost of the service received.

17 WHEN WILL MY CONTRIBUTIONS BE REVIEWED?

- 17.1 A financial reassessment will be completed by the Financial Assessment Team under the following circumstances:
- Yearly, as part of an ongoing reassessment schedule
 - At your request, if any of your circumstances have changed
 - When all welfare benefits claimed during the original assessment are being received and the Council has been notified
 - If your capital has reduced to the threshold level
 - If an error or omission has occurred in the original assessment
- 17.2 Every new financial year, we will reassess your contribution in line with benefit uplifting and you will be sent a letter notifying you of your new contribution, with a breakdown of how the contribution has been calculated. If you feel that the reassessed contribution is incorrect or your circumstances have changed, you can

contact the Financial Assessment Team who will review the financial assessment with you.

18 WHAT IF I REFUSE TO PAY?

- 18.1 If you have been assessed as being able to make a contribution towards the cost of your care but you decline to do so, and as a result you are unable to access services for which you have an assessed eligible need, this will be viewed as you having declined services. If this happens, the care manager will evaluate whether you have the capacity to make this decision.
- 18.2 If the decision is being made on your behalf, the care manager will check whether they feel the decision is being made in your best interests.
- 18.3 If you receive social care services and have been assessed as needing to make a contribution, but you do not pay, then the Council will take recovery action. All customers are required to pay their assessed charges to ensure fairness for everyone else receiving services, but we will work with you if you are experiencing difficulty in making payment. While personal circumstances will be considered with sensitivity, in fairness to those people who meet their contributions, non-payment must be handled in line with our approach to dealing with non-payment of contributions. When all the relevant checks have been undertaken, but we consider that there has been deliberate non-compliance with the payment schedule, we have the ability to issue an intent to cease providing care until the commitment to pay has been reinstated. You will be notified of this within 2 weeks of your contributions ceasing.
- 18.4 If you are experiencing financial difficulties, you may be able to obtain free debt advice from one of the following organisations:

First for Wellbeing



Northamptonshire County Council
County Hall
Northampton
NN1 1ED



0300 126 5000



@ info@firstforwellbeing.co.uk



<https://www.firstforwellbeing.co.uk/>

National Debtline



Tricorn House
51-53 Hagley Road
Edgbaston

B16 8TP

① 0808 8084000

📄 <https://www.nationaldebtline.org/>

Step Change Debt Charity

① 0800 1381111

@ www.stepchange.org

Citizens Advice Bureau – please check your local Yellow Pages for address and phone details

@ www.citizensadvice.org.uk

Civil Legal Advice

① 0345 3454345

@ www.gov.uk/civil-legal-advice

19 WHAT IF I WANT TO GIVE AWAY MY ASSETS?

- 19.1 This is known as Deprivation of Assets, where capital assets (e.g. property, savings and investments) are disposed of to avoid or reduce your contribution towards the cost of care. This could take the form of transfer of ownership or conversion of an asset into a disregarded asset, and will be treated as notional capital within the financial assessment. This treatment applies even when the deprivation is only part of the reason for the funds being transferred.
- 19.2 If the Financial Assessment Officer believes that deprivation of assets may have taken place, they will take into account the timing of events leading up to this being considered a possibility. In order to obtain a full picture of events, they may require documentary evidence of the level of capital for a period of time before the assessment date. If we find that deprivation of assets has occurred, you will be treated as if you still hold the assets and will be assessed accordingly. The Council reserves the right to decline any funding if the notional capital included in the financial assessment brings your total capital amount above £23,250.
- 19.3 If another person, for example a relative, has benefited from any transfer of assets, that person will be liable to contribute towards the cost of your care. They will be invoiced for the difference between your assessed contribution and the full cost of the care as long as the charges applied do not exceed the level of capital that has been gifted. This is applicable in circumstances where the Council continues to pay for your care on your behalf.

- 19.4 If you are considering, or have already transferred property or assets, whilst receiving care, this may affect your eligibility for funded residential or nursing care if it is needed in the future, and potentially entitlement to some welfare benefits.

