

Appendix 3a: Blackpool Adult Social Care Charging Policy

Blackpool Council



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Scope of Document	The policy applies to Adult Services residential and non-residential care and support. It covers all services provided through a personal budget.	
Objective	To provide a point of reference for staff and service users which sets out how the Council will calculate a person's contribution towards the cost of adult residential and non-residential social care and support.	
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	Approved by & Date	
Authorising Officer	Name	
	Job Title	
	Division	
Author	Name	Jim Green
	Job Title	Policy and Projects Officer
	Team	
	Contact Tel:	07776 162408
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Officer Responsible	Name	Jim Green
	Job Title	Policy and Projects Officer
	Contact Tel:	07776 162408

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1.0 Introduction

1.1 The Care Act 2014 provides a single legal framework relating to charging for care and support. It enables a local authority to decide whether or not to charge a person when arranging to meet their care and support needs or a carer's support needs. There are some types of support where the local authority is required to arrange care and support free of charge. The purpose of this policy is to establish how Blackpool Council will calculate a person's contribution towards the cost of their care and support when charges do apply.

1.2 Where a local authority decides to charge it must follow the published regulations and have regard to the statutory guidance, which determine the maximum amount an authority can charge a person in receipt of care provision. The detail of how to charge is different depending on whether the person is receiving care in a care home or another setting, such as at home or in supported accommodation.

2.0 Principles of the Charging Policy

National Policy and Regulatory Framework

2.1 The Council has a duty to arrange care and support for those with eligible unmet needs. Where the Council arranges care and support to meet a person's needs, it has discretion whether or not to charge under section 14 of the Care Act. Where it decides to charge, it must follow the Care and Support (Charging and Assessment of Resources) Regulations and have regard to the statutory guidance. This policy follows both the Regulations and guidance. The Act provides that the Council may apply charges based on the costs to the authority of meeting the assessed needs of the person.

2.2 The Council provides a range of social care services to support people with eligible care needs. Services include the provision of placements in care homes and services designed to help people to stay as independent as possible in their own homes. The key to the overall affordability of these services is the income that the Council receives from people towards the cost of their care and support. On this basis, the Council has decided to apply charges where the regulations allow but in accordance with guidelines which seek to ensure that no-one is asked to contribute more than they can afford.

Key Principles

2.3 The overarching principles of the Council's charging policy are to:

- Ensure that people are not charged more than it is reasonably practical for them to pay;
- Be comprehensive, to reduce variation in the way people are assessed and charged;
- Be clear and transparent, so people know what they will be charged;
- Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;

- Support carers to look after their own health and wellbeing and to care effectively and safely;
- Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet needs;
- Apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings;
- Encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so; and
- Be sustainable for local authorities in the long term.

3.0 Scope and Exclusions

Exemptions

3.1 In these circumstances people will not be required to make contributions

- People who have been diagnosed as having any form of Creutzfeldt Jacob Disease will be automatically exempt from charges.
- People receiving 'after-care' services will not be charged for support services provided under Section 117 of the Mental Health Act 1983.
- Any service or part of a service which the NHS is under a duty to provide will be free to the user. This includes 'Continuing NHS Health Care' and the NHS contribution to registered nursing care.

Services provided free of charge

- Advice and information and guidance provided by the Council about the availability of support will be available without a contribution.
- Independent advocacy services provided to facilitate the involvement of a person in their care assessment, in the preparation and review of their care and support plan as well as in safeguarding enquiries where this is deemed to be necessary.
- Assessments, including assessment of care and support needs and financial assessments will be available without a contribution.
- The Council will not require any contribution towards community equipment and minor adaptations up the value of £1,000 e.g. grab rails where an assessed need has been identified.
- Where the Council provides intermediate care including reablement, this will be provided free of charge for a period of up to six weeks, in accordance with the Regulations. If intermediate care is provided at home, and it is in addition to an established (albeit in some cases interrupted) package of support, contributions will continue against the established package. The person's assessment will identify those services provided under intermediate care arrangements. Subject to the

Council's discretion, these services may be provided free of charge for longer than six weeks where continuation of the intermediate care would have clear preventative benefits to the person as assessed by their social worker.

- Any unplanned day or night visits will be provided free of charge when delivered on a short term basis for a period of less than 7 days.
- There are a number of support schemes designed to avoid hospital admission (eg rapid response) or facilitate discharge from hospital following a stay; these arrangements are currently provided without charge. In some cases the funding for these schemes is provided by the NHS on a short term basis which means the arrangements are subject to review.
- The Council has chosen to provide free of charge, services directly provided to carers to meet carers' identified support needs.

Services subject to flat rate charges

- Where a person has eligible needs to be met through the provision of non-residential care and has assets above the upper capital limit, the Council will charge an annual administration fee for arranging services to meet their needs. The fee will be reviewed annually and will be applied at the point that services commence (on pro-rata basis) and annually thereafter on this anniversary.
- An administration fee will be applicable under the Care Act 2014 for setting up and maintaining a Deferred Payment Agreement. The set-up fee will be payable when the legal agreement is complete; the maintenance fee will be due annually in advance on this date each year.
- Where a person lacks the capacity to manage their own finances and the Council provides a money management service or acts as a court appointed Deputy, the Council will charge a fee subject to affordability.
- Where residential respite services are provided there will be a flat rate charge, to cover ordinary living expenses, for a maximum of 8 continuous weeks or for 12 separate weeks cumulatively over a year. After this period, contributions will be calculated in accordance with this Policy, however if a service user feels that they cannot afford the flat rate charge they can request a full financial assessment.
- Where a person requires a temporary or short stay in residential care there will be a flat rate charge to cover ordinary living expenses, for the first two weeks of the stay, or a full financial assessment can be requested.

4.0 Provisional Financial Assessments

Provisional or Interim Charges

4.1 In residential services if a full financial assessment has not been completed at the time a person's care and support commences then a provisional contribution will be applied from the date the services are put in place. Adjustments in respect of any under- or overpayments from the date the contributions

commenced will be made when the financial assessment has been completed. In non-residential services there is no interim charge, instead once the financial assessment has been completed and the outcome notified then liability for any payments will be backdated to the start of the package of care.

