

NORTH AYRSHIRE Health and Social Care Partnership

Social Care Charging Policy

Non-residential and residential care services 2019–20

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Policy statement

North Ayrshire Health and Social Care Partnership (NAHSCP) will support vulnerable children and adults to ensure they are able to live as well and independently as possible. To help us provide services which meet people's identified outcomes, we may ask you to contribute to the cost of your care.

This charging policy explains how North Ayrshire Health and Social Care Partnership considers and calculates the contribution to care that adult services users will be expected to pay towards their care and support.

Charges apply whether services are provided direct by North Ayrshire Health and Social Care Partnership, or are purchased from an external provider or purchased through a direct payment.

The charges have been set in line with principles of Convention of Scottish Local Authorities (COSLA) guidance, best value framework, benchmarking against other local authorities and income generation.

The charging policy is reviewed annually and any revisions to charges and financial assessment rules are approved by North Ayrshire Council Cabinet as part of the annual budget setting process.

The policy is based on the following principles:

- You will only be charged for the hours of care and support that you receive
- You will not be charged more than it costs to provide the service for which your charge has been assessed
- Where the charge is subject to a financial assessment, this will be based on your ability to pay, following an income maximisation assessment
- You will know how and why you are being charged
- You will be treated in a fair, transparent and equitable manner.

Legislation

Residential care services for adults refers to 24 hour care and support provided in a care home setting. The care home must be a registered service with the Care Inspectorate and meet your assessed needs of either **residential** or **nursing** basis or both. Care provision can be on a permanent, temporary or respite basis.

The legal basis for charging residential services is the National Assistance Act 1948 and the National Assistance (Assessment of Resources) Regulations 1992.

North Ayrshire Health and Social Care Partnership's charging policy is based on the Scottish Government's guidance on the above legislation and the Department of Health's Charging for Residential Accommodation Guide (CRAG).

Further information is available at:

- <http://www.opsi.gov.uk/legislation/scotland/s-stat.htm>
- <https://www.health-ni.gov.uk/publications/guidance-charging-residential-accommodation>

Non-residential care services will support you with a range of services to ensure you are able to live as well and as independently as possible. These services are provided following an assessment of need and are identified to assist you to meet your identified outcomes.

The legal basis for charging non-residential social care services is the Social Work (Scotland) Act 1968, (as amended) and Community Care and Health (Scotland) Act 2002.

Further information is available at:

- <http://www.legislation.gov.uk/asp/2002/5/section/1>

What services do we charge for?

- Administration of Blue Badge scheme (www.gov.uk/government/collections/blue-badge-scheme)
- Community support (eg help with housework, laundry, shopping or services outside your home – non- personal care only)
- Day care
- Guest room overnight accommodation at sheltered housing unit
- Meals at home (we may pay a subsidy, following an assessment of need)
- Respite care
- Telecare (includes community alarm, which is a chargeable service).

See **Appendix 1 – Current non-residential service charges**.

What services do we **not** charge for?

- Care management
- Children’s care and support
- Criminal justice social work
- Information and advice
- Needs assessment
- Personal care for all adults and children (see <https://careinfoscotland.scot/topics/care-at-home/personal-and-nursing-care/personal-care-faq> and **Appendix 1** for list of free personal care services).

Exemptions from charging

In some instances, due to specific circumstances, you may be exempt from charging:

- If you are subject to a **Compulsory Treatment Order** under the Mental Health (Care and Treatment) (Scotland) Act 2003 or a **Compulsion Order** under the Criminal Procedure (Scotland) Act 2003.
- **Following a stay in hospital**, any additional services will be exempt from charging for a period of up to 6 weeks.
- If you are receiving **end of life care**, where a DS1500 form has been completed by a doctor, consultant or other health specialist.
- Services provided to meet your **carer's needs** are exempt from charging, as per the Carers (Waiving of Charges for Support) (Scotland) Regulations 2014.
- Services provided to the **cared-for person (you) to meet your carer's needs** are also exempt from charges under the Carers (Scotland) Act 2016. For example, Section 25 of the Act suggests a break for the carer is an option to enable them to continue in their caring role, details should be identified in an Adult Carer Support Plan or a Young Carer Statement. This break could be respite care in a residential setting or community support. The charge waived would be the care element for the cared for person.
- If you already pay charges to the **Independent Living Fund** (<https://ilf.scot/>).

