

Adult Services and Communities

Charges for adult care and support services

Policy

References:

Care Act 2014, Section 14 - 17

Care and Support Statutory Guidance, Chapter 8 and Annexes

Department of Health Care Act Factsheet No. 5

Third Party Contributions Policy, December 2015

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Document Control Sheet

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Revisions

Version No.	Page/ Paragraph No.	Description of amendment	Date approved
2		Updating in line with Care Act Statutory Guidance And uprating of charges in line with Council approved increases	

Table of contents

Section	Title	Page No.
1.	Introduction and key principles	4
2.	Financial assessment and capital levels	4
3.	Legal basis for charging	5
4.	Services which are free of charge	
5.	Services for which a charge is made	
6.	General charging principles	
7.	Charging for care and support for people living in the community	
	a) Personal budgets	
	b) Financial assessment calculation	
	c) Capital	
	d) Income	
	e) Disability related expenditure	
8.	Charging for care and support in care homes	
	a) Care home costs and top ups	
	b) Financial assessment calculation	
	c) Self-funders	
	d) Property	
	e) Deferred payments	
9.	Short term residential and nursing care stays (respite)	
10.	Complaints and appeals	
11.	Paying the charges for social care	
Annex A	Care fees, charges and allowances schedule 2018/19	

1. Introduction and key principles

- 1.1 Unlike NHS healthcare, social care and support services are not generally free of charge - people have always had to pay something towards the cost of their care if they can afford to do so. The Care Act 2014 enables local authorities to decide for themselves whether or not to charge people for care and support services that are arranged and funded by them – and in common with the vast majority of councils, Peterborough City Council has decided to charge for care. Income received from care charges helps the council to meet its statutory funding commitments and set a balanced budget, but crucially also helps to protect, develop and extend care and support services, and ensure that high quality services are available in the right form to meet the needs of adults with care and support needs in the local authority's area.
- 1.2 The council believes it is important that people pay the contribution to their care costs that they are responsible for - but in deciding to charge for care the council adheres to a number of important principles in its approach:
- People should only pay what they can reasonably afford, and should not be charged more than is reasonably practicable for them to pay;
 - Any charge for care and support services will not exceed the cost that the council incurs in meeting the person's assessed needs;
 - The council's charging policy should be a fair, equitable and consistent framework for charging;
 - Charges will be calculated in a clear and transparent way, and will be determined by the completion of an individual financial assessment;
 - People will be helped to identify and claim any additional welfare benefits they may be entitled to so that their weekly incomes are maximised.

2. Financial assessment and capital levels

- 2.1 A financial assessment is an appraisal of the level of an adult's income and assets to establish if they qualify for financial help with the cost of their care, and is completed with the person's input. For the purposes of this policy, an adult is a person aged 18 or over. All sources of income and capital should be disclosed and verified during the financial assessment, which will usually be undertaken by a home visit, or can in some circumstances be carried out by post and/or telephone. If a person receives more than one care service, the financial assessment will take this into account so that charges are not made for any one service in isolation.
- 2.2 The council can choose to treat a person as if a financial assessment has been carried out if it is satisfied from the evidence available to it that:
- i) A person has significant financial resources and does not wish to have a financial assessment, or disclose details of their finances and accepts that they will be charged at a full cost rate;
 - ii) Charges for particular services are a small or nominal amount and a financial assessment would be clearly disproportionate;

- iii) A person is in receipt of welfare benefits which demonstrate that they would not be able to contribute towards their care and support costs.

This is known as a light-touch assessment.

- 2.3 People in receipt of care and support either in their own homes, in the community, or in a care home will pay the full cost of their care if the value of their capital taken into account in the financial assessment exceeds the upper capital threshold limit. The current capital limit is £23,250. Those with capital between the lower capital limit of £14,250 but not exceeding the upper capital limit of £23,250 will be assessed as being able to make a contribution from their capital known as “tariff income” - calculated as an assumed income of £1 for every £250 of capital held between these limits. Any capital below the lower capital limit is disregarded in the financial assessment.
- 2.4 People in need of care services where a charge applies will be advised of the availability of independent financial advice and information to help them to make the right financial choices for their own circumstances.
- 2.5 In the case of couples, each person receiving care will be financially assessed on an individual basis, not according to their joint resources. Only the income of the cared-for person can be taken into account in the financial assessment – although where the person receives income as one of a couple, the starting presumption in terms of their resources will be that they will have an equal share of the income. The council will also consider the financial implications for the cared-for person’s partner when undertaking a financial assessment.
- 2.6 Where a person in receipt of care and support services lacks mental capacity, the council will undertake the financial assessment by consulting with a suitable representative person dealing with their financial affairs – where possible a legally authorised attorney, a Court of Protection appointed deputy, or in some circumstances a Department for Work and Pensions appointee.
- 2.7 The council will provide a written record of the financial assessment and its outcome to the adult to whom it relates or their appointed representative.