Non-Residential Care

4.2 Where information is not available to allow a financial assessment to be completed in advance of the services commencing, a request will be made to the service user for the relevant information. This information will need to be provided within 14 days. Once this information is received then the assessed contribution for the care provision will be payable backdated to the start of the package of care.

Residential Care (Short stay)

4.3 Contributions towards the cost of short stay residential care are paid by the resident or their representative directly to the care home. For the first two weeks of any short stay a flat rate charge will be applied. The service user can however request that a financial assessment be undertaken to establish an assessed charge. After the first two weeks a financially assessed charge will be established in any case if the information is available to allow this. This information will need to be provided within the first 14 days of the stay to enable a financially assessed charge to be established and applied from the beginning of the third week. If the information is not available to allow a financially assessed charge to be applied after the first two weeks then a provisional charge will be applied for a further two weeks. When the required information has been received any adjustments to contributions paid from the start of week three will be calculated. This may mean that an additional payment is due to the care home if the financially assessed figure is higher than the provisional charge. If after the further two week period, the required information has not been provided, then it will be assumed that the resident can afford to meet the full cost of their placement and this will be applied from the beginning of the third week of the stay. At present under this arrangement the full amount of the charge should be paid directly to the care home although it can also be paid to the Council.

Residential Care (Long stay)

4.4 Contributions towards the cost of residential care are paid by the person resident or their representative directly to the care home. Where information is not available to allow a long stay financial assessment to be completed in advance of the placement commencing, a request will be made to the resident or their representative for the relevant information. This information will need to be provided within 14 days during which time a fixed provisional charge will be applied from the point at which the placement began. When the required information has been received the correct figure will be calculated and backdated to the date the permanent placement commenced. This may mean that an additional payment is due to the care home if the financially assessed figure is higher than the provisional charge. If the information to complete the financial assessment is not provided within the required timescale, the interim charge will continue to apply for a further 14 days. After this time, if the required information is not provided, then it will be assumed that the resident can afford to meet the full cost of their placement from the date of their admission and this must be paid directly to the care home.

4.5 The level of interim charging for residential care shall be index-linked to the state pension rate and updated annually.

5.0 The Financial Assessment

5.1 The Council will positively seek to complete a financial assessment to determine how much a person should contribute towards the cost of providing their care and support unless they:

- are exempt as described under section 3.1 of this policy;
- choose not to be financially assessed.

5.2 People who refuse to be financially assessed or refuse to co-operate with the assessment to the extent that a full financial assessment cannot be completed, will be required to pay the maximum charge for their care and support. This will be equivalent to the full cost of their care (subject to the maximum weekly charge if receiving non-residential services).

5.3 A financial assessment will be undertaken at the earliest opportunity to assist with decision making as part of the care and support planning process. The assessment will be subject to regular review to take account of any changes to a person's finances. People are required to notify the Council as soon as possible if there is a change in circumstance which may affect the assessment.

5.4 The amount that a person is asked to contribute towards the cost of their care and support will depend upon whether the person is to be in residential care or living at home. This is discussed in more detail in later sections.

5.5 The financial assessment will take into account income and capital. People subject to an assessment will be asked to confirm that the information being used is correct. Where appropriate or as requested a Finance Visiting Officer will arrange to meet people in a suitable place to gather information and provide advice on benefits maximisation.

5.6 In order to facilitate a prompt financial assessment and notification of the assessment to the service user we shall seek to carry out a light touch assessment (see section 6) wherever possible. This shall be the case whenever income is primarily DWP benefits which can be readily verified.

5.7 Income will always be taken into account unless it must be disregarded in accordance with the Regulations. In all cases, employed or self-employed earnings are fully disregarded.

5.8 Most of the benefits people receive will be taken into account unless they are disregarded as below. However if people are to be receiving care when living at home they will always be left with enough income to cover daily living costs or to meet needs not being met by the Council. If they receive care and support in a residential care home they will be left with a personal expenses allowance to spend as they wish.

5.9 Income from the following sources will be fully disregarded:

- Guaranteed Income Payments made to Veterans under the Armed Forces Compensation Scheme;

- War Disablement Pension, War Widows and War Widowers Pension Payments;
- Survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme;
- The mobility component of Disability Living Allowance or Personal Independence Payments;

5.10 Savings credit income will be fully or partially disregarded based on qualifying criteria.

5.11 The above list is not exhaustive and for further details of income that is either fully or partially disregarded see Annex 3: Treatment of Income, Care and Support Statutory Guidance.

5.12 The main examples of capital are assets such as property and savings. A person with assets above the upper capital limit will need to meet the full cost of their care (subject to the maximum weekly charge for non-residential care see 7.10). Where a person has capital at or below the upper capital limit, but more than the lower capital limit they will be charged £1 per week for every £250 in capital between the two amounts. This is called 'tariff income'. Any capital below the lower capital limit will be disregarded from the assessment.

5.13 In certain circumstances capital will be disregarded¹. The value of a person's main or only home will be disregarded in the following circumstances:

- Where the person is receiving care and support at home;
- If the person's stay in a care home is temporary and they intend to return to that property or they are taking reasonable steps to dispose of the property and acquire something more suitable.
- Where the person no longer occupies the property but it continues to be occupied by a spouse or qualifying relative aged over 60 or incapacitated relative as defined in the Regulations and Guidance and the intent is not considered to be the avoidance of paying care charges.

5.14 Only a person's sole or main residence will be disregarded if any of the above circumstances apply. The value of any other land or property that is owned will be taken into account in the assessment.

5.15 There may be some circumstances in addition to those listed above, when the Council considers it appropriate to disregard the value of a person's main residence in an assessment. This is called a discretionary disregard but must be balanced with the need to ensure that residents with assets are not maintained at public expense.

5.16 Only the income of the cared-for person will be taken into account in the financial assessment of what they can afford to pay for their care and support. Where this person receives income as part of a couple, the starting presumption is that the cared-for person has an equal share of the income. If any assets are held jointly, for example, a joint bank account, unless there is evidence to demonstrate otherwise, it will be assumed that the total amount is shared equally and the person will be treated as owning an equal share.

