

London Borough of Havering

Non-Residential Care Charging Policy

April 2020

Adult Social Care Department

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1.0 Introduction

Unlike health care, adults have always had to pay, or contribute towards the cost of social care. By social care we mean both residential and non-residential services and support, such as domiciliary care, direct payments, respite, extra care, personal assistants, placements and personal budgets, which support adults to remain independent at home and residential care when they are no longer able to remain at home. Councils have then used these contributions to the cost of care to re-invest in social care services they would otherwise not be able to provide.

This policy looks specifically at charging for non-residential care services in Havering.

1.1 Purpose

From April 2015, Sections 14 and 17 of the Care Act 2014 give local authorities discretionary powers to charge for care and support services provided to service users and carers.

Where a local authority applies the discretion to charge it must follow the Care and Support (Charging and Assessment Resources) Regulations 2014 and have regard to the Care and Support Statutory Guidance (October 2014) in determining its charging policy.

The purpose of this policy is to provide a Care Act compliant framework for charging and contributions for non-residential care in Havering.

1.2 Policy summary

The Council is committed to ensuring it uses a consistent and fair approach to charging service users. This approach will promote high quality, sustainable services for community members that require adult social care services.

This document sets out Havering Council's policy on how adults, who are eligible for social care and support, contribute to the cost of those services, which support local people to remain independent at home.

There is a separate policy setting out how adults contribute towards the cost of residential care services.

The Council's Non-Residential Care Charging Policy provides a framework so that:

- Adult Social Care maintains a reasonable level of income to fund services;
- service users in receipt of non-residential care services contribute to the cost of their services subject to a financial assessment; and
- service users receive a benefits check as part of their financial assessment to ensure that they have access to their full benefits and entitlements.

1.3 Applicability

This policy applies to service users in receipt of chargeable non-residential community care services.

1.4 Dissemination and communication

This policy is available on the Havering website at https://www.havering.gov.uk/download/downloads/id/1831/non-residential_care_charging_policy.pdf

1.5 Timescales and review

This policy will apply from 1st April 2020, and will be subject to internal review on an annual basis, or sooner should there be any changes to legislation introduced, then the Council will take steps to suitably review and amend the policy to ensure legislative compliance.

2.0 Contribution Principles

In order to comply with the Care Act 2014, this policy seeks:

- To be comprehensive to reduce variation on assessment and charging;
- To be clear, transparent and applied equally;
- To promote wellbeing, social inclusion, and support personalisation-principles of independence, choice and control;
- Be person focussed to reflect the variety of care required and provide a variety of options to meet those care needs;
- To enable and encourage those who wish to stay in/take up employment, education or training is sustainable for local authorities.

London Borough of Havering adopts the following over-arching principles to ensure fair contributions from service users:

- charges to service users will be fair and reasonable, and calculated with their input through an individual financial assessment;
- individual financial assessments will ensure that service users are only charged what they can reasonably afford to pay;
- benefits advice will be available to service users through the assessment process and will ensure that service users have access to their full benefits and entitlements;
- after charges have been applied, service users will retain at least their basic Income Support or Pension Credit Guarantee level + 25% as Protected Income, thus ensuring that people charged will only pay what they can reasonably afford for services;
- services to meet assessed needs will not be refused or withdrawn if a person does not pay their assessed contribution, or lodges an appeal against the assessed charge. Debt recovery may be pursued for all outstanding verified charges;
- charges will be assessed by reference to both level of service and the service user's means and will be levied after a full financial assessment; and
- charges will be backdated and will apply from the date the care services started.

3.0 Calculating a fair contribution

3.1 Non-residential Community Care Service Charges

3.1.1 Services provided free of charge

There are a number of services that the Council will continue to provide free of charge to service users, these include:

- information and advice including benefit maximisation and guidance;
- services for carer's; and
- services for children.

