

**LONDON BOROUGH OF BROMLEY**

**Adult & Community Services**

**Contributions Policy for Non Residential Care  
Services**

**April 2011**

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### **Appendix A - Appeals Procedure**

**LONDON BOROUGH OF BROMLEY  
ADULT & COMMUNITY SERVICES**

**Introduction to Bromley's Contributions Policy for Non Residential Care  
Services**

**1. LEGAL BASIS**

Section 17 of the Health and Social Services and Social Security Adjudication Act 1983 gives local authorities power to charge adult recipients of domiciliary services. To ensure consistency and fairness, the Department of Health issued the Fairer Charging Policy 2003 and the Fairer Contributions Guidance 2010 for Home Care and other non-residential Social Services using powers conferred under Section 7 of the Local Authorities Social Services Act 1970.

The introduction of personal budgets is an integral part of the transformation of adult social care systems. A personal budget is an allocation of social care resources to a person who is eligible for support. Following an assessment of their need for non-residential social services ("needs assessment"), a person who the council consider eligible for support will be allocated an amount of money necessary to meet their needs.

The Fairer Contributions Guidance does not introduce any changes to the way councils undertake financial assessments, or how they treat the income or savings of personal budget holders. It sits alongside the Fairer Charging guidance which, along with its underlying ethos and principles, is still valid, and the Charging for Residential Accommodation Guidance (CRAG) to which the Fairer Charging guidance refers.

The Guidance provides advice on how both the chargeable amount of a personal budget, and the actual contribution made by the personal budget holder, might be calculated. The chargeable amount is the maximum possible contribution a person can be asked to make to their personal budget, subject to their available income and savings.

**2. POLICY AIMS**

The London Borough of Bromley's contributions policy has been designed to comply with the Department of Health's Fairer Charging guidance and its' aim is to provide a reasonable and fair charging framework for all service users' Fairer Contribution. The income generated from the charges helps to maintain and develop services for vulnerable people.

### **3. LIST OF DOMICILARY CARE SERVICES AND NON RESIDENTIAL CARE SERVICES COVERED BY THIS POLICY**

#### **1. Personal Budgets**

- Personal Assistants
- Personal Care
- Supported Living
- Assistive Technology – Community Alarm Service
- Assistive Technology – Equipment (if provided as part of the Community Alarm Service)
- Day Care including transport
- Live in Carers
- Non Residential Respite
- Any other service provided or funded via a Personal Budget e.g. shopping, laundry, bathing.

#### **2. Extra Care Housing – Support Charges**

#### **3. Supporting People Services**

#### **4. Telephone Rental Assistance**

#### **5. Bromley Scheme for Adult Placement (B-SAP)**

Currently no charges are levied for the following services:

1. Personal care and other non residential care services to users exempt under section 117 of the Mental Health Act 1983
2. Personal care and other non residential care services to users with Creutzfeldt Jacob Disease (CJD)
3. Intermediate Care
4. Re-ablement
5. Aids & Adaptations
6. Continuing Care Service Users

#### 4. KEY PRINCIPLES

The key principles underpinning Bromley's contributions policy are:

- 4.1 The charges levied on service users are aimed to be fair and reasonable and due care will be taken in assessing the service users finances and their ability to contribute towards the cost of their care according to their means.
- 4.2 The aim to recover a reasonable level of charges and to apply charges fairly and evenly is intended not to undermine the department's objective to promote the independence and social inclusion of service users.
- 4.3 Service users have the right to request a review of their charges if they consider the charge is unfair or if the service user feels that they cannot pay the charges.
- 4.4 Comprehensive benefits advice will be offered to all Service Users at the time of the charge assessment with the aim being to maximise their incomes and to assist service users in contributing towards their care costs.
- 4.5 Service users with a disability and their carers, who work or wish to work, will **not** have their earnings assessed as part of their charge assessment.
- 4.6 In line with 4.2, the assessment of charges will ensure service users' net incomes will not be reduced below the basic level of Income Support or the Guarantee Credit of Pension Credit, plus a 25% buffer.
- 4.7 Service users who refuse to pay their assessed charge will not have their services withdrawn. The Council may recover arrears of charges through Debt Collection Agencies and or the courts where service users have the means to contribute towards the cost of their services but refuse to do so. Service users may request a review of their charges (as per 4.3).
- 4.8 Service users whose disability-related benefits are taken into account in the assessment of their income will receive a standard amount of disability related expenses determined by the level of Disability Living Allowance or Attendance Allowance that they receive. Service users will have the right have their disability related expenses assessed as part of the Appeals process (covered in section 10).
- 4.9 All client & financial information (verbal & in writing) will be treated in confidence and due care will be given to disclosing information that is in the interests of the service user only.
- 4.10 Service users will be charged for a minimum of half an hour per visit from the Agency. This is the minimum amount of time London Borough of Bromley will charge the service user for care provided. Service packages are set up as a minimum of half hour slots and this is reflected in payments made by London Borough of Bromley to the agencies and is in turn reflected by charges made to the service user.

