

Wakefield Council

Charging Policy for Adult Social Care

April 2022

Wakefield Council Charging Policy

1. Introduction

This policy sets out the framework for charging for a wide range of social services.

The scope of the policy covers residential and non-residential services for older people, adults with learning disabilities, adults with physical disabilities and sensory impairment, adults in prison and mental health service users. Income generated from this charging policy is reinvested to provide care services for people living in the Wakefield District.

2. Statement of Key Principles

2.1 The Charging Policy:

- is equitable and fair;
- has a charging calculation that takes account of ability to pay;
- ensures that a flat rate is only charged where the service received can be classed as an expense of normal daily living;
- no maximum charge limit.
- charges for a package of support/care, based on the amount of Personal Budget and an individual's ability to pay
- ensures that the Council charging arrangements reflect the true cost of services
- does not provide for any subsidy or continuing protection for existing service users beyond March 31st 2016
- is consulted on with users, carers and stakeholders;
- has a clear framework for all types of service;
- has a simple, efficient, cost effective financial assessment and income collection process;
- has an effective formal appeals and review process in addition to the complaints process;
- ensures that there is consistency in charging, applying the charging policy and collecting income.

2.2 Our Personalisation & Assessment Team will:

- encourage and help service users to claim all the welfare benefits that they are entitled to receive;
- carry out a full assessment of service users' finances, taking into account relevant outgoings and disability related expenditure;
- ensure that the charges service users are asked to pay for non-residential services do not reduce their disposable income below the basic levels of Income Support plus a 25% buffer;
- ensure that service users know how to ask for their financial assessment to be reviewed or appeal against the charge they are asked to pay;
- collect payment for non-residential services via a number of methods i.e. Post Office (bar code on statement) Standing Order, Direct Debit or deduction from any Direct Payments

2.3 The Council will not:

- charge for services provided to carers currently under the Carers & Disabled Children Act 2000 and from 1st April, 2015 under the Care Act, 2014
- charge service users for assessing their care needs;
- charge service users for providing advice about the services that are available;
- charge service users more than the full cost of providing their services;
- ask service users to pay any more than they can reasonably afford;
- stop providing services if a service user refuses to pay or appeals against their assessed charge.
- subsidise the charge for services or provide continuing protection from the full cost of eligible services.

3. Residential Services

Residential care is currently provided in our own Elderly Persons' Homes, Resource Centres and Independent Sector Homes on a long term, short term and respite basis.

Up to 1st April, 2015, Residential services, arranged under s.21 of the National Assistance Act 1948 (as amended by the NHS and Community Care Act 1990), must be charged for according to the National Assistance (Assessment

of Resources) Regulations 1992 (As amended) and the accompanying Charging for Residential Accommodation Guide (CRAG).

From 1st April, 2015 Charging for Residential Care services will be under the Care Act, 2014 and the above principles will continue to apply. Section 14 of the Care Act replaces the existing duty on local authorities to charge for care home accommodation set out in section 22(1) of the National Assistance Act 1948.

3.1 Long Term Residential Care

If a service user has savings/capital assets in excess of the upper capital limit, they will be charged the full cost for their care.

If a service user has savings/capital assets below the upper capital limit, a comprehensive financial assessment will be carried out to determine how much they will pay, leaving them with a weekly personal expenses allowance.

A service user is deemed able to pay for the full cost of their residential care until they prove otherwise to the council.

3.2 Short Term and Respite Care (in residential care or a holiday setting)

- If a service user has savings in excess of the upper capital limit, they will be charged the full cost for their care.
- If a service user has savings below the upper capital limit, a standard charge will be made for the first eight weeks of short term or respite care in a financial year.
- After the first eight weeks, a comprehensive financial assessment will be carried out to determine how much they will pay, leaving them with a weekly personal expenses allowance.
- A service user is deemed able to pay for the full cost of their residential care until they prove otherwise to the council.

If the respite break has also been identified as part of the carer's assessment, the carer will not be asked to contribute towards the cost of the break. The full cost of the respite break will be subject to a reasonable operational limit, and any costs in excess of this limit will have to be paid by the service user and/or their carer.

A detailed financial assessment can be requested for the first eight weeks of respite in exceptional financial circumstances.

The financial assessment calculation, capital limits and personal expenses allowance are all reviewed annually by the Department of Health.

3.3 Rehabilitation and Assessment

No charge is made for short stays, of up to six weeks, to enable rehabilitation and assessment.

4. Non-Residential Services

Up to 1st April, 2015 Non-residential services can be charged for under the discretionary powers given to local authorities by s17 of the Health and Social Services and Social Security Adjudications Act 1983 and the statutory guidance on charging policies defined in "Fairer Charging Policies for Home Care and other Non-residential Social Services". Wakefield Social Services and Health implemented their original Home Care. Charging Policy in 1996 and amended it in line with Fairer Charging in 2002. Fairer Contributions Guidance issued in 2010 has also been incorporated.