You can apply to have charges waived by contacting your local health and social care partnership office or your social worker.

All or part of the weekly charge may be waived, provided there is a complete record of income and expenditure and there is evidence that you have made application for all benefits to which you may be entitled.

Contact details for your local health and social care partnership office can be found on page 17, Who to contact.

How are **charges for non-residential** social care services calculated?

The following services are subject to a flat rate charge, therefore you pay for the service regardless of your income:

- Administration of Blue Badge scheme (www.gov.uk/government/collections/blue-badge-scheme)
- Meals at home (we may pay a subsidy, following an assessment of need)
- Telecare (includes community alarm, which is a chargeable service).

See **Appendix 1 – Current non-residential service charges**

The following services are subject to a financial assessment, based on your ability to pay:

- Community support (eg help with housework, laundry, shopping or services outside your home – non- personal care only)
- Day care.

How are **contributions for non-residential** social care services calculated?

Financial assessments

Contribution to services is determined on an individual basis by completion of a financial assessment form. This will take account of income, savings and other capital to work out how much you can afford to pay toward the cost of the services you receive. Part of this assessment process will ensure that your income is maximised and you are receiving all the benefits that you are entitled to.

Money Matters (part of NAHSCP) will complete a financial assessment form following a request from your allocated worker. The financial assessment request will enable you, your spouse / partner and household to have a benefit check and will provide assistance/representation to claim any benefits and allowances that you may be entitled to.

Money Matters will complete the financial assessment by checking income details held by Department for Work and Pensions (DWP) and local authority systems. Where all appropriate benefits are in place they will complete the financial assessment. If it appears you are not in receipt of correct level of benefits, Money Matters will contact you to discuss and gather the relevant information in order to complete the financial assessment.

Money Matters will notify NAHSCP finance department once the maximum weekly charge has been calculated. NAHSCP finance department will then determine the actual charge for you depending on the level of services received; the charge will always be the lesser of the two amounts.

Minimum income threshold

COSLA provides annual advice on weekly income below which you cannot be asked to pay charges. This is the minimum income threshold and is updated each financial year in line with DWP benefit up-rates and includes an additional buffer to ensure that not all income is taken into account for charges. See **Appendix 2 – Current non-residential allowances**.

Taper

NAHSCP determines the amount of disposable income, in excess of the minimum income threshold, which will be taken into account when determining the amount you can contribute to the cost of your care. This is achieved by the application of a taper. See **Appendix 2 – Current non-residential allowances** for current taper.

Maximum weekly charge

NAHSCP sets a maximum weekly charge each year. No-one will pay above this maximum weekly charge regardless of the cost of the service or the outcome of the financial assessment. This is included in the table of charges, see **Appendix 1 – Current non-residential service charges**.

Non-disclosure

If you fail to respond to information required to complete a financial assessment or choose not to disclose information, then you will be assessed as being able to afford the maximum weekly charge or the actual cost of your care. Whichever is the lesser amount.

Income

All of your income will be taken into account when calculating your maximum charge:

- All benefits
- Earned income
- Occupational/private pensions
- Rental income
- Income from capital
- Any other income.

