



Charging Policy for Non-Residential Services

Adults and Health (AH)

1 April 2022

Online version: <https://www.buckinghamshire.gov.uk/insert-link-to-policy>

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1. Introduction

This document sets out Buckinghamshire Council's ("The Council") policy for charging for community care services.

This policy aims to make clear the Council's duty to charge for assessed community care services pursuant to the Care Act 2014, the Care and Support (Charging and Assessment of Resources) Regulations 2014 and chapters 8 and 9 of the [Care and Support Statutory Guidance](#) issued under the Care Act issued by the Department of Health.

In this policy, reference to "you" refers to the person receiving a service arranged or provided by the Council.

This policy applies to all service users and carers who require a financial assessment or who have been assessed by the Council as having an eligible need and may require services arranged by the Council. This also includes by law, and where permitted, the exercise of discretion by the Council.

1.1. How does the Council charge for care?

Following an assessment of your care and support needs, the Council agrees a support plan to address your eligible needs. The cost of the care in the support plan forms the basis of your personal budget. Your personal budget will be used to pay for commissioned services arranged directly through the Council, or by way of a direct payment managed by you, or a combination of both.

A financial assessment undertaken by the Council will establish how much you may need to pay towards the cost of your care. Some services, such as meals, have standard charges for which you will need to pay the full-service charge (see Appendix 1).

1.1.1. Principles

The principles and expectations underpinning this charging policy are:

Principles and expectations for the Council

- Contributions will be calculated openly and transparently, and you will be treated in a fair and equitable manner.
- Those needing care will be given an explanation for any decisions made so they know what they will be charged.
- A financial reassessment will be carried out annually.
- The Council is committed to ensuring that no one is treated less favourably because of age, race, ethnicity, religion, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or other personal beliefs.
- If you choose to access a service that exceeds your budget allocated by the Council, irrespective of your contribution you may be asked to pay a top up.

Principles and expectations for you

- You will be required to complete a Statement of Financial Circumstances form.
- If you refuse to pay your assessed contribution the Council may instigate recovery proceedings in line with its debt management policies, including court action to recover unpaid sums.
- If you agree to pay a top up towards your direct payment, you will be expected to make this payment monthly. If this payment is not made, your service may be suspended.

1.1.2. Capacity

When a Care Act care and needs assessment is carried out, the assessor will consider if you have capacity to consent to the care plan in accordance with the principles in the Mental Capacity Act 2005.

With your permission, we can discuss your requirements with your chosen representative.

All documentation, however, must be signed by you, unless you can provide evidence of the following:

- Authorised someone else to do so under a Lasting Power of Attorney (LPOA) which must be registered with the Office of the Public Guardian
- An appointee who has been accepted by the Department for Work and Pensions as authorised to deal with your social security benefits
- A Deputy who has been appointed by the Court of Protection to look after your financial affairs

If there is no one acting on your behalf, social work staff will take steps to find out if there is someone who can provide support.

1.1.3. Carers

The Council will provide services to carers to meet their care and support needs if they meet the eligibility criteria for care and support. Please refer to the Council's [Caring for someone](#) website page for further information on what support is available.

Services to carers do not include services that are directly provided to the person being cared for by a carer.

Section 14 of the Care Act 2014 authorises the Council to charge for services provided directly to a carer where they have an eligible need for care and support. In recognition of the role of carers in supporting the people they care for, **the Council does not currently charge for services delivered to carers.**

1.2. Charges for non-residential care

1.2.1. When will I be charged for non-residential care?

See appendix 1 for the full list of non-residential services that fall within the scope of this charging policy.

You will be charged the full cost of services in the following circumstances:

- You have capital savings above the Upper Capital Limit, which is £23,250 for 2020/21. This figure is confirmed in the most up-to-date local

authority circular on social care charging [provided by the Department of Health and Social Care.](#)

- You are assessed as a self-funder because your income has been assessed and your level of contribution is higher than the cost of your care.
- You refuse to comply with the Council's financial assessment process.
- The service you receive is not subject to a means tested financial assessment being a flat rate charge.

All other service users will be charged the maximum contribution they are able to pay. This is known as an assessed charge. It is calculated by a financial assessment (see section 2 below).