¹ For further details see Annex 3

5.17 All people being financially assessed shall, as part of the assessment process, be offered and strongly recommended to undertake a benefits healthcheck to maximise their income.

5.18 People are expected to take advantage of all income available to them and assistance to maximise this will be available where needed.

5.19 Where the Council considers that a person has deliberately tried to avoid care and support costs through depriving themselves of assets, either capital or income, it will charge the person as if they still possessed the asset or, if the asset has been transferred to someone else, it will seek to recover the lost income from that person. See Section 13 for full details.

5.20 Following the financial assessment people will be sent a letter informing them of the amount that they have been assessed as needing to contribute towards the cost of their care and support and how this figure has been calculated. Contributions will apply from the date that services commenced. If it has not been possible to complete a full financial assessment by the time services have been put in place, a provisional charge will apply in the short term, until the outcome of the full assessment is known. This may require adjustments to contributions in later periods. See Sections 7 & 8 for further details of how this shall be applied in residential care and care at home respectively.

5.21 Where a person lacks the mental capacity to manage their finances, they may still be assessed as able to contribute towards the cost of their care. The Council will need to work with someone who has the appropriate authority (e.g. Power of Attorney or appointee for benefits) to make financial decisions on behalf of the person. People who lack the mental capacity to give consent to a financial assessment and who do not have an authorised representative will require the appointment of a deputy for property and financial affairs. Family members can apply for this to the Court of Protection or the Council will consider applying if there is no-one else suitable. The application process can take several months to complete but contributions towards the cost of care will still apply from the date the support commenced. Debt collection procedures will be suspended during this period until such time as a deputy has been appointed. The Council will then expect payment of any outstanding charges in full and if necessary take steps to recover any arrears of charges.

6.0 Light-touch Financial Assessments

6.1 In some circumstances, the Authority may choose to treat a person as if a financial assessment has been carried out. In order to do so, it must be satisfied on the basis of evidence provided by the person that they can afford, and will continue to be able to afford any charges due. This is known as 'light-touch' financial assessment.

6.2 The main circumstances in which the Council will carry out a light-touch financial assessment are:

- Where a person has significant financial resources, and does not wish to undergo a full financial assessment for personal reasons, but wishes to access local authority support in meeting their needs;

- Where there is a small or nominal amount charged for a particular services which a person is clearly able to meet and would clearly have the relevant minimum income left and carrying out a full financial assessment would be disproportionate;
- When an individual is in receipt of benefits which demonstrate that they would not be able to contribute towards their care and support costs;

The Council will inform people when it intends to carry out a light-touch financial assessment and a full financial assessment can be requested as an alternative.

7.0 Charging for Care and Support in a Care Home

7.1 People receiving care and support in a care home will be expected to make a contribution towards the cost of their care, unless they are considered to be exempt under the criteria outlined in Section 3.1, subject to a financial assessment in line with the Regulations and Guidance. The Council will take into account income and capital when carrying out the financial assessment.

7.2 However, a person will always be left with a minimum amount of income, known as the Personal Expenses Allowance. This is a figure set by the government. Any income above this amount may be taken into account when determining charges with the exception of the income amounts detailed in section 5.8 which will be disregarded. The personal expenses allowance is intended for people to spend as they wish and may be varied by the Council subject to specific and individual circumstances.

7.3 The financial assessment will take into account the value of any property that is owned, including the person's main or only home. If a person is considered to have assets, including a property, valued at more than £23,250², they will be expected to meet the full cost of their care. Where this is the case, subject to meeting the eligibility criteria³, a person may be offered the option of delaying the payment of some of their care costs and entering into a deferred payment agreement with the Council. In these circumstances a person will still be expected to contribute towards the cost of their care from their income but can defer the rest of the payment until such a time as their assets are realised. If a deferred payment is not agreed, a person will be expected to meet the full cost of their care if they have assets valued at more than £23,250.

7.4 When the value of a person's assets, excluding their property, is below the upper capital limit, the value of their main or only home will be disregarded for 12 weeks in the following circumstances:

- When they first enter a care home as a permanent resident; or

² This figure is set by the Department of Health and Social Care and is reviewed on a periodic basis. This Policy will be updated to reflect any change in the figure.

³ The person has care needs to be met by the provision of residential accommodation; the person has less than (or equal to) the upper capital limit in assets excluding the value of their home (i.e. in savings and other non- housing assets); and anyone whose home is not disregarded because, for example, it continues to be occupied by a spouse or dependent relative.

- When a property disregard other than for the 12 week period unexpectedly ends because the qualifying relative has died or moved into a care home.

7.5 The Council has the discretion to disregard property for other reasons and each case will be considered on an individual basis but this must be balanced against the duty to ensure that the value of a person's assets are not maintained at the expense of the wider public.

7.6 Where the care planning process has determined that a person's needs are best met in a care home, the Council will provide for the person's preferred choice of accommodation subject to certain conditions. The type of accommodation must be appropriate to the person's needs and the cost must not exceed the amount included in their personal budget. There should always be at least one option which is affordable within the individual's personal budget. However, a person will also be able to choose alternative options, including a more expensive care home, where a third party or in certain circumstances⁴ the individual themselves is willing and able to pay the additional cost i.e. the difference between the actual cost and the amount in the personal budget or 'top-up' fee. Any first or third party arrangements to pay top-up fees will be subject to a formal agreement between the Council and the third party which clearly documents the implications of a failure to make the required payments.

7.7 Where a person is resident in a care home for the purposes of receiving respite care, the Council will request a flat rate contribution (up to the first 8 weeks of continuous care or 12 separate weeks on a cumulative basis per year) in addition to any established contributions to non-residential care. If a person feels that they cannot afford to pay the flat rate contribution they can request a financial assessment as if they were a short stay resident (see 7.8 below). The contribution a person is asked to make will need to be paid direct to the care home. Any such top up payments shall not count towards the lifetime cap on care costs.