3. Legal basis for charging

- 3.1 The Care Act 2014 provides the legal framework for charging for care and support. Section 14 of the Act enables local authorities to charge a person in receipt of care and support services where it is permitted to charge, and Section 17 of the Act permits local authorities to undertake an assessment of an individual’s financial resources to determine the amount, if any, that they will be required to pay towards the cost of their care.
- 3.2 The Care and Support (Charging and Assessment of Resources) Regulations 2014, and Care and Support Statutory Guidance (and annexes) issued by the Department of Health under the Care Act 2014 set out much of the detail regarding charging for care. The relevant parts of the guidance are Chapter 8: Charging and financial assessment, Annex A: Choice of accommodation and additional payments, Annex B: Treatment of capital, Annex C: Treatment of

Income, Annex D: Recovery of debts, Annex E: Deprivation of assets and Annex F: Temporary and short-term residents in care homes.

- 3.3 The Act, together with the supporting regulations and statutory guidance sets out a single framework model for charging people whose eligible needs are met within a care home setting, and also requires local authorities to develop and maintain a policy for charging people with care and support needs that are met in settings other than care homes. These form the basis of the council's charging policy, except where the council exercises its discretionary powers. The council will also refer in its financial assessment determinations to best practice guidance produced by the National Association of Financial Assessment Officers.

4. Services which are free of charge

- 4.1 The council does not make a charge for a range of different forms of care and support services. This is because some services are required to be free of charge by law, and also because the council has decided not to charge for some other services for which it could charge.

The services that are free of charge are:

- **Reablement support services** – aimed at reducing the need for ongoing care by helping people to maintain or regain the ability to live independently in their own home following an illness or a crisis. These services are free of charge for up to 6 weeks. After this period, any continuing ongoing care services provided will be subject to a financially assessed charge. No charge is made for equipment supplied to assist with daily living – e.g. grab rails.
- **Intermediate care** - a package of care, therapy services, medical treatment and rehabilitation that is provided to people to facilitate their discharge from hospital, or to help avoid inappropriate admission to hospital, NHS in-patient care, or long-term residential care. Intermediate care is usually time-limited up to six weeks, and aims to maximise independence to help people to continue or resume living at home. There is no charge for intermediate care for at least the first six weeks.
- **Interim care** –the term used to describe a period of up to 28 days of residential or residential nursing care provided in a designated care home to facilitate discharge from hospital or avoid admission to hospital.
- **Community equipment** - aids to assist with daily living, and minor adaptations to property with a value of less than £1,000 will not be charged for.
- **Carers' services** – the council will not charge for services provided to a carer in their own right, nor will a contribution be required towards a personal budget that is provided solely for a carer. A carer will not be charged for services that are provided directly to the person they care for that might benefit the carer – for example respite and replacement care. In these

situations care charges will apply to the person with care and support needs if they are assessed as able to pay these.

- **Assistive technology** – e.g. community alarm/lifeline service. All forms of assistive technology are free of charge for those who are assessed as having eligible care and support needs. For those who do not have assessed eligible needs, assistive technology is usually free of charge for the first six months only.
- **Supported employment and training, supported work experience, individual or group support at drop-in centres, and continuing education activities** - are free of charge.
- **Section 117 of the Mental Health Act 1983** - Services relating to mental health aftercare commissioned under section 117 of the Mental Health Act 1983 are free of charge.
- **Care and support provided to people with Creutzfeldt-Jakob Disease (CJD)**
- **Any service or part of service which the NHS is under a duty to provide**
- **Any services which a local authority is under a duty to provide free of charge through other legislation**
- **No charge will be made by the council for the assessment of an individual's needs, the assessment of their finances, or for any care and support planning undertaken**

5. Services for which a charge is made

5.1 The following services will, in most circumstances, be subject to a charge that is determined by a financial assessment:

- Home care
- Day care, day activities and day opportunities
- Direct payments
- Residential and Nursing care –permanent stays, and short term temporary stays in residential care and nursing homes
- Care services delivered to people in prison

5.2 The following services are all charged at a standard flat-rate, and are not subject to a financial assessment. They are classed as ordinary expenditure and will be payable in addition to any assessed contribution for other services. These charges are subject to revision from time to time. For details of these and other current charges see Annex A.