Some services are charged the same regardless of a financial assessment, this is known as a standard flat rate charge, these are:

- Care package set-ups
- Main meals
- Tea boxes
- Telecare services

The charges for these are listed in Appendix 1.

1.2.2. When charges do not apply

This charging policy does not apply to service users aged under 18. The Council is not permitted to charge for the following services in accordance with section 14 of the Care Act, therefore they will be provided by the Council free from charges, to service users who meet the criteria:

- Services relating to mental health after care commissioned under section 117 of the Mental Health Act 1983.
- Intermediate care including up to 6 weeks care, known as 'Home Independence'. Please note that you may be charged for intermediate care following the statutory 6 weeks.
- Care and support provided to adults suffering from variant Creutzfeldt-Jakob disease.
- Any service or part of a service which the NHS is under a duty to provide.
- Services for carers as outlined in their care plan.

- The financial assessment.

Once you have received a Care Act need assessment, the Council will calculate how much it will cost to meet your care, often called an “eligible care need”. Your **personal budget** is the total value of the cost to provide the care and support services that you need.

The Council will undertake a **financial assessment** to determine how much you can afford to contribute to your personal budget. In your financial assessment, the Council takes into account your capital, income, household expenditure and disability related expenditure, to determine what you are able to contribute.

Some care and support services are not considered in the financial assessment and are charged at the same rate regardless of a person’s circumstances.

1.3. Capital

The Council will not take into account the amount of equity in your main residence or in the residence you reside in.

Where funds are held in a Trust, the financial assessment will seek to determine whether income received, or capital held in a Trust should be disregarded or included in the assessment.

If you have joint capital/savings with another person, half of the balance will be taken into account.

The lower and upper capital savings limits for packages of care will apply in line with Government guidelines. See Appendix 2 for more detail.

1.4. Income

Your income is included in a financial assessment in accordance with the charging regulations.

Your earnings from your employment or self-employment will be disregarded from your financial assessment.

The council will take into account most state benefits and any private income you have, with exceptions that are disregarded. For more detail on which benefits and types of private income are disregarded, see the [Annex C section on 'Treatment of Income'](#) from the Department of Health and Social Care's Care and Support Statutory Guidance (2020).

You will be expected to claim all benefits to which you are entitled.

The Council will disregard half of your occupational pension if you are living with a partner.

During the financial assessment, the Council will disregard the value of your main residence, however the capital value of additional properties will be taken into account.

If you are living in supported living or extra care accommodation permanently, the value of your property will be taken into account in the calculation of your care fees.

Deprivation of assets is the disposal of income and capital for the purpose of avoiding or to reduce care charges.

The Council has the authority to conduct an investigation to determine whether deprivation of assets has occurred.

We recognise that you will need to pay for your daily living costs such as rent, food, and utilities, and must have enough money to meet those costs. Your income must not be reduced below a specified level after charges have been deducted. This is known as 'Minimum Income Guarantee' and is designed to promote independence and social inclusion. Further details are provided at Appendix 4.

1.5. Household Expenditure

Charges for meals, whether in a Day Centre or in a community setting, will be charged for at a flat rate.

If your only service is a delivered meal, then you will be charged a standard flat rate regardless of your financial circumstances. If you receive a meal as part of your day service offer, then the charge is not included as part of your financially

assessed charge. Dependent on your financial assessment, you may be asked to contribute towards the cost of your day service.

If your only service is Telecare monitoring, then you will be charged a standard flat rate regardless of your financial circumstances. If Telecare is provided alongside other services, the charge is included as part of your financially assessed charge. If the Council charges for preventative services, it will ensure that you are able to afford any charges made.

1.6. Disability Related Expenditure

The financial assessments for non-residential services will consider any reasonable additional costs that you may have as a result of a disability.

Disability Related Expenditure (DRE) is an allowance made in the financial assessment for additional expenses a service user may have due to a disability.

Statutory Guidance issued under the Care Act by the Department of Health includes examples of possible DRE as below. This provides that the Council should include the following, although this list is not exhaustive. If you feel that you incur additional costs directly related to your disability, this will be considered on the production of supporting evidence which you will be asked to provide.