7.8 If a person is assessed to need a temporary or short stay in a care home, for any purposes other than respite, then a flat rate contribution will be applied for the first two weeks. If a person feels that they cannot afford to pay the flat rate contribution they can request a full financial assessment to be applied from the start of their stay. In any case after the first two weeks, a full financial assessment of what they can afford to contribute to the cost of their care will be undertaken. The financial assessment will be based on the individual resources of the person but with regard to any spouse or partner remaining at home. The person's main or only home will be disregarded where the person intends to return home or is taking steps to dispose of the property in order to acquire something more suitable. Other factors, such as ongoing home commitments, will also be taken into account in accordance with the Guidance.

⁴ The person whose needs are to be met by the accommodation may choose to pay a 'top-up' where any of the following circumstances apply:

- Where they are assessed to have sufficient financial assets
- Where they are subject to a 12 week property disregard
- Where they have a deferred payment agreement in place
- Where they are receiving accommodation provided under s117 of the Mental Health Act 1983

7.9 If the person subsequently becomes a long stay resident, a further financial assessment will be undertaken to take account of the change in circumstances; however the new charge will only be applied from the date that the care plan was amended to reflect the need for long term support and as agreed with the individual or their representative.

7.10 If necessary, a provisional financial assessment will apply from the date of permanent admission or two weeks after a short stay admission, until the full financial assessment has been completed. It may be necessary to refund or collect any over- or underpayment. The contribution a person is asked to make will need to be paid direct to the care home.

8.0 Charging for Care and Support at Home

8.1 People receiving care and support in their own home or in the community will be expected to make a contribution towards the cost of their care (as set out in their personal budget), unless they are considered to be exempt under the criteria outlined in Section 3.1, subject to a financial assessment in line with the Regulations and Guidance. The Council will take into account income and capital when carrying out the financial assessment.

8.2 People receiving care and support arranged by the Council other than in a care home need to retain a certain level of income to cover their living costs. Under the Care Act 2014, charges must not reduce a person's income below a certain amount but local authorities can allow people to keep more of their income if they wish. This is known as the Minimum Income Guarantee and its purpose is to promote independence and ensure that people have sufficient funds to meet basic needs such as buying food, paying for utilities and purchasing insurance. The Minimum Income Guarantee figures are reviewed at intervals by the government. (See Annex 1 for latest figures)

8.3 The following household expenses will also be considered and may be taken into account in the financial assessment process depending on the individual's circumstances:

- Rent net of housing benefit/universal credit
- Mortgage repayments
- Council Tax net of Council Tax Reduction Scheme
- Water rates
- Ground rent/maintenance charges

8.4 Where disability related benefits are taken into account as part of the financial assessment process, the Council will allow a person to keep enough benefit to pay for necessary disability related expenditure to meet agreed needs which are not being met by the authority. The Council applies a notional level of banded disability related expenditure (DRE) based upon the level of a person's disability benefits. However, the maximum level of banded DRE can be exceeded in cases where the expense is justified and can be verified through evidence of expenditure such as receipts.

8.5 There is no exhaustive list of what can be counted as disability related expenditure – it can be different for each person dependant on their individual circumstances. The Council will consider something as DRE if the following conditions are met:

- The extra cost is needed to meet specific needs due to a medical condition or disability, as identified in the Care Plan assessment of needs or supported by additional medical evidence e.g. a GP letter

- The cost is reasonable and can be verified, evidence will be required
- A reasonable alternative is not available for free or at a lower cost. If a reasonable alternative is available at a lower cost, the lower amount will be considered as DRE rather than the amount spent.

8.6 Certain expenditure may not be classed as DRE if it is considered a service the general population would use e.g. house insurance, appliance insurance, travel costs other than those related to disability, special dietary requirements not related to disability or medical condition etc.

8.7 Where the need for DRE is unclear, the Council's Social Care Benefits Team is authorised to make additional enquiries with relevant parties to satisfy themselves whether any expenditure should be included in a financial assessment.

8.8 The night care element of Disability Living Allowance and Attendance Allowance will also be disregarded if there are agreed day and/or night care needs and costs, which are not being met by the Council. Where a person is in receipt of a Personal Independence Payment, the care component will be treated as income in full, but an allowance will be made where any disability related expense can be identified in relation to agreed day and night care not being arranged by the local authority.

8.9 People will retain the right to have their assessment reviewed (or to appeal) when the whole or part of their impairment or disability related expense has not been taken into account.

8.10 The Council will consider within the assessment, the financial implications for people who have children up to 19 years of age, who are financially dependent on them. Young people will continue to be considered as dependants until their 19th birthday on receipt of proof that they remain in full time education.

8.11 Where a carer has eligible support needs of their own, the Authority has a duty, or in some cases a power, to arrange support to meet their needs. Where the Authority arranges to meet the needs of the carer by arranging for the direct provision of services to the carer themselves, charges will not be applied. However, where services are provided to the "cared for" person, such as respite care, then charges will be applied to the cared for person in line with this Policy.

8.12 The non-residential assessment calculation is summarised as follows:

Assessable Income
Less: Minimum Income Guarantee
Less: Housing Costs
Less: Disability Related Expenditure
Equals: Assessed Contribution or Net Disposable Income

The full amount of the assessed contribution or net disposable income is then compared to the amount of the personal budget and the amount due will be the lower of the two figures.

8.13 The Council will set an upper limit on the amount that any person will be asked to contribute towards their care at home costs regardless of their level of income or capital. This amount shall never exceed the cost of the care package and is called the 'cap' or maximum weekly charge and will be reviewed on an annual basis.

8.14 When a person's contribution to their personal budget has been established, this is the amount that they will be required to contribute unless the following circumstances apply:

- A person is admitted to hospital or there is another absence from home for a period of more than one week. The authority must be notified and the contribution towards the cost of the personal budget will be reviewed.
- A person dies in which case a refund or any balance outstanding will be calculated from the date of death.

8.15 Where a person is funding their own care package charges shall be subject to review for any absence notified to the Council. To avoid charges exceeding the cost of care an annual reconciliation and amendment exercise shall be carried out by the Council to compare planned care with actual care delivered and then make appropriate adjustments to the charges levied.