## 5. PERSONAL BUDGETS

### 5.1 WHAT IS A PERSONAL BUDGET

A “personal budget” is a sum of money people who qualify for a social care service can use to choose the support they need to keep independent. The amount of “personal budget” a person is offered will depend on their needs and must be used as set out in their support plan. A Personal budget is in effect the monetary value of the care purchased by Adult & Community Services from its contractors to meet the assessed eligible care needs of an individual. Whilst all care packages or support plans will have a monetary value referred to as a Personal Budget, not everyone will want to assume responsibility for managing that budget directly. A service user might elect the Council to manage their care arrangements as has been the tradition in the past (managed service) or they may elect to take full control of their Personal Budget as a direct payment. Some may choose a combination of the two. The way they choose to use their allocation is recorded on a Support Plan.

#### Options for Service Users

##### ➤ Managed Service

Many people will elect to have the Council arrange the service in the same way as previously with the user receiving services in lieu of their personal budget. In such circumstances a care manager will design a support plan with the service user and purchase a range of services from contractors to meet the service user's needs.

##### ➤ Direct Payments

It is anticipated that increasingly people will elect to exercise more choice and control, opting to make their own care arrangements by purchasing care themselves using their personal budget which they receive as a Direct Payment

The service user will be financially assessed using Fairer Charging guidance which applies to people who receive care in their own home. It **does not apply** to those people living in residential or nursing homes or receiving residential respite services. This is covered by a separate Charging Policy for residential care (CRAG).

When you are referred to Adult Social Services an Assessor will visit you to assess your care needs (if you are in hospital, this assessment may be carried out by a hospital based Care Manager).

The Assessor will complete a Care Plan Assessment and inform you that you may be asked to pay towards the cost of providing your Care/Support Package.

The Assessor will give you a fact sheet that tells you about the Visiting Officers and the financial assessment that they will undertake.

## 5.2 SERVICES WHICH WILL BE INCLUDED IN A PERSONAL BUDGET

- Personal Care
- Personal Assistant
- Extra Care Housing – Personal Care
- Supported Living
- Day Care including transport
- Live in Carers
- Assistive Technology Community Alarm Service
- Assistive Technology Equipment (provided as part of Community Alarm)
- Non Residential Respite
- Other non residential services determined as necessary to meet assessed need e.g. Laundry, Shopping, Bathing

## **6. DEFINITION OF SERVICES PROVIDED**

### **6.1 PERSONAL CARE /PERSONAL ASSISTANT**

Homecare or domiciliary care is care provided in a person's home following a care needs assessment (this also applies to service users living in Extra Care accommodation). A service user might elect the Council to manage their care arrangements as has been the tradition in the past (managed service) or they may elect to take full control of their own care using a direct payment.

The service user will be financially assessed to see how much they should contribute towards their care.

### **6.2 SUPPORTED LIVING PACKAGE**

There are a range of supported housing schemes within the Borough which provides accommodation to people with disabilities and enables them to live independently.

Service users who are receiving supported living services will be financially assessed under the Fairer Charging Policy to determine how much they will be charged for the support they receive.

### **6.3 DAY CARE INCLUDING TRANSPORT**

Day care (including transport) will be calculated as part of a personal budget and will therefore be part of the financial assessment, which means a charge may be applied. Normally this will be provided as a managed service by the Council.