- Costs of any privately arranged care services required, including short breaks that meet an eligible need
- Costs of any specialist items needed to meet the person's disability needs, for example:
 - Day or night care which is not being arranged by the local authority
 - Specialist washing powders or laundry
 - Additional costs of special dietary needs due to illness or disability
 - 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

- Additional costs of bedding, for example, because of incontinence
- Any heating costs above the average levels for the area and housing type
- Reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social services
- Purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs where necessitated by the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local council
- Personal assistance costs, including any household or other necessary costs arising for the person
- Internet access, for example for blind and partially sighted people
- Other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs. In some cases, it may be reasonable for a council not to take account of claimed transport costs if, for example, a suitable cheaper form of transport, e.g. council provided transport to day centres, is available but has not been used

1.7. Minimum and maximum charges

There is no maximum weekly charge for Adult Care Services. However, the charge cannot be more than the standard cost of the services received. These standard costs and charges are revised annually in line with inflation.

The minimum weekly charge for Adult Care Services is £2.50 per week.

1.8. Former self funders

Depleted funders are former self funders whose assets fall below the threshold to become eligible for Council funding (below the £23,250 asset threshold). Upon

request for Council funding, a financial assessment shall be undertaken to determine the date the former self funder became eligible for Council funding.

Buckinghamshire will not be responsible for debts incurred before the former self funder or their representative requested a financial assessment.

Upon the former self funder being assessed to have eligible care needs, they may be asked to explore other avenues, such as selling property, in order to generate assets to contribute to their care unless the property is exempt.

The financial assessment will identify the former self funders contribution to the cost of provision the eligible care need.

1.9. Your assessed contribution for services arranged by the Council

The cost of your care will be based on the rates shown in Appendix 1. These will not be more than the price charged by a provider. Where the Council directly provides the service, the Council will calculate the cost of delivering those services.

Your assessed contribution will be equivalent to your net available income or the planned costs of your care and support, whichever is the lower amount. Your net available income is identified in your financial assessment.

You will receive a letter confirming your charge which will apply from the start date of services.

If your financial assessment finds that you do not have any available income, you will not be charged for your assessed care and support services.

1.10. Your assessed contribution for direct payments

If you choose to use your personal budget as a direct payment, you can choose the type of care to meet your care and support needs, as defined in sections 31 to 33 of the Care Act 2014. This may include care agencies, personal assistants, or community opportunities (day services).

The contribution made by the Council towards your personal budget will be calculated in line with the budget allocated for a commissioned service.

How much you contribute to your Direct Payment will be identified in the Financial Assessment.

See the Council's Direct Payments Policy for more information on Direct Payments.

1.11. Choice for Care Services in Buckinghamshire

Buckinghamshire Council utilises a range of methods in order to give individuals choice over the care that they receive. Choice of care services are largely defined by the type of care offering being provided and the methods of purchase used by BC to achieve the most cost-effective services.

For home care services, the provider will generally be determined by your geographical location.

For day activities and community services, providers will be determined by the geographical location and on the individual's assessed needs.

If a cared for person or their carer is assessed as having eligible needs and requires a Short Break service, Buckinghamshire Council will follow the current care purchasing process.

1.12. Top Ups

If the service you choose exceeds your personal budget, you may be asked to provide a "top-up payment".

The 'top-up' fee is calculated by subtracting the cost of the option identified by the Council from the cost of the service of your choice.

The "top up" fee will usually need to be paid directly to the service provider or via the direct payment option if this option is in place.

1.13. What if I don't agree?

You have the right to appeal against your financial assessment if one of the following applies:

- If you think that the charge has been incorrectly worked out
- If you think you have expenses which we have not taken into account
- If you feel that you cannot afford the charge as it would cause you financial hardship

If you think one of the above applies you should contact:

Finance Assessments Team
Resources - Buckinghamshire Council
Walton Street Offices
Walton Street
Aylesbury
HP20 1UD
Telephone: 01296 387912
Email: financeassessment@buckinghamshire.gov.uk

If you are unable or unwilling to pay a top up towards your Direct Payment, please contact:

The Direct Payment Support Service

Email: directpaymentsupportservice@buckinghamshire.gov.uk
Telephone: 01296 382527

1.14. What if my circumstances change?

If your financial situation changes at all, you must let the Finance Assessments Team know immediately (see contact details in section 1.13 above) so that we can ensure your contribution is correct.