8.16 People with eligible needs and financial assets above the upper capital limit may ask the Council to meet their needs. If their needs are to be met by care and support in the home, then the Council must provide assistance, but this will be subject to the payment of an annual administration fee to cover costs in addition to the costs of providing the care and support. In these circumstances there is no entitlement to financial support with the payment of charges.

9.0 Direct Payments and Personal Budgets

9.1 Direct payments are an option for people who would like to arrange their own care and support at home instead of receiving services through the Council. A personal budget or a portion of a personal budget may be paid on a cash basis as a Direct Payment. Direct Payments are not available to people in residential care.

9.2 Where a person opts to receive a Direct Payment their financial contribution will be determined through a financial assessment in accordance with this Policy. Where a person is assessed as being liable to pay a financial contribution towards their care and support, the relevant contribution will be deducted before each Direct Payment is paid to them. People receiving Direct Payments will be expected to regularly pay their assessed financial contribution or 'charge' into their Direct Payment account and this will be monitored through regular account audits.

9.3 Where a person chooses to access a combination of support arranged by the Council and a Direct Payment and is assessed to make a financial contribution, the contribution will be deducted before the Direct Payment is paid. If the assessed contribution exceeds the amount of the Direct Payment then an invoice will be sent for the remaining amount due.

10.0 Effective Point of Charging

10.1 People will be informed at the earliest appropriate time that there may be a contribution required towards the cost of their care and support.

10.2 People will be sent a letter notifying them of the outcome of their financial assessment, the frequency and amount of their payment and the date from which contributions will be due.

10.3 The Council will expect contributions to commence from the date at which it starts to meet a person's care and support needs. If the financial assessment has not been completed to determine how much the person can afford to pay at the outset, it may be necessary to apply a provisional charge. Adjustments in respect of any under- or overpayments will be processed when the financial assessment has been completed.

10.4 Invoices will be addressed to the individual in receipt of the care and support, unless there is another person with legal authority to act on their behalf, for example, a DWP appointee for benefits, a registered lasting or enduring power of attorney or a Court appointed Deputy; evidence of authority will be required.

11.0 Change in Financial Circumstances

11.1 A person's assessed financial contribution towards the cost of care and support will be updated at the start of the financial year to take into account changes in DWP benefits and private pensions. For most people, this update will be completed automatically by the Council's Social Care Benefits Team. However some people may be asked to provide supplementary information subject to the nature of their income and investments.

11.2 In any event it is essential that the Council's Social Care Benefits Team is notified at the earliest opportunity of any changes in financial circumstances which are not routine annual increases in DWP benefits as applied in April in each year, for example, a change in the type of benefit received, a change in disability status meaning an increase from standard to enhanced rate Personal Independence Payment, etc.

11.3 If a person in receipt of care and support experiences a change in their financial circumstances then they must inform the Social Care Benefits Team as soon as possible, either by telephone on 01253 477532

or by email sc.benefits@blackpool.gov.uk or in writing to Social Care Benefits Team, Blackpool Council, P.O. Box 50, Town Hall, Blackpool, FY1 1NF .

11.4 Any change, which results in a reduction in the assessed charge payable will take effect from the Monday following the date that the Council is notified.

11.5 Any change that results in a higher charge payable will be applied from the actual date of the change.

11.6 Where the change results in backdated charges exceeding 6 months and the individual or their representative could not have reasonably expected to know that they would have increased charges to pay, then the Council can consider charging from the beginning of the financial year that the change was notified.

11.7 Where an individual lacks capacity to manage their finances and an authorised representative is appointed, the Council will allow one calendar month from the date of appointment to be notified of any changes. Changes notified after this time period will be treated as above.

11.8 The Council reserves the right to use discretion in deciding whether to backdate charges, depending on the individual's circumstances. To avoid the accrual of historic debt it is important that the Council is notified immediately of any changes.

12.0 Non Payment of Contributions

12.1 Failure to make payment will result in action being taken to recover the debt in accordance with the Council's corporate debt management procedures. If a person has been assessed as needing services these will not be withdrawn because a person refuses to pay the contribution. The overall approach will be to obtain co-operation while at the same time working with any individuals experiencing difficulty in making payment to agree a payment plan etc. Individual circumstances will be handled with sensitivity, however in fairness to those people who pay their assessed contribution; non-payment will be handled in line with the Council's policy on unpaid invoices. If a DWP appointee or other legally authorised person is appointed to act on behalf of an individual and does not arrange to make payment for services provided as necessary, the Council will take action to recover the debt from the responsible party (ie the appointee or other legally authorised person). Ultimately the Council may institute County Court proceedings to recover the debt after exploring other options such as offering a deferred payment agreement.

13.0 Deprivation

13.1 Deprivation of assets is considered to mean that a person has intentionally deprived or decreased their overall assets (income or capital) in order to reduce the amount they are expected to contribute towards their care. This means that people knowing that they need care and support have deliberately tried to avoid or reduce the amount of charges they will be expected to pay, for example, by gifting an amount of money or transferring ownership of a property, including the family home. Before deciding whether deprivation has occurred, the Council will consider:

- Whether avoiding charges was a significant motivation;

- The timing of the disposal of the asset e.g. at the point the capital was disposed of could the person have a reasonable expectation of the need for care and support; and
- Did the person have a reasonable expectation of needing to contribute to the cost of their eligible care needs?

13.2 It is up to the person to prove that they no longer have the asset otherwise they will be assessed as if they still had ownership. Where the person has transferred the asset to a third party to avoid or reduce charges, the third party will be treated as liable for the difference between what would have been charged and what is actually charged. As with any other debt the Council will consider using County Court proceedings to recover any debt owing. This could include recovery of charges directly from the recipient of the asset(s); this is referred to as a Third Party Debt Order.

14.0 Reviews and Appeals

14.1 If a person believes that there has been a mistake in the assessment process or that the assessment process has not taken full account of their circumstances they can request a review of their assessed contribution. If a person still feels that they cannot pay the assessed contribution, for example, because they have an additional disability related expense, they can use the Appeals procedure. Full details are contained in the Council's Reviews, Appeals and Waivers Procedure Document. A copy of the Procedure is available on the Council's website: <https://www.blackpool.gov.uk/Residents/Health-and-social-care/Social-care-for-adults/Documents/Reviews-and-Appeals-Procedure.pdf>

14.2 Requests for a review should be made in writing to the Social Care Benefits Team, Blackpool Council, P.O. Box 50, Town Hall, Blackpool, FY1 1NF stating the reasons for the request, within 28 days of the notification of the outcome of the financial assessment.