Disregards

Certain types of income are disregarded and **not** taken into account when assessing your ability to make a contribution, including:

- Disability Living Allowance (DLA) or Personal Independence Payment (PIP) mobility component
- First £20 of earned income (such as salary) or any monies earned through permitted work in line with DWP assessment
- Payments from war disablement pension or made under the Armed Forces Compensation Scheme

- If you are in receipt of high rates of Disability Living Allowance care component, Attendance Allowance or PIP enhanced daily living component, we will only take into account the middle rate of DLA or the standard rate of PIP or lower rate of Attendance Allowance, provided you are **not** in receipt of overnight care
- Independent Living Fund payments
- Carers premium
- Benefits paid for or on behalf of your children or your partner (eg elements within Universal Credit, child benefits)
- All interest from savings (tariff income taken into account instead, detailed below)
- Net rent
- Water and sewerage charges
- Partner's earnings (under state pension age)
- Compensation payments

Tariff income

The first £6,000 (if you are under pension credit age) and the first £10,000 (if you are over pension credit age) of total capital is disregarded in full. There is an assumed income derived from capital over these amounts, which will be calculated at:

- £1 per every £500, if you are over pension credit age
- £1 per every £250, if you are under pension credit age.

Notional income and capital

If you dispose of capital in an effort to avoid charges this will be deliberate deprivation and notional capital calculated will apply.

Couple better off calculation

Where one member of a couple receives non-residential services we will: i) calculate a maximum weekly charge based on all joint income and capital and ii) a maximum weekly charge based on your finances (if you were a single person). We will apply the lowest figure of the two, i) or ii), as the maximum weekly charge.

Annual financial reassessment

Annual financial re-assessments will be undertaken each year in line with DWP uprating of benefits and the annual review of national guidance.

Change in financial circumstances

Any changes in financial circumstances should be notified to ensure Money Matters can calculate an accurate and up to date financial assessment and to assist with any benefits issues that may arise from said changes.

Example of calculation of weekly maximum charge

Single 40-year old, living in local authority housing, receiving maximum housing benefit and exempt from Council Tax, he receives:

PIP daily living:	£58.70 per week https://www.gov.scot/news/
Mobility Allowance:	£61.20 per week
Employment and Support Allowance:	£194.30 per week
Therefore total assessed income:	£314.20 per week
Less income disregards:	£61.20 per week (Mobility)
Less min income threshold:	£135.00 per week (single under pension age)
Therefore excess income:	£118.00 per week
Apply taper at 50%:	£59.00 per week
Max weekly charge	£59.00 per week

See **Appendix 2 – Non-residential allowances** for more examples.

How are contributions to **residential** social care services calculated?

Financial assessments

If you are assessed as needing residential care, a financial assessment will be undertaken to identify the contribution you are required to pay to the care home towards your care costs.

This information will initially be collected by a social worker in the first instance, with finance officers available to assist you and your financial representatives, if required.

Benefits

When you are in a care home, your payments for Attendance Allowance and the care components of Disability Living Allowance and Universal Credit must cease after being in hospital or a care home for four consecutive weeks. It is the responsibility of you or your financial representative to notify DWP as soon as possible of any change in circumstances. Any overpayments will require to be paid back.

Income

In general, all income you receive will be taken into account. If an occupational pension is paid, you can opt to give 50% of the amount paid to your spouse/partner, if they live in the community. This must be declared on the financial assessment form.

Personal expenses allowance

You are entitled to a weekly personal expense allowance, from income. This amount is set annually by the Scottish Government. The personal expenses allowance is to enable you to have money to spend as you wish, for example on stationery, personal toiletries, small presents for friends and relatives and other minor items.

See **Appendix 3 – Residential allowances and charges** for current allowance.

Capital

Capital from all sources can be taken into account, including savings held in a bank, building society, post office or other savings account, stocks and shares, values of PEPs and ISA. We will also consider the value of any property you own in assessing charges for residential services.

Disregards

The value of the property can be disregarded where:

- Your partner is continuing to reside in the property
- A relative, over 60 years old, will continue to reside in the property

- A relative, aged under 16 years, is dependent on being maintained by you is continuing to reside in the property
- A relative who resides in the property is incapacitated
- In certain circumstances discretion may be applied if a carer has given up their own home in order to care for you

Capital thresholds

Capital thresholds are set each year by the Scottish Government, there is both an upper and lower funding threshold. The upper threshold is the amount of assessable capital that you have, above which you are required to meet the full cost of your care. You would therefore be classed as a self-funder. See **Appendix 3 – Residential allowances and charges** for current thresholds.