1.15. Paying the charge for your care

Invoices for charges covering community care are issued at four weekly intervals in arrears and specify the period covered and the amount due, with information on how to pay.

If the only service you receive is a direct payment, the Council will pay the amount you require into your direct payment account, with your assessed contribution deducted. You are then required to pay your contribution into the

direct payment account from your personal funds so that the required funds for your care and support are met. If you receive direct payments in addition to other services, you will pay your assessed contribution via the regular invoice system mentioned above.

You can pay your care fees by Direct Debit every 4 weeks instead of receiving an invoice. Please ask the Finance Assessment Team in 1.13 above to send you a form and guidance if you think this would be helpful. You will still receive a statement advising you when and how much will be paid by Direct Debit.

1.16. Debt recovery

The Care Act introduces a framework for local authorities to recover debts. The Council has the power to recover money for arranging and providing care and support services. This power may be exercised when a person refuses to pay the amount they were assessed as being able to pay. This power extends to the person receiving care and support and their representatives.

The Council actively pursues debts and seeks to prevent debts escalating and for the person to make affordable repayments. Legal action to recover debt through the County Court will only be taken by the Council as a last resort when all other alternatives have been pursued without success.

1.17. Breaks in receiving care

If your package of care is not delivered for 1-6 days, you may still be charged for the services you would normally have received.

The exception to this is overnight short breaks which will be credited for any length of stay.

1.18. Compliments and Complaints

You can let the Council know when things go right or when things go wrong. You can also let the Council know your suggestions of how things could be done better to help the Council improve its services.

If you would like to make a complaint or send a compliment it should be sent by post to the following:

Compliments and Complaints Team

Buckinghamshire Council

Walton Street Offices

Walton Street

Aylesbury HP20 1UA

Email: complimentsandcomplaints@buckinghamshire.gov.uk

Telephone: 01296 387844

Appendix 1 – Charges for Non-Residential Services From 1 April 2022

All community care services fall within the scope of this policy and include the following chargeable services:

Services included within the financial assessment:

Item	2022/23 charge
Home Care per hour (single handed)	£20.24
Home Care per hour (double handed)	£40.48
High Dependency Day Care per day (Including cost of meal*)	£91.18
Day Care per day (including cost of meal*)	£69.56

**Payment for meals is a direct arrangement between the client and Apetito.*

Apetito prices for 22/23 are £6.14

Services not included within the financial assessment and charged at a flat rate:

Item	2022/23 charge
Main Meal per day	£5.96
Tea Box per day	£3.25
Transport per return journey	£16.26
Landline Telecare Service (weekly)	£4.62
Mobile Telecare Service (weekly)	£8.05

Medication calls, Telecare Service (per call)	£1.87
Care Package set up fee	£306

This is not an exhaustive list and other services will require an assessed charge including all those funded by way of a Personal Budget

Appendix 2 – Capital limits and tariff income

Upper Capital Limit: £23,250

Lower Capital Limit: £14,250

Tariff Income from Capital

Capital between these amounts		Tariff Income
Nil	£14,250	£0
£14,250.01	£14,500	£1
£14,500.01	£14,750	£2
£14,750.01	£15,000	£3
£15,000.01	£15,250	£4
£15,250.01	£15,500	£5
£15,500.01	£15,750	£6
£15,750.01	£16,000	£7
£16,000.01	£16,250	£8
£16,250.01	£16,500	£9
£16,500.01	£16,750	£10
£16,750.01	£17,000	£11
£17,000.01	£17,250	£12
£17,250.01	£17,500	£13
£17,500.01	£17,750	£14
£17,750.01	£18,000	£15
£18,000.01	£18,250	£16
£18,250.01	£18,500	£17
£18,500.01	£18,750	£18
£18,750.01	£19,000	£19
£19,000.01	£19,250	£20
£19,250.01	£19,500	£21
£19,500.01	£19,750	£22
£19,750.01	£20,000	£23
£20,000.01	£20,250	£24
£20,250.01	£20,500	£25
£20,500.01	£20,750	£26
£20,750.01	£21,000	£27
£21,000.01	£21,250	£28
£21,250.01	£21,500	£29
£21,500.01	£21,750	£30
£21,750.01	£22,000	£31
£22,000.01	£22,250	£32
£22,250.01	£22,500	£33
£22,500.01	£22,750	£34
£22,750.01	£23,000	£35
£23,000.01	£23,250	£36
More than £23,250		Full Fee Paying