15.0 Waivers

15.1 Blackpool Council financially assesses the ability of people to contribute towards the cost of their care and support as set out in their personal budget. This assessment considers the income, savings and expenses of the individual and determines the amount that they can reasonably be expected to pay towards the cost of their care.

15.2 However, it recognises that there are people whose particular financial circumstances may be such that even though the assessment of their finances has been undertaken accurately, they may have difficulty in contributing towards the cost of their care and that this difficulty may result in a limitation of the person's ability to take care of him or herself, or to protect him or herself against significant harm or exploitation.

15.3 The Council will waive part or all of an assessed contribution towards the cost of care where to apply the contribution in full would result in:-

- Significant harm to that person
- The significant impairment of, or significant avoidable deterioration in, physical or mental health

- The significant impairment of physical, intellectual, emotional, social or behavioural development or well-being
- A significant risk to the person's long term independence

15.4 Requests for a waiver should be made in writing to the Social Care Benefits Team, Blackpool Council, P.O. Box 50, Town Hall, Blackpool, FY1 1NF stating the reasons why the charge is not affordable and how the requirement to pay will affect you. Please write within 28 days of the notification of the outcome of the financial assessment with any evidence to support the application and a member of the team will contact you to discuss the request. Requests for waivers will be considered on a case by case basis and will take into account any resulting expected economic hardship or anticipated impacts on physical or mental health.

15.5 Waivers will be strictly time limited and conditional upon a referral to the Council's Debt Advice Team for help with personal budgeting.

16.0 Complaints

16.1 If a person is unhappy with the way their case has been handled, a formal complaint can be made using the Complaints Procedure. The complaints procedure cannot investigate the assessed contribution for services or complaints about general policy. It can however investigate concerns about the process by which the assessment has been made. For more information about the Complaints Procedure or if you wish to complain about the financial assessment process then you can contact the Customer Relations Team on 01253 477700 or by email at customerrelations@blackpool.gov.uk or you can write to the Customer Relations Team, Blackpool Council, PO Box 4, Blackpool, FY1 1NA.

ANNEX 1: ADULT SOCIAL CARE FEES & CHARGES 2022/23

Service users in receipt of care services will be offered a Financial Assessment which will take into account their income and savings and reflect whether they receive non-residential care and support (i.e. care at home or in the community) or residential care and support as detailed below.

Contributions payable by Service Users for Care At Home & Other Non-Residential Care Services (subject to a financial assessment)	
Type of Service	2022 – 2023 Service User Contributions
Maximum Charge for non-residential care and support services	£720.00 per week
Personal Budget	The person will be financially assessed and asked to contribute the lower of the two figures : <ul style="list-style-type: none"> • the full amount of the personal budget or • net disposable income
Care at home (Domiciliary Care)	Assessed Charge Subject to financial assessment
Supported Living	Assessed Charge Subject to financial assessment
Day Care	Assessed Charge Subject to financial assessment
Community Alarm / Telecare provided under eligibility criteria <ul style="list-style-type: none"> • Silver • Gold • Platinum • Diamond • GSM unit (SIM card/no landline) 	Assessed Charge Subject to Financial Assessment
Provisional Financial Assessment Rate (pending full financial assessment)	Full cost of service

Contributions payable for other Non-Residential and Residential Care Services (Not subject to a financial assessment)

Type of Service	2022 – 2023 Service User Contributions
Domiciliary Intermediate Care – Re-enablement Care & ARC Outreach Service	No Charge – free service up to 6 weeks maximum then full financial assessment. NB : Contributions towards any established package of care will continue
Residential Respite Care Rate per night (up to first 8 weeks of continuous care or 12 separate weeks on a cumulative basis)	£16.90 per night contribution to cover daily living expenses FINANCIAL ASSESSMENT AVAILABLE ON REQUEST.
Short Stay Rate per night (up to first 2 weeks)	£16.90 per night contribution to cover daily living expenses FINANCIAL ASSESSMENT AVAILABLE ON REQUEST.
Respite Care at Home (up to first 8 weeks of continuous care or 12 separate weeks on a cumulative basis)	No charge NB : Contributions towards any established package of care will continue
Transport	£2.70 per one way journey
Meals at Day Centres	Charge to cover cost of provision
Community Alarm/Telecare (Private subscribers) <ul style="list-style-type: none"> • Bronze • Silver • Gold • Platinum • Diamond plus • Diamond basic • GSM unit (SIM card/no landline) • Couples charge 	<ul style="list-style-type: none"> • £4.80 per week (plus VAT) • £5.60 per week (plus VAT) • £7.25 per week (plus VAT) • £13.60 per week (plus VAT) • £26.20 per week (plus VAT) • £14.50 per week (plus VAT) • £10.00 per month (plus VAT) • As above plus 50%

Residential Care	
Type of Service	2022– 2023 Service User Contributions
Long term residential care	Financial assessment
Short Stay	£16.90 per night for first two weeks and then financial assessment FINANCIAL ASSESSMENT AVAILABLE ON REQUEST.
Residential Respite Care	See above
Intermediate/ Rehabilitation	No charge for up to six weeks when provided as part of a care plan and then subject to financial assessment
Provisional Financial Rate (pending a full financial assessment)	£152.20 per week
DISABILITY RELATED EXPENDITURE BANDINGS	
Category of Disability Benefit	Amount allowed per week
No disability benefits received	£5.00
Lower/middle rate Disability Living Allowance or lower rate Attendance Allowance or standard rate Personal Independence Payment	£10.00
Higher rate Disability Living Allowance or Attendance Allowance or enhanced rate Personal Independence Payment	£20.00
Supported Living service users (additional to above relevant band)	£25.00
<p>Where disability related benefits are taken into account as part of the financial assessment process, the Council will allow a person to keep enough benefit to pay for necessary disability related expenditure to meet agreed needs which are not being met by the authority. The Council applies a notional level of banded disability related expenditure (DRE) based upon the level of a person's disability benefits. However, the maximum level of banded DRE can be exceeded in cases</p>	

where the expense is justified and can be verified through evidence of expenditure such as receipts.