### **6.4 LIVE IN CARERS**

Service users that require a Carer to provide 24 hour assistance will be allocated a sum of money in their personal budget to purchase this service. The Service user can opt to take this as managed service or as a direct payment.

### **6.5 ASSISTIVE TECHNOLOGY - COMMUNITY ALARM SERVICE & EQUIPMENT**

The Community Alarm Service is run by Bromley Council's Adult & Community Service Department and is a 24 hour lifeline alarm scheme that helps vulnerable people to remain safely in their own home by enabling them to summon help in an emergency.

The weekly charge for the community alarms equipment will continue until the equipment is returned to the council, even if the service is no longer required.

Any additional equipment (peripherals) will be charged for on an individual basis.

#### 6.6 ANY OTHER SERVICES FUNDED BY A PERSONAL BUDGET

In exceptional circumstances a laundry, bathing or shopping service may be included in a person's personal budget, following a needs assessment. This means a charge may be applied following a financial assessment.

#### 6.7 RESPITE NON RESIDENTIAL

Service users that need respite care, which is not provided in residential accommodation, will be charged under Fairer Charging guidance in line with normal non residential services.

#### **OTHER SERVICES THAT ARE NOT PART OF THE PERSONAL BUDGET**

#### 6.9 EXTRA CARE HOUSING – SUPPORT

Extra Care Housing provides a range of housing and care/support services tailored to meet individual needs available 24 hours a day, 7 days a week. The amount of care provided at any time can be flexible to accommodate fluctuating needs, and can be supported by in-built "smart technology" or "telecare" (for example call alarms or sensors to alert staff to particular circumstances). Schemes may be specifically designed to cater for specialist needs, such as for people with dementia. Living within the wider community can help people to maintain and build up the skills needed to retain their independence.

Service users who receive full or partial Housing Benefit will not be charged for their housing related support, however if the client requires assistance from on site staff to take medication or carry out personal tasks then an additional hourly rate is charged for this service which is the same as the hourly rate for our Domiciliary Care Service (NB: All Extra Care residents will be charged for their domiciliary care).

#### 6.10 SUPPORTING PEOPLE SERVICES

Service users receiving long-term services and who are eligible for full or partial Housing Benefit will not be charged for their housing related support, however if they are receiving Domiciliary services they will be financially assessed for these services. Supporting People Services are free to people living in supported accommodation which is intended to be short term (up to 2 years).

Service users who are not eligible for Housing Benefits will be assessed under the Fairer Charging Policy to determine how much they will be charged for the support they receive.

#### 6.11 TELEPHONE RENTAL ASSISTANCE

Under exceptional circumstances assistance with the costs of installing and or rental of a telephone may be provided by the Council under the Chronically Sick and Disabled Persons Act 1970 if the applicant meets the required criteria.

#### 6.12 BROMLEY SCHEME FOR ADULT PLACEMENTS (B SAP)

B-SAP provides a service to vulnerable adults. The Scheme provides an alternative choice for people who require support rather than traditional residential care. The Scheme aims to enhance the independence, choice and inclusion through a person-centered approach. It is a flexible, creative, community-based scheme that can provide both long-term and short-break services. Payments are made directly to the Adult Placement Provider for food and utilities. Service users will be financially assessed under the Fairer Charging Policy for the care that they receive.

## **7. CHARGES EFFECTIVE FROM 16 MAY 2011**

### **7.1 Personal Budgets**

- Direct Payments

The maximum charge for direct payments personal care (also known as homecare or domiciliary care) is as follows:-

- £14.64 per hour – Agency Provider
- £8.46 per half hour – Agency Provider
- £10.98 per three quarter hour – Agency Provider
- £11.50 per hour Personal Assistant
- Double Handed
  - £29.28 per hour
  - £16.92 per half hour
  - £21.96 per three quarter hour
- Evening/Weekend Supplement (Evening rate applies from 10.00 pm to 7.00 a.m.)
  - £2.08 per hour
  - £1.04 per half hour
  - £1.56 per three quarter hour

- Personal Care – Managed Service

The maximum charge for personal (also known as homecare or domiciliary care) which is managed on behalf of the service user by the council is as follows:-

- Single Handed
  - £14.64 per hour
  - £8.46 per half hour
  - £10.98 per three quarter hour
- Double Handed
  - £29.28 per hour
  - £16.92 per half hour
  - £21.96 per three quarter hour
- Evening/Weekend Supplement (Evening rate applies from 10.00 pm to 7.00 a.m.)
  - £2.08 per hour
  - £1.04 per half hour
  - £1.56 per three quarter hour

- Day Care including transport (Managed Service)

The charge for general day care for frail older people and day care for older people with dementia or people with learning disabilities is £15.00 per session

For Day Care (specialist Individual day care placement) actual contracted costs will apply.