If you have capital in excess of the upper funding threshold, there is an entitlement to a Free Personal/Nursing Care payment to the residential or nursing care you receive. See **Appendix 3 – Residential allowances and charges** for current payments. This amount is paid direct to the care home by NAHSCP. You, or your financial representative, pay the balance due to the care home, based on their charging rates for self-funders.

The lower threshold is the amount of capital disregarded in your financial assessment.

If your capital falls between the upper and lower thresholds you will have a tariff income applied. This is currently £1 for each band of £250 above the lower threshold level.

12 week property disregard

If you do not have savings in excess of the upper funding threshold, but you do own a property, the value of this will be taken into account in the financial assessment. For the first 12 weeks following admission to a care home, the value of the property will be disregarded. This disregard must be requested in the financial assessment.

This is called a 12 week property disregard and allows time for you to decide if you wish to remain in a care home setting. If you decide to stay this allows time to make arrangements for the sale of the property.

Charging order

After the 12 week disregard period, the value of the property will be taken into account in the financial assessment. If you or your financial representative makes the decision to sell the property and the property is not sold within the 12 week period, the Council can assist with interim funding of the care home fees up to the National Care Home Contract Rate by placing a charging order on the property. The Council will then recoup the costs of interim funding once the property is sold.

More detailed information regarding the use of a charging order can be provided by the NAHSCP finance, please email CommunityCareFinanceOlder@north-ayrshire.gov.uk

Notional income and capital

NAHSCP finance department will seek legal advice when we think income or capital assets have been deliberately disposed of in anticipation of admission to a care home. When this has been decided as deprivation of capital we will include the capital assets in the financial assessment ie we will calculate your contribution to care home fees as if you still own the asset, this is termed as notional capital.

Annual reassessments

Annual financial reassessments will be undertaken each year in line with DWP uprating of benefits and the annual review of national guidance.

Change in financial circumstances

If you are a self-funder in receipt of free personal/nursing care and your capital is depleting, you are advised to contact NACHSCP finance department when capital reaches £10,000 above the upper threshold (see **Appendix 3 – Residential allowances and charges**). This enables a new financial assessment to be completed, in respect of additional funding potentially being required from the Council. Any other changes in financial circumstances eg sale of property, capital receipts from gifts, including inheriting money from others will be included.

See **Appendix 3 – Residential allowances and charges** for examples of residential contribution to care home fees.

Respite charges

If you are cared for at home by family or friend, they are your carer. Your carer takes responsibility for your care. Respite is provided to give your carer a break from their caring duties. In some instances the care charge will be waived, if respite is to give the carer a break. This will be identified as part of your assessment of needs and the carers support plan.

In other instances where respite care is required and this is for your care needs, there will be a charge. The charge for adult respite provision within a care home setting is a standard charge based on the minimum income guarantee minus a weekly personal allowance.

See **Appendix 3 – Residential allowances and charges** details the latest charges.

Paying for services

If you are in receipt of a community alarm only, you will receive a 4-weekly bill:

- The easiest way is to pay by direct debit call 01294 324579 to arrange
- Alternatively you can pay on receipt of your bill by calling 01294 310000, paying online www.north-ayrshire.gov.uk/pay or at local offices, details in who to contact section.

If you **receive meals at home**, pay direct to Wiltshire Farm Foods.

Administration of Blue Badge scheme, pay direct with your application.

If you are in **receipt of chargeable non-residential services** you will receive a 4-weekly bill. You should pay on receipt of your bill. You can pay via:

- Telephone – call 01294 310000
- Online – www.north-ayrshire.gov.uk/pay
- Local offices – see Who to contact (page 17).