3.1.2 Services exempt from charging

The following care and support services are not chargeable:

- community equipment;
- up to the first six weeks of re-ablement services;
- Intermediate Care services. Where these services are provided in addition to an established (albeit in some cases interrupted) package of care, the established package continues to be chargeable. The service user's assessment will identify those services provided under Intermediate Care arrangements;
- after care services provided to service users subject to section 117 of the Mental Health Act 1983;
- services provided to service users who are diagnosed as suffering with any form of Creutzfeldt Jacob Disease;
- services provided to service users in receipt of NHS continuing healthcare, living in their own home where the NHS is responsible for meeting all nursing and personal care needs; and
- any other services which the Council has a duty to provide through other legislation.

3.1.3 Flat rate charges - not subject to a Financial Assessment.

The following services will be provided to service users at a fixed rate charge:

- Meals provided in a day care centre.

3.1.4 Assessed Charges for Non-residential Community Care Services

An assessed charge will be made for:

- Home Care (including any home care provided at Supported Living establishments);

- Day Opportunities (except services specifically geared at education or employment);
- Council provided transport to and from Day Opportunities;
- Direct Payments; and
- Personal Budgets.

3.1.5 Direct Payments

A financial assessment for service users receiving Direct Payments or a Personal Budget will be undertaken in accordance with this policy. Direct Payments and Personal Budgets will be made net of any assessed service user contribution.

3.1.6 Financial Assessment Process

The service user's financial circumstances will be considered at the time of the assessment of need. Each service user will be required to have a means tested financial assessment based on their income and expenditure in order to assess their ability to contribute towards the costs of their care and support services.

The financial assessment will ensure that service users:

- have sufficient money to meet their basic housing costs and any disability related expenditure; and
- retain their basic Income Support or Pension Credit Guarantee level +25% as 'Protected Income', which is not included in the assessment calculations.

The assessment calculation is represented as:

$$\begin{aligned}
 & \text{Assessable income} \\
 & \quad - \text{Protected income} \\
 & \quad \quad - \text{Housing costs} \\
 & \quad \quad - \text{Allowable Expenses} \\
 & \quad - \text{Disability Related Expenditure} \\
 & = \text{Chargeable income}
 \end{aligned}$$

Examples of calculated charges are provided at *Appendix 2*.

The Council will seek to complete a financial assessment for all service users unless they:

- are exempt as set out in section 3.1.2 of this policy, no contribution will be applied;
- are in receipt of a flat rate service only as set out in section 3.1.3 of this policy, a flat rate contribution applies;

- choose not to be financially assessed. Service users who choose not to be financially assessed, or only partially disclose their financial details, will be required to pay the full costs of their care and support service as set out under section 3.5 of this policy.

3.2 Assessing Ability to Pay

3.2.1 Overview

The charge assessment is based on the service user's income, against which deductions will be made for allowable expenditure. Where a service user's capital (excluding the value of their main home) exceeds the limits specified in section 14 of the Care Act 2014 they will be required to pay the standard charge for each unit of service received. There is no maximum charge, individuals assessed as liable to pay the full cost of their care will be charged the actual cost of their care based on the standard charge per unit.

All other service users, after paying for their home care services, housing costs and disability related expenditure, will be left with a weekly amount not less than basic Income Support or Pension Credit Guarantee plus a 25% buffer.

The charge will be the lesser of the service user's available income or the standard charge for the received services supplied subject to the Council's minimum and maximum charges (refer to *Appendix 3* for current rates).

No contribution will be required where services users' assessed contribution is less than the Council's minimum contribution detailed in *Appendix 3*.

3.2.2 Capital

The value of capital and assets is as defined in the Care Act 2014 and in further detail in the Care and Support (Charging and Assessment of Resources) Regulations 2014. Service users with capital above the Care Act 2014 upper limit (£23,250) (other than the value of their main home) are liable to pay the maximum charge for services they receive.

Where service users have capital value below the Care Act 2014 upper threshold, but more than the lower threshold, their ability to pay will be assessed using standard processes and take into account an assumed weekly income from the capital. This is called *tariff income*. The capital limits will be reviewed annually in accordance with any adjustments to the Care and Support (Charging and Assessment of Resources) Regulations 2014.