Miscellaneous

Type of Service	2022- 2023 Charges
Extra Care Housing – Peace of Mind Service	£13.80 per week flat rate charge. Includes access to on site core care and support service. Rent and Service Charge are payable in addition to the charge for the Peace of Mind service.
Out of Hours Housing Management	£7.70 per week
Deferred Payment Agreements	
Set up Fee	£700
Annual Administration Fee (payable in advance)	£340
Interest rate	national rate
Interest rate (six months after settlement due)	8%

Applicable Financial Thresholds	2022 – 2023
Lower Capital Limit	£14,250
Upper Capital Limit	£23,250
Tariff Income	For every £250 or part of £250 above £14,250, you are treated as if you have an extra £1 a week income.
Residential Personal Expenses Allowance (Pocket Money)	£24.90 per week
Administration of Care Packages (where a service user has assets valued at more than £23,250)	
Set up fee	£65.00
Annual Administration fee	£65.00

MINIMUM INCOME GUARANTEE/PERSONAL ALLOWANCES 2022-2023							
SINGLE PERSON				COUPLE			
£				£			
18-24				18 to pension credit age			
Basic		91.40		Basic		71.80	
*Disability Premium		40.35		*Disability Premium		28.75	
*Enhanced Disability Premium		19.70		*Enhanced Disability Premium		14.15	
		151.45				114.70	
25 to pension credit age							
Basic		91.40					
*Disability Premium		40.35					
*Enhanced Disability Premium		19.70					
		151.45					
Pension credit age		189.00		Pension credit age		144.30	
* carer premium		43.25		* carer premium		43.25	
* responsible for child		83.65		* responsible for child		83.65	
				*include where applicable			

ANNEX 2: Assessing your financial contribution – Non Residential Care

The information that we need to assess your financial contribution if you are living in your own home is explained in more detail below -

Information required	Please explain	Examples
<p>How much capital do you have?</p> <p>What is the value of your assets?</p>	<p>If you have assets valued at more than £23,250 you must pay for the full cost of your care</p> <p>Any assets valued at £14,250 or less will not be taken into account</p> <p>The value of your own home is not taken into account if you are receiving non-residential care</p>	<p>Bank or savings accounts</p> <p>Premium Bonds</p> <p>Property (other than your main home)</p> <p>Stocks and Shares</p>
<p>What is your income?</p>	<p>What money do you have coming in regularly?</p> <p>What are you entitled to receive?</p>	<p>Income- related benefits e.g. universal credit, ESA</p> <p>Disability-related benefits e.g. Disability Living Allowance (DLA), Attendance Allowance (AA), Personal Independence Payment (PIP)</p> <p>Pensions e.g. state pension, occupational pensions</p>
<p>What is your tariff income?</p>	<p>If you have assets valued over £14,250 and less than £23,250, for every £250 or part £250 in between, £1 will be taken into account</p>	<p>If you have £15,000 of premium bonds, £14,250 will be ignored. The difference of £750 is divided by £250 which means an extra £3 per week will be added to your weekly income</p>
<p>What income is not taken into account?</p>	<p>Some income and benefits are ignored in the financial assessment</p>	<p>Disability Living Allowance Mobility Component</p> <p>Personal Independence Payment Mobility Component</p> <p>Savings credit</p> <p>Earnings</p>
<p>How much income do you need to cover essential living costs</p>	<p>This is called the Minimum Income Guarantee (MIG). This amount is set and reviewed annually by the Department of Health and Social Care; it varies depending on your age,</p>	<p>See earlier table showing Minimum Income Guarantee/Personal Allowances</p>

<p>such as food, utility bills and insurance?</p>	<p>disability, relationship status and how many dependent children you have living with you.</p>	
<p>What expenses do you have in relation to where you live?</p>	<p>Allowances are made for your regular housing costs</p>	<p>Rent not covered by housing benefit</p> <p>Mortgage</p> <p>Water</p> <p>Council tax not covered by council tax benefits</p> <p>Ground rent/maintenance charges</p>
<p>What is your disability related expenditure?</p>	<p>Allowances are made for disability related costs that you may incur due to your disability which are not already being met by us.</p> <p>If you receive no disability benefits we will automatically allow £5 per week in your assessment.</p> <p>If you receive lower rate or middle rate DLA or standard rate PIP or lower rate AA we will automatically allow £10 per week.</p> <p>If you receive higher rate DLA or AA or enhanced rate PIP we will automatically allow £20 per week</p> <p>And finally in you are in a supported living scheme we allow a further £25 per week.</p> <p>If you think that your disability related expenses are higher than the amount allowed automatically let us know and we will review the amount allowed provided you can evidence the extra costs with receipts etc. and it clear that the costs cannot be avoided.</p>	<p>Day or night care which is not being arranged by the local authority</p> <p>Specialist washing powders or laundry</p> <p>Additional costs of special dietary needs due to illness or disability</p> <p>Special clothing or footwear, for example, where this needs to be specially made; or additional wear and tear to clothing and footwear caused by disability</p> <p>Additional costs of bedding, for example, because of incontinence</p> <p>Any heating costs, or metered costs of water, above the average levels for the area and housing type</p> <p>Reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social services</p> <p>Purchase, maintenance, and repair of disability-related equipment,</p> <p>Personal assistance costs, including any household or other necessary costs arising for the person</p>

		<p>Internet access for example for blind and partially sighted people</p> <p>Other transport costs necessitated by illness or disability over and above the mobility component of DLA or PIP, if in payment and available for these costs.</p>
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In summary, the calculation is outlined below followed by an example overleaf:

Consider your capital (bank account, savings, property, etc.)	
INCLUDED	
+ Money coming in (e.g. pension, disability benefits, universal credit or ESA)	
+ Tariff income	
ALLOWANCES	
- Income not counted (e.g. Personal Independence Payment Mobility Allowance)	
- Minimum Income Guarantee	
- Expenses and outgoings	
- Disability Related Expenditure	
= Maximum Charge	

EXAMPLE 1		£ per week	Notes
INCOME	State Pension	+ 137.95	
	Pension Guarantee Credit	+ 85.44	

	Savings Credit	+ 3.70	
	Lower rate AA	+ 60.00	
	Tariff Income	+25.00	Savings of £20,780
	Sub total	+ 312.09	
ALLOWANCES	Minimum Income Guarantee	- 189.00	Amount for a single person of pensionable age
	Savings Credit disregard	- 3.70	
	Household costs	- 6.00	
	Disability Related Expenditure	- 10.00	Automatic allowance linked to lower rate AA
	Sub total	- 208.70	
MAXIMUM CHARGE		= 103.39	
The cost of your care = £271 per week.			
You will be asked to contribute £103.39 per week towards this cost.			

