



Fairer Contributions Policy

Adult Social Services

December 2017

Adult Social Services

Document Control

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1. Introduction

1.1 The Care Act 2014 provides a legal framework for charging for care and other non-residential services and seeks to ensure greater consistency between local authorities in their charging policies. It therefore sets minimum standards by which all authorities, that choose to charge for non-residential services, must comply.

1.2 This policy sets out Haringey Council's (the 'Council') approach to charging for home care and other non-residential services. This policy is made in accordance with the Care Act 2014, the Care and Support (Charging and Assessment of Resources) Regulations 2014 and the statutory guidance to the Care Act 2014.

2. Scope and Definition

2.1 The policy applies to those over 18 who reside in the borough and receive a chargeable non-residential community care service or personal budget taken as a commissioned service arranged by the Council or as a Direct Payment or combination of both.

2.2 The policy does not apply to residential or nursing home placements, except where;

2.2.1 Day care or other non-residential care is provided to a residential or nursing home resident, or

2.2.2 The placement is respite care not exceeding eight weeks per year.

3. Aim

The aim of this policy is to ensure that charges levied for these services are fair and accurate and have regard to a person's ability to pay.

4. Roles and responsibilities

The administration of the charging process, and subsequent invoicing is undertaken by the Income Maximisation and Personal Budget Finance Service within Adult Social Services.

5. The legal context

This policy relates to services supplied within the requirements of the Care Act 2014.

6. Principles

6.1 Treatment of Pension Credit Guarantee Credit / Income Support

6.1.1 **Charges will not reduce service users' incomes below the 'Minimum Income Guarantee' levels** which are set out by the Department of Health.

6.2 Treatment of other income

6.2.1 Income includes most social security benefits, earnings and pensions. In general, income is treated in the same way as for Pension Credit Guarantee Credit/Income Support. The exceptions are that (i) Attendance Allowance, the care component of Disability Living Allowance and the daily living component of Personal Independence Payment are treated as income; and (ii) regular payments received by virtue of an agreement or court order to make payments in consequence of a personal injury are taken into account wherever permitted.

6.2.2 Assessments will be undertaken as if the service user were single.

6.2.3 Income will be assessed net of Income Tax and NI and net of housing costs and Council Tax. Housing Costs and Council Tax will be assessed net of Benefits payable.

6.2.4 **War Pensions and War Widow's Pension will be disregarded.**

6.2.5 If the service user pays someone else for night care needs, above the level of the deduction for night care, this cost will be deducted from their income.

6.2.6 Earnings will be disregarded from assessments of income to avoid creating disincentives to work.

6.2.7 In certain circumstances, a service user's means may include income not held

in that person's name but to which the service user has a legal entitlement. This income will be taken into account.

6.3 Treatment of disability related benefits

6.3.1 Disability Living Allowance (DLA) / Personal Independence Payment (PIP) / Attendance Allowance (AA) paid for night care will be disregarded unless the service user receives night care. This equals the difference between the higher and lower rate of AA, the enhanced and standard rate of the daily living component of PIP and the higher and middle rate of the care component of DLA.

6.3.2 The mobility component of Disability Living Allowance / Personal Independence Payment will be disregarded.

6.4 Treatment of disability related expenditure

6.4.1 In order to ensure that the assessment is not unduly complex, a proportion of disability benefits (Attendance Allowance, Disability Living Allowance, Personal Independence Payment and other analogous benefits) will be disregarded as an allowance for disability and age related expenditure. The proportion disregarded is as follows:

- (i) 65% to 30 November 2017;
- (ii) 55% from 1 December 2017 to April 2018;
- (iii) 45% from April 2018 to April 2019; and
- (iv) 40% from April 2019.

6.4.2 Service users with disability related expenditure above this level will be required to provide evidence of expenditure above the disregard. This will be discussed with the service user during the financial assessment interview.

6.5 Treatment of Savings

6.5.1 Savings will be taken into account to calculate a tariff income on the same basis as set out in the Regulations. Clients with savings of more than the upper limit will be asked to pay a full charge for the service. These savings levels will be updated automatically in line with any uplift in the Regulations.

6.5.2 Jointly held savings will be treated as divided equally between the owners unless the contrary is demonstrated by, or on behalf of, the service user.

6.5.3 In certain circumstances, a service **user's** means may include savings not held **in that person's name but to which the service user has a legal entitlement**. These savings will be taken into account.

6.6 Services that cannot be charged for include:

6.6.1 After-care services provided under section 117 of the Mental Health Act 1983.

6.6.2 The provision of advice about the availability of services or for assessment, including assessment of community care needs cannot be charged for.