- Live In Carers

The charge for live in carers per week is actual costs.

- Assistive Technology - Community Alarm Service

- Carelink Service Full Mobile Response £7.84 per week
- Carelink Service Monitoring only £5.23 per week
- Enhanced equipment - £2.61 per week in addition to the above
- For any Emergency Call-out a charge of £75.20 will apply.

- Other Services Funded by a Personal Budget

- Actual costs of service.

## 7.2 Supported Living

The weekly charge for Supported Living is full cost recovery (maximum charge) but a financial assessment will be undertaken to determine how much a service user can afford to contribute towards their care.

## 7.3 Extra Care Housing – Support Charges

The current support charge is up to £70 per week (actual costs). Personal care received will be charged at our current hourly rate.

## 7.4 Supporting People Services

The charge for your Supporting People Service is based on the amount of non personal care support the Housing Provider provides to its tenants. For service users receiving Housing Benefit you will not be charged for the housing related support.

If you are asked to pay a Supporting People Charge you can ask to have a Fairer Charging Assessment to see how much you should pay towards the cost of providing this service.

If you are in receipt of two or more services for example Supporting People Services and a Domiciliary Care Service, we will do one Fairer Charging Assessment.

#### 7.5 Telephone Rental Assistance

The charge for this service will be based on the cost of the service provided by your telecommunications provider.

## 8. HOW YOUR CHARGES ARE CALCULATED

- 8.1 As a brief guide to the Council's Contributions Policy, those service users with more than £23,250 in savings and investments will be asked to pay the full cost of delivering the service they receive. Any service users with less than £23,250 will have a full financial assessment based on their income including benefits, savings and investments to calculate how much they should be contributing towards the services they receive.

Service users who do not wish to disclose their finances will be charged the full cost of the service.

### 8.2 The Assessment of Charge – How it works

If you have savings and investments of over **£23,250 in your own name** you will have to pay for the full cost of your care.

If you have savings and investments of less than £23,250 you will have a full financial assessment based on your income, savings and investments.

Allowances are made for your normal living costs, housing costs and costs arising as a direct result of your disability.

The weekly allowance made for normal living costs for all service users Who are not paying the full cost of their care, will be equivalent to the “Basic Income Support level” plus an additional 25%.

If you are unable to provide all the details of your income, savings and investments that we need to work out your assessment of charge within twenty eight days from your meeting with the Visiting Officer you will be charged the full cost of your care.

### 8.3 Income taken into account for the assessment of charge

All Department for Work and Pensions' pensions, benefits, allowances and premiums will be taken into account when calculating the assessment of charge, the only exceptions being the Mobility Component of the Disability Living Allowance, this is excluded by law from the assessment. Armed Forces/War pensions and related disability pensions will also be taken into account as income.

With some of these pensions an allowance is disregarded for assessment purposes. This is defined by the Department for Work and Pensions and will be verified with you at the time the assessment is carried out.

All occupational/works pensions will be taken into account. This will include those pensions that are inherited by the partner on the spouse's death. In certain circumstances the holder of an occupational/works pension may be a permanent resident in a residential/nursing home.

50% of their pension is disregarded as an allowance while their husband/wife remains living at home. Where this occurs this income must be declared when providing details of your financial circumstances.

Income received from annuities, trust funds and care related policies will be included in full, unless there are any specific limitations within the funds regulations. In these circumstances the capital value of the investment may be discounted and not treated as savings.

Income from employment, i.e. earnings **will not** be taken into account in the assessment of charge.

Pension Savings Credit will be excluded from the Fairer Charging financial assessment.