If you **receive a direct payment**, your personal contribution to services will be deducted from the 4-weekly direct payment you receive into your dedicated direct payment bank account. You **must** pay your personal contribution into your account to ensure you have the total available funds to meet the costs of your care.

If you are in **receipt of residential services**, your contribution is paid direct to the care home or other residential establishment.

Non payment

If you have been assessed as requiring a service and refuse to pay, the service should not be withheld where it is clear that the service is essential to your wellbeing.

Where the service has been assessed as not being essential to your wellbeing and you refuse to pay, the service may be withdrawn.

NAHSCP will pursue debts through North Ayrshire Council's normal debt recovery process.

Disputes and complaints

If you are **unhappy with the calculation or outcome** of your financial assessment:

- **Money Matters** team can provide a detailed written explanation of the basis of the calculation and ensure all relevant disregards and allowances have been applied. If it is discovered to be incorrect a new financial assessment will be undertaken and a correct charge applied.
- If you remain dissatisfied you are entitled to pursue a complaint through NAHSCP **complaints process**:
 - Online – www.nahscp.org/contact-us/
 - Email – contactus@north-ayrshire.gov.uk
 - Telephone – 01294 317700
 - In writing – Chief Officer, North Ayrshire Health and Social Care Partnership, Cunninghame House, Irvine KA12 8EE

Who to contact

Blue Badge scheme

ILSBB@north-ayrshire.gov.uk (01294 400616)

Telecare, including community alarm

CommunityAlarmsFinance@north-ayrshire.gov.uk (01294 324579)

Non-residential contribution to care

MoneyMatters@north-ayrshire.gov.uk (01294 310456)

Residential contribution to care

CommunityCareFinanceOlder@north-ayrshire.gov.uk

North Ayrshire Health and Social Care Partnership offices

- **Arran** – Shore Road, Lamlash, KA27 8JY (01770 600742)
- **Garnock Valley** – Craigton Road, Kilbirnie, KA25 6LJ (01505 684551)
- **Irvine** – Bridgegate House, Irvine, KA12 8BD (01294 310300)
- **North Coast** – Brooksby Medical Centre, 31 Brisbane Road, Largs, KA30 8LH (01475 687592)
- **Three Towns** – Town Hall, 17–21 Countess Street, Saltcoats, KA21 5HP (01294 310005)

Appendix 1

Current non residential charges 2019–20

Service	Charge (£)	Frequency
Community alarm (mainland/islands)	4.60/2.25	weekly
Apetito (by Wiltshire Foods)	2.90	per meal
Blue badge	20.00	per badge
Day care	12.95	per day
Community support	14.50	per hour
Sleepover	10.95	per hour
Direct payments – personal assistants	12.10	per hour
Direct payments – agency rates	14.40	per hour
Direct payments – sleepover	11.30	per hour

Maximum weekly charge: £92 per week

Free personal care services

Personal care services assist people with things like:

Personal hygiene

Bathing, showering, hair washing, shaving, oral hygiene, nail care

Continence management

Toileting, catheter/stoma care, skin care, incontinence laundry, bed changing

Food and diet

Assistance with preparation of food and assistance with the fulfilment of special dietary needs

Problems with immobility

Dealing with the consequences of being immobile or substantially immobile

Counselling and support

Behaviour management, psychological support, reminding devices

Simple treatments

Assistance with medication (including eye drops), application of creams and lotions, simple dressings, oxygen therapy

Personal assistance

Assistance with dressing, surgical appliances, prostheses, mechanical and manual aids.

Assistance to get up and go to bed. Transfers including use of a hoist

Appendix 2

Non residential allowances 2019–20

Minimum income thresholds 2019–20

For people below state pension qualifying age:

	Income support personal allow.	Disability premium	Buffer 25%	Minimum income charging threshold
Single person	£73.10	£34.35	£27.55	£135
Couple	£114.85	£48.95	£41.20	£205

Taper for 2019–20 is 50% therefore 50% of any excess income over and above the weekly threshold can be used towards social care charges.