The value of a person's property will not be considered as capital for the purposes of a financial assessment. But if an individual owns a property other than their primary residence then the value of this property will be considered capital in the financial assessment. As the average property prices in Havering are in excess of £23,250 that means that the individual will be considered liable to pay the full cost of their care.

3.2.3 Calculation of income

The following sources of income will be fully disregarded in the charging assessment:

- Earnings of the service user
- Statutory Sick Pay, Statutory Adoption Pay and Statutory Maternity Pay or Allowance

- Mobility component of Disability Living Allowance and Personal Independence
- Night time element of the care component of Disability Living Allowance and Attendance Allowance unless night time care is provided by Social Services
- First £20 of any Charitable Income unless it is wholly disregarded as per the Care Act
- Working Tax Credit
- War widows' supplementary pension
- A partner's disability related benefits
- Winter fuel and Cold Weather payments
- Social Fund Payments
- Maintenance payments specifically relating to a child
- Child benefit.

The following sources of income will be partially disregarded in the charge assessment:

- War disablement pension and War Widows Pension (£10 per week disregarded)
- Sub tenants - disregards apply as per the Care Act
- Boarders - disregards apply as per the Care Act

Service users whose capital/savings are less than the maximum threshold, as set out in the Care Act, but above the lower threshold (refer *Appendix 3*) will have a tariff income assumed. This will be calculated in accordance with the rules specified in the Care and Support (Charging and Assessment of Resources) Regulations 2014.

All other income will be used in the assessment along with any tariff income from savings/capital (refer *Appendix 3*). Unless stated otherwise in this policy, the treatment of all income will follow the Care Act.

3.2.4 Welfare Benefits

As part of the financial assessment process, advice will be provided to service users regarding benefit entitlement. Assistance will be available to complete benefit applications should a potential entitlement be identified.

3.2.5 Equity Release Schemes

The most common form of Equity Release Scheme is a Home Reversion Scheme (HRS), where a home owner will transfer the ownership of all or part of their home to a commercial or 'not for profit' organisation. Depending on the terms of the HRS, the funds released may be paid to the homeowner in full on the date of the transfer, or may be translated into an annuity, or a combination of these. Other forms of equity release will be considered on an individual basis and income from the equity release may be considered in the financial assessment.

3.2.6 Household expenditure

The following Household Expenditures may be allowed depending on the service user's circumstances:

- Rent net of housing benefits
- Mortgage net of income support or pension credit assistance
- Board and lodgings (as defined and managed in the Care and Support (Charging and Assessment of Resources) Regulations 2014)
- Council Tax net of Council tax benefit
- Building insurance (not including contents)
- Essential service charges and ground rent net of assistance funding
- Payments under court order (e.g. child maintenance)
- Essential home maintenance (where this is not provided by a third party e.g. landlord or Council). Essential household maintenance may include maintenance required for the health and safety of the service user (e.g. electrical or heating system repairs).

3.3 Disability Related Expenditure

The Department of Health defines Disability Related Expenditure (DRE) as any reasonable additional cost that the service user incurs due to a disability or condition. DRE is available to service users in receipt of a Disability Related Benefit however, if a Disability Related Benefit is awarded subsequent to the financial assessment, DRE can be backdated to the date of the award, where applicable. The Council will refer to the service user's individual assessment when deciding whether to allow individual items of DRE.

DRE will be considered when:

- The extra cost is needed to meet a service user's specific need due to a condition or disability as identified in the service user's assessment;
- The cost is reasonable and can be verified. Receipts may be requested; and
- It is not reasonable for a lower cost alternative item or service to be used.

Indications of reasonable DRE costs are shown at *Appendix 4*. These costs will be reviewed each year as part of the budget setting process.

The Council will allow total DRE's up to £40.00 per week. In exceptional circumstances a greater allowance can be provided, and upon appeal the size of DRE allowances can also be reviewed.