6.7 Financial assessment and benefits advice

6.7.1 Comprehensive benefits advice will be offered through a system of home visits and/or surgeries at community venues to offer a flexible and accessible service.

6.7.2 Financial assessments will be completed early on in the self directed support process after the contact assessment.

6.7.3 Charges will apply from day one of all new services or direct payments.

6.8 Setting the level of charges

6.8.1 There is a requirement for charges to be reasonable having regard to the costs of the service provided to the service user. The service user cannot be charged more than it costs the Council to provide the service and will not be charged more than such amount as the Council pays, varied from time to time in line with inflationary increases.

6.8.2 The Regulations **outline the method of calculating the 'chargeable amount'** in relation to personal budgets. The chargeable amount is the maximum amount a person would pay subject to a means test. It is applicable whether a person uses his or her personal budget on commissioned services or receives it as a direct payment, or a mixture of both.

6.8.3 The chargeable amount will be equal to 100% of all personal budgets, across all client groups, except where specifically excluded from charging in accordance with the Regulations.

6.9 Intermediate Care

6.9.1 All intermediate care and reablement support services (as defined in the Regulations, lasting up to six weeks) should be free at the point of use. Intermediate care services involve health care rehabilitation along side social care services. There will be no charge for these services.

6.10 Supporting People Services (including the Community Alarm Service and Telecare)

6.10.1 Council and Housing Association tenants that have entitlement to Housing Benefit have an automatic passport to free Supporting People services.

6.10.2 Anyone who is not automatically passported may apply for a financial assessment to determine their level of subsidy.

6.10.3 Assistive technology provided as community equipment and minor adaptations continues to be exempt from charging.

6.10.4 The community alarm service is charged at a flat rate subject to a financial assessment where Housing Benefit is not in payment.

6.10.5 Telecare equipment provided in addition to the community alarm service will be exempt from charging in line with 6.10.3.

6.11 Adult Care Placements

6.11.1 This policy will apply in full to Adult Care Placement (ACP) with the exceptions set out in 6.11.2 to 6.11.5.

6.11.2 Unlike regular domiciliary care providers, given the full time nature of ACP, support cost fees paid to (ACP) carers are not ordinarily based on hourly rates. Accordingly a service user will always contribute their full weekly assessable charge.

6.11.3 The treatment of disability benefits as set out in 6.3.1 is amended as follows; ACP support fees are not restricted to purely day time care. At the very least, **ACP carers can be said to provide a night time 'on-call' service and in many cases full night care services are provided.** Consequently, where high rate DLA care/enhanced rate of PIP daily living/high rate of AA is in payment it will be taken into account in full

6.11.4 Housing Benefit (HB) is fully disregarded as income for the FC assessment. The element of rent within an (ACP) that is ineligible for HB i.e. meals, utilities and other ineligible costs, should not be allowed for as these costs should be met by the **service user from the 'Minimum Income Guarantee' allowance.**

6.11.5 Where the service user does not receive full HB for the eligible rent, these rent costs will be allowed for in the assessment as additional expenditure.

6.12 Respite Care

6.12.1 All respite care up to eight weeks, including a short stay in supported housing, whether commissioned by the council or purchased with a direct payment will be charged under this policy.

6.13 Variations in service

6.13.1 Where personal budgets are taken as direct payment Council systems will not reflect these variations and charges will therefore be based on annual indicative personal budget spread equally over 52 weeks.

6.13.2 Where services are commissioned the current monitoring arrangements will continue in relation to taking gaps and variations into account.

6.14 Review of charges

6.14.1 Service users have the right to request a review of their charge if they believe it is unreasonable. Charges can be reduced or waived in exceptional circumstances through the Delegated Power of the head of the service.

7. Equalities and diversity

The EIA relating to the Fairer Contributions Policy 2013 is attached as Appendix 1 and will be reviewed in line with the review schedule for the policy.

8. Audit

The Directorate will periodically audit its case records to ensure quality and continuous service improvement. The results of audits will be reported to relevant service managers at performance callovers.

9. Review

9.1 Chargeable unit costs and Department for Work and Pensions benefit rates used to calculate charges will be reviewed annually each April.

9.2 The policy will be reviewed and amended as necessary in relation to any other changes.

9.3 Amendments to the policy to be agreed by the Cabinet Member for Health and Adult Services following consultation where necessary.

10. Appendices

Appendix 1 – Equalities Impact Assessment