From 1st April, 2015 Non Residential Services will be charged for in accordance with the Care Act, 2014 and the same principles above will be applied. Section 14 of the Care Act gives local authorities the powers to charge for other types of care and support including those under section 17 of the Health and Social Services and Social Security Adjudications Act 1983, and section 8 of the Carers and Disabled Children Act 2000.

4.1 Non Residential Charging Financial Assessment

Under the Wakefield Non Residential Care Charging policy the charge to a service user is calculated as follows:

- Assessment of income (including tariff income from capital) against their basic Income Support/Pension Credit level plus a 25% buffer. If a service users' income is at or below this level, they will not be charged; unless their capital or assets exceed the upper capital limit.
- Deduction of allowable outgoings;
- Application of flat rate Disability Related Expenditure disregard of £16;
- After the above has been applied all disposable income will be taken into account to calculate the service users maximum weekly charge (financial assessment contribution).

The result is the assessed maximum weekly charge that the service user can afford to pay, rounded down to the nearest pound.

All capital and assets are included in the financial assessment calculation. This includes property (not the main residence), land, savings, bonds; shares etc. (please note this list is not exhaustive).

All service users' weekly charge will be based on the amount of their Personal Budget which has been allocated to pay for their support/care services. The service user is then charged the **lower** of the calculated charge

(based on the amount of personal budget) and their assessed maximum weekly charge (financial assessment contribution).

Where interim services (only) are provided charges will be based on the number of hours of domiciliary care (at the commissioned hourly rate) and/or the cost of support services that they receive. The charges will be based on the lower of the cost of service commissioned as part of their care and support plan or their maximum weekly financial assessment contribution.

If a service user has savings in excess of the upper capital limit, or chooses not to provide details of their finances they will be charged fully for the services they receive up to the actual cost of the service.

An annual charge of £312 (£78.00 billed quarterly in advance) is payable by service users who have capital in excess of £23,250 or don't wish to declare their finances and who ask the Council to manage services for them (Managed Account). This charge is not payable if you are managing your care via a Cash Budget (Direct Payment).

4.2 Chargeable Non-Residential Services

- All services which are identified in the Care and Support Plan following an assessment of eligible need (Social care assessment and Resource Allocation/personal budget) will be charged for
- All services provided as an interim package following an assessment of need and a care/support plan
- All services received in a prison setting following an assessment of eligible need

4.3 Other Non-Residential Services

Meals are considered to be normal living expenses and will be charged at flat rates, in addition to the charge made for services under the Non Residential Services charging policy.

Fees and charges for non-residential services will be reviewed each year in line with costs of care/support and inflation.

Current charges are listed in Appendix A of this policy and linked to the pricing matrix for non-residential services

5. Appeals Process Financial Assessment Review

Where a service user is unhappy with the amount that they have been charged they can appeal against the charge. They will then be asked to confirm all their financial details, as the financial assessment will be completely carried out again by a more senior financial assessment officer.

Stage One

If the service user is still unhappy following a financial assessment review their representation will be referred to an appropriate manager with relevant technical expertise from another Service Area. They will carry out the financial assessment again and confirm or overturn the charging decision made.

Stage Two

If the service user is still unhappy following Stage One of the appeals process, they can appeal. This is then reviewed by an independent panel that make recommendations to the Corporate Director, whose decision will be final.

Note – Each stage of the procedure will be completed within 28 days of the receipt of the appeal (inc relevant documents) unless agreed by both parties. If the complexity of the case requires the Council to seek additional information or legal advice this may be extended and the complainant advised of the reasons and target completion date.

(cont)

APPENDIX A

2022 FEES & CHARGES

Residential Services

- Upper Capital Limit Financial Assessment (Residential Care) £23,250
- Personal Expenses Allowance - Financial Assessment (Residential Care) £25.65 per week.
- Residential Care – Long Term Financial Assessment (Residential Care) as assessed, subject to a maximum of the councils commissioned rate (the full cost of the placement).
- Residential Care – Short Term & Respite up to 8 weeks:
Older People (65+) Standard Charge £156.95 per week*
Adults (18-64) Standard Charge £109.70 per week*
*subject to capital below the upper limit

Non-Residential Services

- Upper Capital Limit Financial Assessment - Non Residential Care Services (NRS) £23,250
- Disability Related Expenditure Disregard Financial Assessment (NRS Charging) £16 per week
- No upper charging limit (subject to financial assessment).
- Final Disregard of Chargeable Income Financial Assessment (NRS Charging) 0%
- NRS – the amount of the personal budget is the cost of services provided. Services are charged at this cost or the lower of the maximum weekly financial assessment contribution.

Interim services only prior to Long Term services being implemented:

- Home Care Service Financial Assessment NRS Charging – Commissioned rate of cost of services
- Day Care Service Financial Assessment (NRS Charging) – commissioned rate of cost of services
- Housing related support - NRS Charging – Commissioned rate of cost of services
- Transport – included in Personal Budget where applicable

* NRS Charging ensures that a service user is not charged more than they can reasonably afford to pay, irrespective of the amount of actual service received or the financial contribution (charge) determined against the amount of the Personal Budget/cost of services.