3.3.1 Exclusions

No DRE allowance will be made for the following expenditure:

- Structural or landscaping work (e.g. tree surgery, path laying or re-laying) in gardens or to buildings unless;
- Disabled Facilities Grant contributions apply in respect of the works carried out; or
- The service user uses a scooter or wheelchair and the modifications to the garden or building are essential to enable use of the scooter or

wheelchair, or to provide secure storage for the scooter and the facility is used as such. In this case the amount will be calculated as if the modifications were equipment with a suitable life span applied;

- Exterior window cleaning;
- The difference between the actual cost and the lower cost alternative where it is reasonable for the service user to use a lower cost alternative;
- General items or services required for daily living, which would be used by the general population;
- Amounts paid in relation to care provided by a family member;
- Any item or service met by a payment from a Community Care Grant or where another funding source has been provided.

Where a particular item of expenditure combines more than one item or service, instead of disallowing all of the expenditure, the elements that meet the service user's specific need due to their disability or condition can be allowed. For example hair washing is allowed if the service user could not do this task themselves. However, hair cutting would not be allowed as this is a service used by the general population and is not a disability related expense.

3.3.2 Verification of expenses

The service user may be requested to provide receipts for expenses claimed. If receipts have not been kept, the service user will be asked to provide receipts of future expenses. Receipts or evidence is required for common expenses, i.e. utilities. The amounts in *Appendix 4* show an average expenditure for various household types. This will be used to calculate the extra costs due to the service user's condition or disability. These amounts will be reviewed as part of the annual budget setting process. If the service user does not provide receipts, despite requests to do so, London Borough of Havering may decide that the expense should not be allowed.

3.3.3 Special equipment

Costs for purchasing special equipment (e.g. stair lifts), will be allowed if they meet the service user's specific need due to a disability or condition. The amount allowed will be based on the life span of the equipment and the purchase price paid by the service user. Maintenance and repair costs for special equipment will be allowed if that equipment meets the service user's specific need due to a disability or condition. The weekly amount allowed will be the actual cost divided by 260 weeks based on the expense being spread over 5 years.

3.3.4 Shared costs

If more than one person lives in the service user's home the additional costs relating to a disability or condition will be shared between the occupants whose needs contribute to the additional costs. The cost of providing domestic assistance or gardening, if allowed, may be attributed to all the adult occupants of the service user's home.

3.4 The charging period and charge payable

The following points relate to the charging period and the charge payable:

- Service users will be charged from the first Monday following the date the Council advises them in writing of their assessed contribution, except in the circumstances set out in Appendix 5 in relation to customers who fund the full cost of their care.
- Home care visit times are considered as 30 minutes per visit minimum and thereafter charged on a minute-by-minute basis.
- The charge payable will not be more than the maximum weekly charge agreed as part of the Council's annual budget setting process.
- The hourly rate will be agreed as part of the budget setting process.
- The charge payable is the lower of:
 - The number of hours of service provided per week multiplied by the hourly rate;
 - The service user's assessed charge; and
 - The maximum charge that applies at the time of notification.
- The charges paid will be reconciled against the hours delivered for that individual week.
- Where a service user's assessment states that two carers are required to assist them, e.g. lifting or transferring the service user, both carers' time will be charged for.
- Service users will be charged the cost of a visit, even if no care is actually provided, where notice of cancellation is not provided 24 hours before the planned visit. Discretion may be applied if the reason for cancellation is of an emergency nature, such as unforeseen hospitalisation or a family bereavement.
- Any overpayments will be reimbursed to the service user or credited towards the cost of future services. The service user will be notified accordingly; and

3.5 Decline to provide financial details

Service users have the right to choose not to disclose their financial details. If this right is exercised, or they choose to only partially disclose their details, they will be required to pay the full cost of their care.

3.6 Delays in completing the financial assessment

If a service user unreasonably delays completing the financial assessment they will be required to pay the standard charge for the services provided, until a financial assessment is completed. If a financial assessment results in

a lower charge than this, consideration will be given to refunding the difference depending on the circumstances of the case. The Financial Assessment & Benefits Team Manager will hold discretion in this matter.

'Unreasonable delay' will be determined on a case-by-case basis, however as a general rule the Council will expect the service user or their representative to be available for a visit within 2 weeks of contact from the Financial Assessment Team. Where the service user or representative prefers to complete the financial circumstances statement by post, then it is expected that this will be returned to the Council within 2 weeks.