- Hot and frozen meals delivered to a person at home
- Transport to and from day care centres/day activities and adult training centres
- Meals provided in council-run day services

6. General charging principles

- 6.1 If a person refuses a financial assessment, or the council is unable to carry out a full financial assessment because of the person's refusal to co-operate with the assessment, or acts unreasonably in response to requests for information, they will be treated as having financial resources which exceed the financial limit – and will consequently be liable to pay the full cost of the care that they receive.
- 6.2 Where a person has been found to have intentionally disposed or deprived themselves of some or all of their income or assets in order to avoid or reduce care charges, the council may treat the person as still having those assets. The value of these will be included in the financial assessment as notional income or capital. Examples of deprivation of capital include making a lump sum payment to someone else, ownership transfer of a property or other asset, the placing of assets within a trust that cannot be revoked, and sudden substantial increased expenditure that is out of character with previous spending. The council will use the “diminishing notional capital” rule to calculate the ongoing reduction in the person's notional capital as a result of using this in the financial assessment. The rule is that the value of notional capital reduces weekly by the difference between the weekly rate the person is paying for their care and the weekly rate they would have paid if notional capital did not apply.
- 6.3 People in receipt of care who have had a financial assessment and continue to receive care and support services will be required to advise the council if there is a significant change in their income or capital, other than the usual annual uprating of pensions and benefits. A person's financial assessment will be reviewed usually on an annual basis, or at the request of the service user to take account of any change in their financial resources.
- 6.4 Charges for care and support services will apply from the date that care commences if that is a Monday (or the Monday following if it is any other day of the week), unless there has been a significant delay on the part of the council in completing the assessment – in which case the charge will apply from the date that the council completes the financial assessment and notifies the person receiving care or their representative. Changes to a person's care charge will usually take effect from the date of reassessment, unless the change is as a result of the annual uprating of welfare benefits, or if it is determined that there has been a deliberate failure to disclose an increase in income or capital – in which case the assessment will be backdated to the date of change.
- 6.5 All information provided in the course of a financial assessment will be held securely, in confidence, and in accordance with the principles of the Data Protection Act.

6.6 Charges will only apply where care and support services are delivered. Services that are cancelled in accordance with the relevant contractual terms and conditions will not be charged for.

6.7 The minimum charge levied will be £1.00 – any assessed disposable income below this figure will not be charged. Fractions of a penny resulting from a financial assessment calculation are rounded up to be treated as a penny if that would be to the person's advantage, otherwise they are disregarded.

7. Charging for care and support for people living in the community

a) Personal budgets

7.1 A personal budget is an amount of council funds that is judged to be sufficient to meet the assessed unmet needs of a person who is eligible for care and support. Personal budgets enable people to have some degree of choice, control and flexibility over the services they receive. A personal budget for those people receiving care in a community setting can be taken as a direct payment paid straight to the person needing care to be spent as needed, or it can be held and managed by the council or a suitable third party and spent on behalf of the client on services that meet their needs. The maximum contribution that a personal budget recipient may be required to pay after financial assessment will be the full amount of their finalised personal budget – this is because the council has decided that care and support services are charged on a full cost basis, and are not subsidised financially. If a person is therefore assessed to be able to meet all of their care costs, they will be charged the actual cost to the council of these services – which will be the same value as their personal budget.

7.2 Under the Care Act, a carer's need for support can be met by providing care to the person they care for. Decisions on which services are provided for the carer and which services are provided for the person they care for will therefore have implications for whether a service is chargeable and who has to pay, and will also have an impact on whose personal budget includes the cost of meeting those eligible unmet needs.

b) Financial assessment calculation

7.3 People receiving care and support while living in the community will pay the full cost of their care if the value of their capital exceeds the upper capital limit of £23,250. If their capital is below this figure, any amount they pay towards their care will be based on their incomes (including any tariff income from capital over £14,250) – paying only what they can reasonably afford as determined by the financial assessment rules.