Appendix 3 – Glossary

Term	Definitions
Adult	Any person over the age of 18.
Adult with care and support needs	Any person over the age of 18 who has needs for care and support to live their day to day life.
Care and support	A mixture of practical, financial, and emotional support and services that the Council offers or can support, for any person aged 18 or over in order for them to live their day to day life.
Carer	Any person over 18 who provides or intends to provide care or support to another adult who needs care. This includes emotional care and support as well as physical. A person who is paid to provide care or does so as a voluntary worker is not considered a carer.
Carers Assessment	This is where the Council gathers information to help determine the carer's need for care and support to help them live their day to day life and continue to provide care for the adult they are caring for. It also helps to determine whether or not they meet the eligibility criteria.
Direct Payment	Payments made by the Council directly to a person with care and support needs so they can choose where, how and when to get their own care and support.
Duty	Something that the law says the Council must do.
Financial Assessment	This is the dialogue the Council has to have with the service user or their representative to gather information and the formal means-test under the relevant charging policy rules once all the information has been gathered. This helps determine whether or how much an adult can afford to contribute towards any care and support

	services and to record other financial details, such as benefits.
Indicative Budget	The maximum monetary value that indicates how much the Council believes is required to meet your care needs as calculated by our RAS.
Independent Advocate	An appropriate individual separate from the Council who can represent a person where they are not able to themselves.
National Eligibility Criteria	These are the minimum levels of care and support needs for a person which the Council must support to meet the assessed needs.
Needs Assessment	<p>This is the dialogue the Council has with an adult to gather information that helps to determine the adult's needs for care and support in order to help them live their day to day life.</p> <p>It also helps to determine whether or not they meet the eligibility criteria.</p>
Nursing Care	The social and health care provided to a person who is living in a care home registered with the Care Quality Commission as a nursing home rather than their own home.
Personal Budget	This is a statement of what it costs the Council to meet an adult's care needs. The breakdown includes the amount the adult with care and support needs pays towards the total cost as well as the amount the Council pays towards the total cost. It also looks at other funding options available to meet needs and considers services where there is no cost, such as a community resource.
Prevention	The individual interventions the Council makes to promote health, improve skills or functioning for one person or a group, or reduce the impact of caring on a carer's health and wellbeing.

Home Independence	Free of Charge Intermediate care including up to 6 weeks care to help you recover from a major event such as a stay in hospital.
Residential Care	The care provided to a person who is living in a care home on a temporary or permanent basis (any establishment providing accommodation with personal or nursing care) rather than their own home.
Short breaks	Temporary residential care for the cared for person which enables a carer to look after their own health and wellbeing and to take a break from caring, including overnight short breaks.
Self-Funder	Any person who funds all their own care and support services or who has their care costs paid for by a third party, such as a family member.
Wellbeing	The individual aspects of wellbeing are those outcomes most relevant to a person with care and support needs and carers.

Appendix 4 – MIG Allowances 2021/22

Premium & Thresholds	Lowest Age	Highest Age	Weekly Amount	Disregard	Calculated
BC Allowance NO EDP (18-24)	18	24	£117.88	-	Age 18-24 PA £74.00+ DP £43.88 = £117.88 both figures include the 25%
BC Allowance Plus EDP (18-24)	18	24	£139.38	-	Age 18-24 PA £74.00 + DP £43.88 + £21.50 = £139.88 all figures include 25%
BC Allowance No EDP (25-59)	25	59	£137.26	-	Age 25-59 PA £93.38 + £43.88 = £137.26 all figures include 25%
BC Allowance EDP (25-59)	25	59	£158.76	-	Age 25-59 PA £93.38 + £43.88 + £21.50 =

					£158.76 all figures include 25%
Pension Credit Threshold 60+	60	-	Remains at £189.00	-	No Change to this figure since 2015. This is DOH policy