20 WHAT IF I'M NOT HAPPY WITH ANY PART OF THE FINANCIAL ASSESSMENT PROCESS?

- 20.1 At any time in this process, you or your representative can make a complaint under our Corporate Complaints Procedure if you are not happy with your contribution following a financial assessment.
- 20.2 In the first instance, this will be reviewed by the Financial Assessment Team in conjunction with the Adult Social Care team, if appropriate.
- 20.3 If you are not satisfied with the response to the financial assessment review, you can lodge a formal appeal request where you will be invited to present the appeal to a panel, made up of an independent chair and two County Councillors. After this, if you are still not happy with the outcome, you can refer your complaint to the Local Government Ombudsman.

21 Flat Rate Charges for Assistive Technology

- 21.1 There will be a £2 charge for eligible customers who use assistive technology per week. This is a flat rate charge for all types and quantities of assistive technology.
- 21.2 The charge will be applied 6 weeks after you have started using assistive technology.
- 21.2 Whether you will be charged for this will be dependent on your financial eligibility assessment.
- 21.3 Nil contribution and DS1500 status will not be charged.

Appointeeship Charges

- 22.1 You may not be able to manage your own finances or you may not have a representative who can support you to manage your finances. In some circumstances, the Council may be able to support with the management of your finances through the appointeeship service. The Council's ability to support will be determined by current workloads and the level of support required.
- 22.2 If you are able to access the Council's appointee service, you may have to pay a flat charge towards the cost of the service. The flat rate charge is a contribution towards the cost of the service.

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- ~~22.3 The flat rate charge that you may have to contribute is dependent on the type of service you are receiving from the Council. The charges are:~~

- £10 per week for anyone who is in a residential / nursing home.

- £12.50 per week for anyone who is receiving care and support in the community.
- 22.4 There may be some circumstances where you will be exempt from paying the flat rate charges. These are:
- If you have capital less than £1,000.
 - If you are subject to section 117 aftercare which includes finances.
- 22.5 If you are asked to pay the flat rate charge however there are extreme circumstances where the charge may cause financial hardship, you can apply for a waiver of charges. To apply for a waiver, you or a representative will need to outline your reasons for a waiver, in writing.
- 22.6 Your request for a waiver will be reviewed by the Client Funds Team who will ensure that the guidelines for charging have been met. If this is the case, the request for a waiver will be presented to the waivers panel.
- 22.7 The waivers panel consists of an Assistant Director for Northamptonshire Adult Social Services and a Strategic Finance Manager within the Finance Directorate. The panel will review your request and make a decision based on the facts that have been outlined in your case.
- 22.8 The outcome of the waivers panel will be communicated to you or your representative within 30 days of the request being made. The decision made by the waivers panel will be final.

APPENDIX A – Examples of protected income (2018/19 rates)

Your protected income allowance is dependent on your personal entitlement, as determined by the Department of Health each year.

If you receive Income Support

Under 25 years old

- 1) Personal Allowance + Disability Premium = **£112.75 (protected income)**
- 2) Personal Allowance + Disability Premium + Enhanced Disability Premium = **£132.45 (protected income)**

Aged 25 to Pension Age

- 1) Personal Allowance + Disability Premium = **£131.75 (protected income)**
- 2) Personal Allowance + Disability Premium + Enhanced Disability Premium = **£151.45 (protected income)**

If you receive Employment and Support Allowance

Under 25 years old

- 1) Personal Allowance + Support Group Component = **£117.65 (protected income)**
- 2) Personal Allowance + Support Group Component + Enhanced Disability Premium = **£137.35 (protected income)**

Aged 25 to Pension Age

- 1) Personal Allowance + Support Group Component = **£136.65 (protected income)**
- 2) Personal Allowance + Support Group Component + Enhanced Disability Premium = **£156.35 (protected income)**

If you receive Pension Credit

Standard Minimum Guarantee = **£194.50 (protected income)**

APPENDIX B – How your contribution is calculated (example)

Someone aged over 70 has a total assessable income of £260.00 per week but has capital below £23,250

Allowable costs of £19.23 per week (due to disability expenses)

Personal allowance for assessment purposes of £194.50 per week

Example calculation

Total assessable income £260.00

minus allowable costs £19.23

= Net disposable income £240.77

minus personal allowance £194.50

= maximum weekly contribution **£46.27**

This is the maximum amount this person can be asked to contribute towards the cost of their care, and the exact level of contribution will depend on the cost of the care provided or the value of their personal budget.