7.4 The full cost of a person's care is determined by the type and amount of care they receive. For home care this is based on the number of hours per carer multiplied by the hourly cost to the council of the care. Additional charges for night care and support cover will also usually apply to residents of extra care schemes. For day care the full cost is calculated by multiplying the number of day's attendance by the full cost of the day care service or activity. The full cost

of a direct payment is the total value of the personal budget if it is all taken as a direct payment. Therefore, if a person has capital above the upper limit, or has a very high income level they will not usually receive a direct payment from the council, as they will need to fund the cost of their care themselves from their own financial resources.

7.5 People whose capital is below the level of the upper threshold and receive care and support in their own homes need to continue to be able to pay their daily living costs – so the charging rules ensure that they have enough money to meet these costs by setting protected minimum income levels which should not be reduced by care charges. These protected minimum income levels are equivalent to basic levels of Income Support or Pension Credit, plus a further “buffer” figure of 25%. Additional allowances are also made for disability related expenditure and housing-related costs (net of any benefits provided to support these costs) which the person is liable to meet in respect of their homes such as mortgage repayments, rent or ground rent, council tax or service charges. When these amounts plus the protected income figure are deducted from a person’s weekly income, the remainder will usually be the contribution they need to make towards the cost of their care.

7.6 Where the cost of care is greater than planned, and the person has been financially assessed as being able to afford that amount, then they will be charged extra. Where the actual cost of care is less than the person’s assessed financial contribution, they will be charged the lower, actual cost of care.

c) Capital

7.8 Capital is defined generally as accumulated financial resources that are available to an individual for their use, and which usually generate a return. The value of capital which the person possesses will be calculated at its current market or surrender value (whichever is the higher) less i) where there would be expenses attributable to its sale, 10%, and ii) the amount of any encumbrance secured on it. The following are examples of capital that will be taken into account in the financial assessment: (this list is intended as a guide, and is not exhaustive)

- Bank Accounts and Building Society Accounts
- National Savings products
- Unit Trusts
- Cash
- Premium Bonds
- Stocks and Shares
- Trust Funds
- Capital held abroad (unless transfer to the UK is prohibited)
- Property or land other than the service users main home

7.9 A capital asset is normally identified as belonging to the person in whose name it is held. In some cases this may be disputed, but an individual may have “beneficial ownership” of a capital asset, which means that they may enjoy the

benefits of ownership even though the title of the asset is held by someone else. In most cases however the person will be both the legal and beneficial owner. Where a person has joint beneficial ownership of capital, the total value will be divided equally between the joint owners, and the person should be treated as owning that amount - except where there is evidence that the person owns an unequal share.

- 7.10 The definition and treatment of capital in the financial assessment, including the calculation of its value, and the application of appropriate disregards will be undertaken in accordance with Sections 14 and 17 of the Care Act, and Annex B of the Care and Support Statutory Guidance.

d) Income

- 7.11 A payment of income is one which is made in respect of a period, and forms part of a series of payments – and is generally taken into account for a period equivalent to that which it represents. Income is net of any tax or National Insurance contributions. If not paid weekly, income is always converted into a weekly rate for the purposes of the financial assessment.
- 7.12 The definition and treatment of income in the financial assessment, including the calculation of its net value, and the application of appropriate disregards will be undertaken in accordance with Sections 14 and 17 of the Care Act and Annex C of the Care and Support Statutory Guidance.
- 7.13 All income is taken fully into account in the financial assessment unless the regulations require that it should be disregarded either partially or fully. Income that is available or due to an individual but has not been sought or applied for may in some circumstances be taken into account as notional income in the financial assessment. Notional income may also apply where a person has reached retirement age and has a personal pension plan but has not purchased an annuity or arranged to draw down the equivalent maximum annuity income that would be available from the plan.