ANNEX 3: Assessing your financial contribution – Residential Care

The information that we need to assess your financial contribution if you are living in a care home is explained in more detail below -

Information required	Please explain ...	Examples
<p>How much capital do you have?</p> <p>What is the value of your assets?</p>	<p>If you have assets valued at more than £23,250 you must pay for the full cost of your care</p> <p>Any assets valued at £14,250 or less will not be taken into account</p> <p>The value of your own home is taken into account if you are living in a care home</p>	<p>Bank or savings accounts</p> <p>Premium Bonds</p> <p>Property</p> <p>Stocks and Shares</p>
<p>What is your income?</p>	<p>What money do you have coming in regularly?</p>	<p>Disability-related benefits e.g. Disability Living Allowance (DLA),</p>

	What are you entitled to receive?	Attendance Allowance (AA), Personal Independence Payment (PIP) Pensions e.g. state pension, pension guarantee, occupational pensions
What is your tariff income?	If you have assets valued over £14,250 and less than £23,250, for every £250 or part £250 in between, £1 will be taken into account	If you have £15,000 of premium bonds, £14,250 will be ignored. The difference of £750 is divided by £250 which means an extra £3 per week will be added to your weekly income
What income is not taken into account?	Some income and benefits are ignored in the financial assessment	Disability Living Allowance Mobility Component Personal Independence Payment Mobility Component Savings credit
How much income do you need to spend on personal items such as clothes and other items that are not part of your care?	This is called the Personal Expenses Allowance (PEA). This amount is set and reviewed annually by the Department of Health and Social Care. The rate is currently £24.90 per week.	Hairdressing Chiropody Toiletries Books and newspapers

In summary, the calculation is outlined below followed by an example:

<p>Consider your capital (bank account, savings, property, etc.)</p> <p>INCLUDED + Money coming in (e.g. pension, disability benefits etc.) + Tariff income (dependent on your savings)</p> <p>ALLOWANCES Income not counted (e.g. Savings credit, DLA mobility component) - Personal Expenses Allowance = Maximum Charge</p>

Annex 4 Glossary

Capital

In general this refers to financial resources and assets available for use, excluding income, for example property, bank accounts, post office savings, stocks and shares.

Chargeable Personal Budget

The value of the personal budget after adjustment to reflect services which are provided at less than full cost, for example respite services.

Contribution

This is the amount a service user has to pay towards the cost of their care and support as set out in their personal budget.

Daily Living Charge

Charges levied by a care provider to reflect costs which are not directly related to the cost of care, for example food, utilities and laundry.

EXAMPLE 2		£ per week	Notes
INCOME	State Pension	+137.95	
	Pension Guarantee Credit	+ 85.44	
	Savings Credit	+ 3.70	
	Tariff Income	+ 5.00	Savings of £20,780
	Sub total	+ 252.09	
ALLOWANCES	Personal Expenses Allowance	-24.90	
	Savings Credit disregard	-3.70	
	Sub total	-28.60	
MAXIMUM CHARGE		= 223.49	
The cost of your care = £545.86 per week.			
You will be asked to contribute £223.49 per week towards this cost.			

Direct Payments

Payments made directly to an individual to allow them to purchase services to meet their care and support needs rather than services being provided through the Council.

The Guidance

Refers to the Care and Support Statutory Guidance issued under the Care Act 2014.

Guarantee Credit of Pension Credit

If income is below a certain level the guarantee credit makes up the difference for people who have reached the minimum qualifying age.

Income Support/Universal Credit

A means tested benefit for people with a low income.

Net Disposable Income

This is calculated by obtaining the difference between assessed eligible income and eligible expenditure.

Person/People

For the purposes of this policy document these terms relate to an individual undergoing a financial assessment for social care provision.

Personal Budget

The amount of money the local authority has agreed it will cost to fund the support to meet the needs identified in the approved care and support plan. The personal budget is made up of money from the Council and the amount that a person is financially assessed as able to contribute towards their support.

Personal Expenses Allowance

This is the weekly amount that people in residential care receiving local authority financial support will be allowed to keep for personal use.

The Regulations

Refers to the Care and Support (Charging and Assessment of Resources) Regulations 2014 as amended 2022.

Minimum Income Guarantee

The non-residential financial assessment process will ensure that individuals retain a minimum level of income to cover their living costs. The residential financial assessment process will ensure that individuals retain an amount of income equivalent to the Personal Expenses Allowance.

Savings Credit

This is intended to reward those people aged 65 and over who have made provisions for retirement above the basic state pension. Those people reaching state pension age on or after 6 April 2016 may not be eligible.

Tariff Income

Where individuals have capital over the lower capital limit and up to and including the upper capital limit⁵ an assumed level of income (£1 per week for every £250 or part thereof) will be included in the financial assessment. This is called tariff income.

Upper and Lower Capital Limits⁶

The capital limits set out at what point a person is able to access local authority financial support and how much support they receive.

Capital below the lower limit will be disregarded from the assessment.

If a person has assets above the upper capital limit they will be expected to meet the full cost of their care and support (subject to the maximum weekly charge for non-residential care)

⁵ Please note that the upper and lower capital limits are set and reviewed at intervals by the Department of Health and Social Care and may be subject to amendment. The current capital limits can be found in Annex 1.

⁶ See above.