In the above example, assuming the value of the personal budget or care provided is £46.27 per week or above, the weekly contribution will be £46.27.

APPENDIX C – Guidance for Disability-Related Expenditure (DRE) amounts 2018/19

The following are recommended allowances for possible identified items and examples of reasonable evidence requirements prepared by the National Association of Financial Assessment Officers (NAFAO).

HEATING ALLOWANCES

Figures for 2018/2019	Standard	N East / E Midlands	N West / W Midlands
Single person - Flat/Terrace	£1,206.07	£1,307.37	£1,460.37
Couple – Flat/Terrace	£1,591.21	£1,723.11	£1,924.65
Single person – Semi Detached	£1,280.99	£1,388.62	£1,551.12
Couples – Semi Detached	£1,688.29	£1,828.63	£2,042.84
Single – Detached	£1,558.51	£1,688.29	£1,888.78
Couples – Detached	£2,054.45	£2,225.38	£2,487.07

COSTS OF DISABILITY

ITEM	AMOUNT	EVIDENCE
Community Alarm System	Actual cost unless included in Housing Benefit or Supporting People Grant	Bills from provider
Privately arranged care	Actual cost if Social Worker confirms requirement as part of the Care Plan and Council supported care is reduced accordingly	Signed receipts for at least 4 weeks using a proper receipt book
Private Domestic help	Actual cost if Social Worker confirms requirement as part of the Care Plan and Council supported care is reduced accordingly	As privately arranged care
Laundry/Washing Powder	£3.75 per week	Care Plan will have identified an incontinence problem. Identify more than 4 loads per week
Dietary	Discretionary as special dietary needs may not be more expensive than normal	Details of special purchases
Gardening	Discretionary based on individual costs of garden maintenance	As privately arranged care
Wheelchair	£3.91 per week manual £9.49 per week powered	Evidence of purchase. No allowance if equipment provided free of charge
Powered bed	Actual cost divided by 500 (10 yr life) up to a maximum of £4.32 per week	Evidence of purchase if available
Turning bed	Actual cost divided by 500 up to a maximum of £7.57 per week	Evidence of purchase if available
Powered reclining chair	Actual cost divided by 500 up to a maximum of £3.43 per week	Evidence of purchase if available
Stair-lift	Actual cost divided by 500 up to a maximum of £6.12 per week	Evidence of purchase without DFG input
Hoist	Actual cost divided by 500 up to a maximum of £2.99 per week	Evidence of purchase without DFG input

Items not included on NFAFO Guide to Disability Related Expenditure 2018/19 but considered DRE if appropriate

	GUIDANCE ON AMOUNTS
Prescription charges	Cost of annual ticket divided by 52 or actual cost of prescriptions, whichever is less. Ensure service user claims free prescriptions where appropriate (age 60+ or life-threatening illness)
Transport/daily living cost	Discretionary based on costs greater than those incurred by an able-bodied person. Take off DLA mobility
Bedding	Allow £1.62 per week to cover replacement bedding
Cost of incontinence aids	Maximum of £2.83 per week. Full free health entitlement must be used first
Clothing	Discretionary depending on individual circumstances

Metered water	If over £283.83 per annum
Household items	Discretionary depending on individual circumstances

This is not an exhaustive list of items that may be considered as Disability Related Expenditure. The information provided is intended to be used as a guide for the cost of day to day expenditure on individual items and where additional expenditure may be considered.