If further information is required for the financial assessment then it is expected that the service user will provide this within 2 weeks of the date it was requested.

If the service user co-operates with the assessment within 28 days of service commencement, any reduction in charge will be reimbursed or credited against future service costs.

3.7 Methods of payment

The Council offers a variety of payment methods for service users assessed as required to contribute to the cost of their care. Details of the available modes of payment are provided on the reverse of all invoices.

3.8 Debt Recovery

If the service user does not pay the charges either in full or in part and the invoice remains unpaid, the Council may bring proceedings in the County Court to obtain a money judgement for the arrears of any sum due under Part 1 of the Care Act 2014, pursuant to section 69 of the Care Act 2014.

If the Council has concluded that the necessary steps are not being taken to pay the debt and the Council has taken steps to resolve the situation, the Council may choose to commence legal proceedings. This may incur additional costs to the service user.

Section 70 of the Care Act 2014 also provides the Council with the power to recover charges from a third party in circumstances where a person has intentionally deprived themselves of assets in order to reduce the care cost contribution payable.

The Care Act allows Local Authorities to offer Deferred Payment Agreements to debtors with their own properties as a means of addressing debts. The Council will seek to do this where appropriate based on the discretion of the Financial Assessment & Benefits Team Manager and advice from the Council's Legal Team.

3.9 Review of Financial Circumstances

All service users have the right to ask the Council for a review of their contribution they have been assessed to pay if they consider that they cannot pay it.

A reassessment may be necessary for any one of the following reasons:

- On request from the service user or his / her authorised representative.
- Following an award or withdrawal of a benefit.
- A change in the service user's financial circumstances.
- When the Department of Work & Pensions increases benefits.
- As a result of changes to the hourly rate or maximum charge during the budget setting process.
- At the request of the appropriate Service Manager.
- A complaint is upheld
- Annual review.

If a service user's financial circumstances change, they must inform the Financial Assessment Team as soon as possible, as this may affect their assessed charge.

Changes that should be notified include receipt of a new benefit, other changes of more than £10.00 per week to their income or expenditure, and changes of more than £2,500 to capital or savings.

Service users may inform the Council of lesser changes at any time and should do so promptly if they believe that a change will result in a reduction to their financial assessment and want it to be applied immediately.

Following notification of a change or a review visit, a new financial assessment will be completed using the information provided. If the revised assessment results in an increase in the weekly charge, the service user will be notified of the revised charge and it will be backdated to when the service user's circumstances changed. If the revised assessment results in a decrease in the weekly charge, this will be backdated to one month before the date of the review or the date that the service user's circumstances changed, whichever is the later date.

3.10 Annual Review

In addition to the reviews described above, the financial assessment will be reviewed annually to take account of the annual increases in benefits and other incomes which take place each April. Where the service user is in receipt of benefits paid at standard rates, the revised amount will be substituted. Benefits paid at non-standard rates will be increased by the same inflator used by the Department of Work and Pensions to increase benefits.

For other components of the financial assessment, such as occupational pensions, disability related expenditure, rent and Council tax, a percentage increase linked to Retail Price Index (RPI) will be applied.

Changes resulting from the annual increases or the application of a revised protected income rate will apply from the date assigned to these changes.

An explanation and full details of the revised assessment will be sent to the service user, who will be asked to check the figures and contact the Financial Assessment team if they believe it is not an accurate representation of their circumstances.

The Financial Assessment team will send a financial assessment review form to service users annually. Service users can use the form to advise the Council of any changes to their circumstance, particularly their Disability Related Expenditure. Service users also have the option to request a visit from a member of the Financial Assessment & Benefits Team to assist in completing the form or undertake a financial review in more detail.

3.11 Service User Contribution Issues

The Council aims to ensure all assessed service users' financial contributions for services are fair and reasonable.