- 7.14 Income taken fully into account:

(The following lists are intended as a guide, and are not exhaustive)

- Attendance Allowance, including Constant Attendance Allowance and Exceptionally Severe Disablement Allowance
- Bereavement Allowance
- Carers Allowance
- Disability Living Allowance (Care component)
- Employment and Support Allowance or the benefits this replaces such as Severe Disablement Allowance and Incapacity Benefit
- Income Support
- Industrial Injuries Disablement Benefit or equivalent benefits
- Jobseeker's Allowance
- Maternity Allowance
- Pension Credit

- Personal Independence Payment (Daily Living component)
- State Pension
- Annuity income except where it was purchased as a consequence of a personal injury
- Universal Credit

7.15 Income partially disregarded:

- The first £10 per week of: War Widows and War Widowers pensions, survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme (pre April 2005), Civilian War Injury Pension, and payments to the victims of National Socialist persecution
- Savings credit for people in a care home - up to £5.75 is disregarded for a single person, and £8.60 is disregarded for a couple.
- A percentage of rental income may be disregarded as income in the case of a person who receives care funding support through a deferred payment. The amount to be disregarded will be decided on a case by case basis, taking into account the circumstances of the individual, their preference, and national best practice.
- 50% of a person's occupational pension will be disregarded where they are not residing with their spouse or civil partner and at least half of their occupational pension is being paid to that person for their maintenance.

7.16 Income fully disregarded:

- All earnings from paid employment
- Income from the Victoria Cross Annuity or George Cross Annuity
- War Disablement pension
- Armed Forces Independence Payments and Mobility Supplement
- Guaranteed Income Payments made to Veterans under the Armed Forces Compensation Scheme (post April 2005)
- Any payments received as a holder of the Victoria Cross, George Cross or equivalent
- Gallantry Awards
- War widows and widowers special payments
- Child Support Maintenance Payments and Child Benefit
- Child Tax Credit
- Disability Living Allowance Mobility Component and Mobility Supplement
- Pensioners Christmas payments
- Guardian's Allowance
- Personal Independence Payment Mobility Component and Mobility Supplement
- Resettlement benefit
- Savings credit for people receiving care and support other than in a care home
- DWP winter fuel payments
- Dependency increases paid with certain benefits
- Council Tax Reduction Schemes where this involves a payment to the person
- Regular charitable or voluntary payments

- Discretionary Trust funds
- Personal injury trust, including those administered by a Court
- Income frozen abroad
- Income in kind
- Any grants or loans paid for the purposes of education
- Payments made in relation to training for employment
- Any payment from the: Macfarlane Trust, Macfarlane (Special Payments) Trust, Macfarlane (Special Payment) (No 2) Trust, Caxton Foundation, The Fund (payments to non-haemophiliacs infected with HIV), Eileen Trust, MFET Limited, Independent Living Fund (2006), Skipton Fund, London Bombings Relief Charitable Fund
- Working Tax Credits

e) Disability related expenditure

7.17 As the council takes disability-related benefits into account in the financial assessment calculation, it must also allow the person to keep enough of these benefits to pay for necessary, reasonable disability-related additional costs to meet any needs which are not being met by social services. The council will consider a person's level of disability-related expenditure in the financial assessment, and will allow as a minimum a standard weekly allowance for this - based on the disability benefits in payment to the individual. This allowance figure is disregarded from the person's income in the financial assessment calculation.

7.18 If an individual's level of disability-related expenditure appears to be higher than the appropriate standard allowances, these additional costs will be considered for inclusion within the financial assessment on an individual basis, taking into account the person's circumstances, and making reference to guidance and best practice. The current standard disregard allowances are:

Welfare Benefit	Standard disability-related expenditure allowances
Lower rate of Disability Living Allowance (DLA) – care component	£10
Middle rate of DLA care component, or Personal Independence Payment (PIP) standard rate / low rate Attendance Allowance (AA)	£15
High rate of DLA care component or PIP enhanced rate / High rate AA	£25

7.19 Examples of additional expenditure necessitated by the individual's disability, age, or medical condition include:

- Day or night care which is not being arranged by the Council

- Additional costs associated with special laundry needs, dietary needs, clothing, footwear, bedding, transport
- Above average heating or water costs
- Reasonable costs of basic garden maintenance, cleaning or domestic help and not met by social services
- Purchase, maintenance and repair of disability-related equipment
- Transport costs to day care over and above the mobility component of DLA or PIP which are not being funded by the Council

8. Charging for care and support in care homes

a) Care home costs and top ups

8.1 The council will charge for care and support that is delivered in a care home on a permanent basis where the person has an eligible care and support need. Weekly care home rates can vary from home to home, but the council has a usual local authority rate that it is prepared to pay for a suitable care home placement in its local area (and will usually fund a care home placement out of area at the usual rate of the local authority in which the care home is situated). If a person chooses a care home that has a higher weekly cost than the council's usual rate, and is not funding the full cost of their care themselves, an additional "top-up" may be required from a third party (such as a family member or other person) to make up the difference between the council's contribution, the clients assessed contribution, and the total cost of the care home placement. If, however, there are no suitable other care home placements available at the council's usual rate at the time of the person's need for care, top-ups will not be required as the council will meet the cost of the more expensive care home.