#### 8.4 Capital included in the assessment of charge

If you have savings, investments etc in excess of £23,250, you will be assessed to pay the full cost of your care package. until the value of your capital falls below this level at which point a full financial assessment will be undertaken.

If your savings or investments are between £14,250 and £23,250, income from this source will be calculated at £1 per each £250 or part £250 and will be taken into account as part of the assessment:

For example if you have savings of £15,000, we will include £3.00 per week as income, when working out your charge assessment.

**Savings and Investments of less than £14,250 will not be included in the financial assessment.**

**The value of the property in which you live will not be included in the financial assessment.** However if you own a second property or land that is valued at more than £23,250 it will be classed as a capital asset and will be included in the assessment. This means that you will have to pay the full cost of your care.

8.5 What allowances are made for basic living costs in the assessment of charge

An allowance is made in the financial assessment for ordinary living costs. This allowance will be based on the Income Support/Guarantee Credit Personal Allowance and Premiums for the over 60's, plus an additional 25% as detailed above. It will cover such items as:-

- Food
- Clothes
- Insurance, including building and contents, mortgage protection and life assurance
- Water rates
- Utility bills such as gas, electricity and telephone
- Everyday transport costs
- TV licence
- Subscriptions to satellite or digital TV companies
- Repair and replacement of household items
- Other expenditure such as credit card debts or personal loans and arrears.

**Please note that this list is neither exhaustive nor exclusive and is intended as a guide only**

8.6 Couples/Household Assessments

Normally we financially assess you as an individual and the information provided on the financial assessment form should relate to you and no other person in the household.

If you are living with a partner you will initially be financially assessed as a single person based on your individual income. **However, a household or joint assessment may be carried out, if this is more beneficial to you.** We will need details of the household or joint income and expenses to do this.

If by having a household assessment, the amount you are assessed to pay is less than if you were assessed as an individual, you will pay the lesser amount.

8.7 Housing Benefit and Council Tax Benefit

In certain circumstances you may be in receipt of Housing Benefit or Council Tax Benefit.

These are Benefits due to you when you are financially assessed by your Council as being able to meet all or part of your Rent or Council Tax.

It may be that all of your Rent and Council Tax are met by these Benefits. However, on some occasions only part of these charges are met in this way and you have to pay the amount outstanding.

The Fairer Charging Assessment will only make a housing cost allowance for the actual amount of Rent or Council Tax that you are being asked to pay.

#### 8.8 Disability Related Expenses (DRE)

In addition to the various allowances that are taken into account in assessing a service user's charge, people with specific expenses in excess of "standard" living costs may receive a further reduction in their charge for disability related expenses.

Those **extra** costs you have to pay because of your disability may include for example: extra heating, or the purchase, maintenance and repair of disability related equipment incontinence laundry costs or costs to address sensory impairment.

The "standard" rates for DRE are as follows:-

- £5.22 if the service user is receiving the low rate of disability living allowance
- £10.45 if the service user is receiving the middle rate of disability allowance or the low rate of attendance allowance
- £15.67 if the service user is receiving the higher rate of disability living allowance or attendance allowance.

#### 8.9 Service users have the right to appeal if they are unhappy with their DRE allowance which is covered in Appendix A.

## **9. NOTIFICATION OF CHARGES**

- 9.1 Details of the charge or an estimate of the charge will be given in writing to the service user at the conclusion of the visit. However, there are likely to be situations where information relating to the User's finances is not available at the time of the visit, which may require a further visit or requested details to be sent through to the Fairer Charging Visiting team in order to complete the financial assessment.
- 9.2 There are also circumstances where welfare advice given to the service user may lead to applications for various benefits. The service user will be charged on their current level of finances and any additional income will then be picked up as soon as the outcome of the benefit take-up has been notified to the Fairer Charging Visiting team.
- 9.3 Once all the financial information has been received, written confirmation of the charge will be sent to the service user in cases where an estimate of the charge has been conveyed to the service user. Charges will commence from the date notified to the service user in writing, usually from the Monday in the week following the notification letter. Charges may only be backdated in cases where the service user agrees to pay the full cost of the service or where they refuse to cooperate with the financial assessment.
- 9.4 Service users will be informed at the time of the financial assessment of the procedure to follow if they are not happy to contribute towards the assessed charge (Please see Section 8 on Appeals below).
- 9.5 When a referral is received, contact by telephone will be made within 7 days and an appointment confirmed. If we fail to obtain contact within 7 days, a contact letter will be sent advising that we will allow another 10 days for contact to be made. If no contact is made, we write and advise the service user that we are applying a full cost charge from the start of service. This can then be reviewed if we are able to carry out a full financial assessment.
- 9.6 If the service user or representative refuses a visit and will only complete the form by post, they will have 14 working days to complete and return the form with documentary evidence. If we do not receive the form within 14 working days, we will write and inform them that we are applying a levied charge from the start date of service.