Example 1

A single 25 year old adult living in parent's home, attends three days day care, he receives:

- DLA high rate care £87.65 per week
- Mobility allowance £61.20 per week
- Employment Support Allowance of £128.45 per week

Description	Per week
Total income	£277.30
Less disregards	£90.15 **
Less threshold	£135.00
TOTAL chargeable income	£52.15
Less 50% taper	£26.07
Maximum weekly charge	£26.07

** Disregard calculated based on difference between night time DLA (£87.65) and middle DLA (£58.70) at £28.95 per week and mobility allowance £61.20 per week.

Maximum weekly charge, £26.07 per week, compared to cost of actual service received ie 3 days day care @ £12.95 per day is £38.85 per week. The adult will contribute the max weekly charge as this is lesser of two amounts.

For people of state pension qualifying age or above, the pension credit guarantee is used as a basis for charging threshold calculation with the buffer added as shown below.

	Income support personal allowance	Buffer 25%	Charging threshold (weekly)
Single person	£167.25	£42.75	£210
Couple	£255.25	£64.75	£320

NAC taper for 2019–20 is 50%, therefore 50% of any excess income over and above the weekly threshold can be used towards social care charges.

Example 2

A single pensioner living in local authority housing in receipt of Housing Benefit and Council Tax, however liable for water and sewerage charges at £4.25 per week. He attends 1 day care per week. He receives:

- Pension credit at £233.10 per week
- Attendance allowance at £87.65 per week

Description	Per week
Total income	£320.75
Less disregards	£33.20 **
Less threshold	£210
TOTAL chargeable income	£77.55
Less 50% taper	£38.77
Maximum weekly charge	£38.77

** Disregard calculated based on the difference between high rate attendance allowance (£87.65) and low rate attendance allowance (£58.70) at £28.95 per week and water and sewerage charge at £4.25 per week.

Maximum weekly charge, £37.77 per week, compared to cost of actual service received ie 1 day care @ £12.95 per week. The adult will contribute £12.95 per week, as this is lesser of two amounts.

Appendix 3 Residential allowances and charges 2019–20

Allowances

Personal allowance: £27.75 per week

Capital threshold: Lower threshold £17,500 to Upper threshold £28,000

Free personal care (residential): £177 per week

Free personal care (nursing): £257 per week

Charges

Respite care 16–24 years: £64.50 per week

Respite care 25–59 years: £79.70 per week

Respite care 60 years and over: £139.50 per week

Example 1

Margo, age 80, has been assessed as requiring a nursing care home placement. She lives in a local authority house and is in receipt of a state retirement pension and has a post office account with £9,500 savings.

Income and savings

Description	Per week
Retirement pension	£136.00
Pension credit (guarantee)	£ 31.25
Pension credit (savings)	£0.00
Income	£167.25
Savings (£9,500)	£0.00 (first £17,500 disregarded)
Total income	£167.25
Less personal allowance	£27.75
WEEKLY CONTRIBUTION	£139.50

Example 2

James, age 82, has been assessed as requiring a nursing care home placement. He lives in a private care home and is in receipt of a state retirement pension, an occupational pension and has savings of £18,466.

Income and savings

Description	Per week
Retirement pension	£163.00
Occupational pension	£ 24.80
Capital tariff income* (£18,466)	£4.00 (first £17,500 disregarded)
Total income	£191.80
Less personal allowance	£27.75
WEEKLY CONTRIBUTION	£164.05

* £18,466 – £17,500 = £966 / £250 = £3.86 (rounded up to £4)

Example 3

Fred, age 77, has been assessed as requiring a nursing care home placement. He lives in a private care home and is in receipt of a state retirement pension, an occupational pension and has savings of £48,601.

Fred has capital above the upper threshold and is therefore only entitled to receive free personal and nursing care funding from the Council until his capital falls below the upper threshold