8.2 If top-up payments are being made, the council needs to be made aware of these and any other additional costs so that they are included in the council's funding contract with the home to ensure that the client is not charged unfairly. Third party top-up arrangements must be viable and sustainable in the longer term, and the council will need to satisfy itself that this is so before entering into a funding contract that includes a third party top-up. If the person making these extra top-up payments cannot continue to make these in the future, and the care home will not accept a lower rate, the council may not automatically make up the difference - and may need to consider the possibility of finding an alternative less expensive home, although this would only be considered as a last resort. More information is contained within the council's top-up policy document.

b) Financial assessment calculation

8.3 People with capital above the upper limit will be required to meet the full cost of their care home fees from their own resources, and are deemed to be "self-funding". Special rules apply if a person's capital includes property that they formerly occupied as their home (see next sections on Self-funders and Property). The income and capital of care home residents are taken into account in the financial assessment in the same way as described earlier in this policy, and in accordance with the Care and Support Statutory Guidance - Annexes B and C.

- 8.4 People in a care home whose capital is below the upper limit will be financially assessed to make a contribution towards their care fees from their income. This weekly contribution is calculated by deducting appropriate disregards and allowances from the total of their weekly income. In general, the person will retain at least the current rate of the personal expenses allowance (see Annex A) to spend on personal items such as clothes and other items of expenditure that are not part of their care, and may also retain additional amounts in respect of any savings credit entitlement (a component of Pension Credit – see Annex A for current maximum savings credit disregard). A higher rate of personal allowance may be awarded at the discretion of a senior operational manager if there are reasonable grounds for this.
- 8.5 The client's assessed contribution is usually paid by the resident, their family or other representative directly to the care home. Top-up payments may also be paid by the third party direct to the care home. The council then pays the difference to the home, normally up to the total cost of the placement - however the council is responsible for the total cost of the placement.

c) Self-funders

- 8.6 People who need care and support in a care home and who are self-funding will usually make their own arrangements with the care home regarding their permanent residency and payment of the care fees. The council can however make arrangements on behalf of an individual if they lack mental capacity to do so. These arrangements can include brokering the contract on behalf of the person, or entering into a contractual arrangement with the provider, for which an administration charge may be payable to cover the cost to the council of arranging the support. The council may also, if requested, arrange care in a community setting, for which a reasonable administration charge can be made. The council can also offer at no charge information, advice and guidance to assist people who are self-funding to find the right care for themselves, including independent financial advice.
- 8.7 If a self-funding resident's capital falls to the upper capital limit or below it, a care assessment or care review will be completed to determine eligibility for council funding, and a financial assessment will be completed to determine the service user's level of capital/savings and details of their other finances. This information should determine from what date the person will become eligible for help from the council with their care fees.

d) Property

- 8.8 There is a general requirement that the current value of any property owned by a care home resident should be included in the financial assessment. In some cases, the value of this asset can be disregarded if the property is occupied by the person's partner, or a qualifying relative in certain circumstances. The value of the property if previously occupied as their home can also be disregarded for a 12 week period when the person first enters a care home as a permanent resident, or when a qualifying relative property disregard unexpectedly ends because the relative has died or moved into a care home. Further details of how

property is treated in the financial assessment can be found within Annex B of the Care and Support Statutory Guidance.

e) Deferred payments

- 8.9 The deferred payments scheme allows a care home resident to delay the sale of their home during their lifetime while the council funds their residential or nursing care fees. This funding takes the form of a loan, and a legal charge is placed on the client's property to secure the loan. People needing care in a care home will only be considered for deferred payments if their savings and any other capital they have is less than the upper capital threshold limit, and they do not have sufficient income to meet the full cost of their weekly care fees. There is an administration charge payable on application for a deferred payment, and a further charge payable when the deferred payment application has been completed.
- 8.10 A number of criteria need to be met before a deferred payment can be considered and approved, and there are a number of important considerations to take into account. Further information on these is available in the Peterborough City Council deferred payments scheme document, viewable either on the council's website, or in paper form on request. It is strongly recommended that people seek independent legal and financial advice before considering an application to the deferred payments scheme.