The Council acknowledges that at times, some service users may experience difficulties or exceptional circumstances, which should be considered on an individual basis, and treated with dignity and respect. To ensure these service users are provided with an opportunity to have their individual circumstances considered, the Council offers two ways they can formally request that their assessed charge is reconsidered, through:

- waivers; or
- Reviews, Appeals & Complaints processes

3.11.1 Waivers

A waiver is a request to set aside the assessed charge for a fixed period prior to any invoices being raised. A waiver will only be issued in exceptional circumstances, where to raise a charge would have a detrimental impact on the service user or others. If the appropriate Care Manager believes a waiver is appropriate they will refer the matter via the Service/Locality Manager to the Financial Assessment & Benefits Team Manager.

When the application is received, the Financial Assessment & Benefits Team Manager will consider the information and make a decision within 10 working days.

If the Financial Assessment & Benefits Team Manager agrees that to charge the service user would have a detrimental impact on them, then the charge will be suspended for up to three months and then reviewed.

Examples of reasons to issue a waiver may include (this is not an exhaustive list):

- Vulnerable adults at risk of abuse, and where Social Services are closely monitoring the situation;
- Service users at risk of self-harm or neglect e.g. through drug or alcohol abuse or mental health problems;

- Where service users are experiencing trauma (e.g. bereavement of a close relative or family breakdown and where their financial or other circumstances are temporarily unstable);
- Where a service user is in severe financial difficulty and to incur a further debt would have a detrimental impact on them.

Any requests for such waivers must be recorded by the Financial Assessment & Benefits Team and reviewed appropriately. If the size of the waiver exceeds £1,000 then the Head of Service must give approval for this.

If the decision is in favour of the original decision and no waiver is applied, the service user will be liable for any outstanding charges.

3.11.2 Reviews, Appeals and Complaints

Local Authority Social Services and NHS Complaints Regulations 2009, made under powers in section 113 to 115 of the Health and Social Care (Community Health and Standards Act) 2003 apply.

The Council has a robust complaints process to ensure services users can express their views, request a review, lodge an appeal against their assessed service charge or make a complaint. The Council welcomes feedback from service users, and has dedicated officers to manage the review, appeals and complaints processes.

If a service user is dissatisfied with their assessed charge calculation, believes that they have insufficient funds to pay the charge, or that the charge is incorrect (i.e. incorrect hours of service have been charged) they have the right to request a review. The service user or their authorised representative can request a review at any time by contacting their social worker or the Financial Assessment & Benefits Team Manager.

If a service user is dissatisfied with the way in which they have been treated during the financial assessment process, or the service they have received, they have the right to make a complaint to the Complaints Officer. The Council has a statutory complaints procedure to ensure that service user's views and concerns are considered, dealt with and appropriately investigated.

If the decision is turned down and the service is not satisfied with the Council's decision, the Local Government Ombudsman can be contacted.

Details of how to access the review and appeals process are included in the *Paying for Non-residential care services* information leaflet, which is given to all service users in receipt of home care services during the social care assessment process.

3.12 Use of Financial Information and Privacy

Information will be collected to enable the calculation of charges relating to services provided and assessment of welfare benefit entitlement. In accordance with the Data Protection Act 1998, this information will only be shared with other relevant agencies in accordance with the data protection

principles/exemptions or with the written consent of the service user or their legally appointed representative.

A service user has the right to request to view their personal information held by the Council at any stage.

4.0 Implementation

This policy will be implemented via changes to the Financial Assessment & Benefits Team's procedures for Non Residential Financial Assessment completion.

The ICT elements required to support this policy are being provided in updated versions of the Swift system provided by our ICT supplier. These upgrades have been tested and are compliant with the policy.

The Charging for Non-Residential Care policy does not have a mandatory training requirement or any other training needs. The Financial Assessment & Benefits Team staff will be briefed as appropriate regarding procedure changes and were involved in all ICT system testing relating to this area of work.