## **10. APPEALS PROCEDURE**

- 10.1 Any service user who feels that the payment of the assessed charge would result in financial hardship may appeal against the charge.
- 10.2 There are three levels of appeal.
  - > Level 1 Deputy Exchequer Manager
  - > Level 2 Appeals Panel
  - > Level 3 Appeals Sub-Committee
- 10.3 The Appeals Procedure is attached - Appendix A

## **Guide to the Appeals Procedure**

### **Introduction**

In order to monitor the implementation of the Contributions Policy and its impact upon users, it is not considered practical or advisable to seek to define rigid criteria for the reduction or waiving of charges. However, the following guidance notes may be useful.

### **1 KEY PRINCIPLES**

- ◆ Any service user who feels that payment of the assessed charge would result in real hardship may appeal.
- ◆ An appeal will follow the initial assessment if the service user indicates that they are unable or unwilling to pay the assessed charge.
- ◆ An appeal can be submitted by a Care Manager/Care Coordinator, service user's representative or advocate if the service user is unwilling or unable to appeal on his or her own behalf. If this is the case the service user should provide written authorisation to communicate with their representative.
- ◆ Service users are expected to pay their assessed charges or at least a contribution towards the cost of their services while their appeal is being considered, but automatic reminders concerning outstanding payments will be suspended whilst the appeal is being considered.

### **2 LEVELS OF APPEAL**

The appeals process has three stages: -

#### **2.1 Level 1 – Deputy Exchequer Manager**

The Deputy Exchequer Manager has the delegated authority to reduce charges at the first stage of the appeal for a specified period of time.

The Deputy Exchequer Manager will deal with the appeal within six weeks from the date that the appeal is received.

If a service user has had their charge reduced, and the care package subsequently increases, then that percentage reduction will normally be applied to the cost of the revised care package, up to the user's maximum charge. This is unless the Deputy Exchequer Manager indicates that, for financial reasons, the reduced charge is the most that the service user can be expected to pay until their next financial review. A record will be kept of the appeal and the outcome and the service user and or his / her representative will receive written notification of the decision.

## 2.2 Level 2 – The Appeals Panel

If the service user is unhappy with the Deputy Exchequer Manager's decision regarding his or her appeal or refuses to co-operate with the charging procedure but would be at risk without provision of the service, an appeal should be submitted to the Domiciliary Care Appeals Panel of the Adults & Community Services Department.

The panel is made up of two officers from the Council (a representative from Adults & Community Services, a representative from the Resources Directorate and an independent representative from Bromley Carers). They will examine the evidence submitted by the service user, together with the Deputy Exchequer Manager's report and recommendations. The panel has the authority to reduce charges or waive them completely for a limited period, or until the next annual financial review, according to the service users' circumstances.

The second stage appeal will be prepared for the next available panel sitting after receipt of the appeal and the service user will be advised when this will be.

## 2.3 Level 3 – Appeals Sub-Committee

Any service user, who remains dissatisfied with the outcome of the appeal after the second stage, may put their case to the Appeals Sub-Committee. The process for level 3 appeals is attached.

# 3 GROUNDS FOR APPEAL

Appeals are expected to fall into five broad categories:-

## 3.1 Financial hardship due to exceptional expenditure arising from infirmity or disability

It is expected that the type of additional expenses claimed by service users would cover:

- ◆ Increased heating costs
- ◆ A medically prescribed diet involving expenditure above normal living costs

- ◆ Medical or hygiene needs, chemists sundries not covered by NHS provision
- ◆ Exceptional wear and tear on clothing or special clothing requirements because of disability etc.