9. Short term residential and nursing care stays (respite)

- 9.1 People taking short term or respite stays in care and nursing homes will be assessed and charged as if they were receiving care in a residential care setting, however additional allowances will be made for the reasonable costs associated with ongoing housing upkeep and maintenance in the financial assessment. Attendance Allowance, Disability Living Allowance Care Component, and Personal Independence Payment Daily Living Component will be disregarded as income.

10. Complaints and appeals

- 10.1 A person may make a complaint about any aspect of their financial assessment or how the council has chosen to charge for care and support services. This can be done in writing, by e-mail, by telephone or in person.
- 10.2 The council's first response stage is to ensure that the financial assessment for that individual has been conducted and calculated correctly and in accordance with the council's charging policy, the law, and statutory guidance. The financial assessment will be reviewed by an officer who is independent of the original assessment to check and confirm this.
- 10.3 If a person feels that their concern has not been satisfactorily resolved by the outcome of the financial assessment review, and they wish to complain further, they can access the statutory complaints procedure via the Peterborough City Council Complaints service through either the Peterborough City Council website at www.peterborough.gov.uk, or alternatively by writing to:

Central Complaints Office
Peterborough City Council
Customer Services Centre
Bayard Place
Broadway
Peterborough
PE1 1FZ

Or use the following e-mail address: complain@peterborough.gov.uk

- 10.4 Complaints about the level of charges levied by the council are subject to the usual Care and Support complaints procedure as set out in the Local Authority Social Services and NHS Complaints (England) Regulations 2009.

11. Paying the charges for social care services

Methods of payment

- 11.1 Invoices for home care and day care/activities charges are issued 4 weekly in arrears, and specify the period covered and the amount due. Payment of the invoice can be made in any of the following ways:
- Online payment www.peterborough.gov.uk with your bank card
 - By phone 0800 389 1977 with your bank card
 - Pay with cash, cheque or card by visiting your Bank, Building Society, or local Post Office
 - Pay with cash at any Payzone
 - Bank Standing order
- 11.2 Charges for transport to a council-run day care centre are invoiced 4 weekly in arrears. Payment of the invoice can be made in any of the ways detailed above.
- 11.3 Charges for home delivered hot or frozen meals are collected either on delivery at the door, or invoiced directly from the provider. Charges for meals provided at council-run day centres are invoiced on a 4 weekly basis.
- 11.4 In the case of Direct Payments, the client contribution will normally be deducted at source from the Direct Payment, so that the person receives their payment net of their assessed charge. The charge should then be paid into the Direct Payment bank account by the person needing care from their own income either weekly, or at four weekly intervals.
- 11.5 Assessed client contributions towards residential or nursing care home fees are usually paid by the client or their representative directly to the care home on a four weekly basis. Respite contributions are invoiced to the client or their representative by the council.
- 11.6 The council will attempt to recover unpaid care charges using all powers available to it, including where appropriate legal action to recover amounts owed through the County Court.

ANNEX A Care fees, charges & allowances schedule 2018/19 NON-RESIDENTIAL CARE SERVICES	£
Average homecare hourly cost (single carer) NB – actual cost may be higher or lower than this depending on the care provider's individual rates	£14.00
Extra Care – single person charge for night care and support cover	£24.49
Extra Care Sheltered Schemes – couple charge for night care and support cover (applies if both members of a couple have care needs)	£36.73
Day care attendance full cost charge (per day) – council run day care services	£40.00 per session
Transport to day services charge	£2.20 per return journey
Meals on Wheels charge	£5.20 per meal
Frozen meals delivered to the service user's home	£2.60 per meal
Meals in Day Services charge (Lunch)	£3.70 per meal
Minimum financially assessed charge	£1.00
PCC Corporate Appointee Administration Charge	£7.50 per week
Self-funder administration charge	£6.00 per invoice
Deferred payment administration charge – initial charge	£250
Deferred payment administration charge – completion charge	£250
RESIDENTIAL CARE SERVICES	RATE/CHARGE
Personal Expenses Weekly Allowance	£24.90
Savings credit weekly disregard (single person)	£5.75
Savings credit weekly disregard (couple)	£8.60
Respite charge – if capital over £23,250	Actual cost of the care