Evidence of the increased expenses will be required in terms of supporting bills, receipts, etc.

### **3.2 If the service user's disposable income is being used to purchase a significant amount of private care**

Service users may appeal on these grounds where they can prove that they do not have the real level of disposable income indicated by the charging formula and /or are already using their AA / DLA to purchase other forms of care such that they cannot contribute the assessed sum towards the cost of services provided by the Council.

The definition of 'private care' is attention to personal care needs equivalent to the social care services provided by the Council. It does not extend to private medical or nursing services which could be expected to be met by existing NHS provision, or private gardening, window cleaning or house maintenance services. Service users incurring expenses of this type would be expected to appeal on grounds of financial hardship arising from the cost of disability.

In considering these appeals, the costs of private care are not preferential: the Deputy Exchequer Manager must balance the cost and contributions of both private and Council provided services in meeting the service users' assessed needs and maintaining their quality of life.

### **3.3 If the service user refuses to pay but withdrawal of the services would seriously endanger their physical or mental health so as to put them at risk**

Appeals of this kind will depend on the outcome of the full needs assessment. Initially, the Deputy Exchequer Manager should consult with the Care Manager and Group Manager to determine whether the service user could be persuaded to co-operate with the charging process or would be prepared to accept a reduced charge. If yes, the appeal can be considered by the Deputy Exchequer Manager but if there is an outright refusal to pay, the Deputy Exchequer Manager should refer the appeal to the Appeals Panel.

### **3.4 If a service user has real and unavoidable financial difficulties and is using their available resources to repay high levels of debt**

Appeals of this kind would not be expected from service users who had savings available to clear their debts but would include those whose

income has reduced below Income Support level because of debt repayments.

Evidence of the level of debt will be required and details of any existing repayment agreements e.g. Housing Rent arrears, Social Fund Crisis Loan repayment, fuel arrears agreements, credit card agreements, CAB involvement etc.

Service users who have limited savings and low levels of disposable income who have incurred large bills of an unforeseen nature e.g. essential house maintenance such as emergency roof repairs, renewal of heating/hot water system, or funeral expenses of spouse or close relative would also be eligible to appeal on grounds of financial hardship for a temporary reduction or waiving of charges, as appropriate.

Real and unavoidable financial difficulties might also include service users whose use of disposable income and ability to co-operate with the charging process are seriously affected by drug or alcohol abuse.

### **3.5 Other circumstances**

It is not anticipated that large numbers of service users would fall into this category but there is a clear need to take account of other circumstances such as family crises etc. affecting a service users' ability to pay their assessed charge.

## **APPEALS SUB-COMMITTEE**

### **1 Introduction**

1.1 Where a person is dissatisfied with the decision of the Appeals Panel with regard to the contribution to be paid towards the provision of domiciliary care services, the matter can be referred to the Appeals Sub-Committee, a panel consisting of three councillors.

1.2 The person will be able to put his/her case at an informal meeting of the Panel and can bring with them their carer, a relative or friend to help explain why they do not agree with the amount they are being asked to pay.

### **2 Process**

2.1 You will be told of the date of the Panel meeting and the arrangements. This will include details of car parking, access to public transport and any arrangements necessary to assist those with special needs.

- 2.2 You and the Chairman of the Panel should ensure that the meeting is conducted in a way, which enables the person to put their case simply and without formality.
- 2.3 The Panel and the Appellant will be given a copy of the financial assessment and any other documents relevant to the assessment prior to the meeting date.
- 2.4 It is envisaged that written information will be kept to a minimum.
- 2.5 The Members of the Panel may ask questions of the Departments officer and may also ask questions of you or your representative.

### **3 Decision**

- 3.1 When all the information is given to the Panel, the Panel Members will withdraw to consider their decision.
- 3.2 In all but a few cases the Panel will decide at the meeting and notify the applicant verbally. The decision will be confirmed in writing within 5 working days.
- 3.3 Where it is not possible to communicate the decision at the meeting, the decision will be given in writing within 5 working days.

Where appropriate the Panel will indicate the date from which the revised contributions will take effect.