Appendix 1: Equality Impact Assessment checklist

Equality Impact Assessment (EIA)

Document control

Title of activity:	<i>Charging for non-residential care services</i>
Type of activity:	<i>Policy</i>
Lead officer:	<i>Adam Ferrand, Financial Assessment & Benefits Team Manager, Quality & Brokerage</i>
Approved by:	<i>Caroline May, Head of Business Management, ACHS</i>
Date completed:	<i>20/01/2016</i>
Scheduled date for review:	<i>1/4/2019 – 12 months ahead of planned implementation date of phase II of the Care Act</i>

Did you seek advice from the Corporate Policy & Diversity team?	No
Does the EIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	No

1. Equality Impact Assessment Checklist

The Equality Impact Assessment (EIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service. It also helps the Council to meet its legal obligation under the [Equality Act 2010 and the Public Sector Equality Duty](#).

Please complete the following checklist to determine whether or not you will need to complete an EIA. Please ensure you keep this section for your audit trail. If you have any questions, please contact the Corporate Policy and Diversity Team at diversity@haverling.gov.uk

About your activity

1	Title of activity	<i>Charging for non-residential care services</i>
2	Type of activity	<i>Policy</i>
3	Scope of activity	<i>Care Act compliant charging policy for non-residential care being implemented from 1/4/16 to replace existing interim charging policy for financial year 2014-15.</i>
4a	Is the activity new or changing?	<i>No – charging for non-residential care is not a new activity nor is the process for calculating assessed charges changing.</i>
4b	Is the activity likely to have an impact on individuals or groups?	<i>No – the content of the policy is the same as the interim one so the impact on customers is nil.</i>
5	If you answered yes:	<i>Please complete the EIA on the next page.</i>
6	If you answered no:	<p><i>Please provide a clear and robust explanation on why your activity does not require an EIA. Please keep this checklist for your audit trail.</i></p> <p>This document is drafted in compliance with the corporate Equality Impact Assessment checklist, which when completed in relation to the updated Charging for non-residential care policy, stated that no Equality Impact Assessment (EIA) was required but a clear and robust explanation on why your activity does not require an EIA was required.</p>

This document explains why the charging policy requires an update and why no EIA is necessary.

From 1st April 2015 the Care Act became legislation and all existing legislation relating to charging for care was repealed. Prior to the Care Act the Council's right to charge for non-residential care was based on Section 17 of the *Health and Social Services and Social Security Adjudication Act (1983)* and the Department of Health statutory guidance to Local Government Authorities on charges for non-residential Social Services entitled *Fairer Charging Policy for Home Care and other non-residential Social Services - Guidance for Councils with Social Services Responsibilities*. Therefore, in order to be compliant with the Care Act it was necessary to revise the existing policy to ensure it referred to the appropriate legislation and also adhered to the content of that legislation.

Initially the Care Act was due to be implemented in two phases, phase I scheduled for 1st April 2015 and phase II scheduled for 1st April 2016. The first phase of the Care Act pertained to social care practice and improvements in communications and partner integration, and phase II related to the financial element. Therefore initially the content of the Council's charging policy didn't have to be changed, as the Care Act defined income and capital, and which is exempt from assessment, in exactly the same way as the previous legislation. Only the references to the guiding legislation needed to be updated. Thus, following legal advice from Stephen Doye, Legal Manager, it was agreed that an interim policy would be produced where the details of what we charged for and how we calculated charges would not change but the references to legislation would, as well as recognising that there would be need for another new policy from April 2016 to reflect phase II of the Care Act and a public consultation to be carried out prior to it being drafted.

The interim policy was drafted and signed off by Barbara Nicholls, Head of Adults, Children & Housing, in March 2015 via a non-key Executive Decision form. In July 2015 the Government announced that the implementation of phase II of the Care Act would be postponed until April 2020. This meant that there was no longer any need to re-write the policy or carry out a public consultation during 2015 as, until April 2020, the content of the Council's policy would not need to be changed

		<p>other than to remove the work 'interim' and any references to phase II of the Care Act.</p> <p>Therefore, a new policy for non-residential care charging has been drafted, covering the period April 2016 to March 2020, which reflects the continuation of the Council's practice in calculating client contributions towards chargeable services, as well as stating that the Council will continue to charge for the same non-residential care services it always has done.</p> <p>In summary, the reason why no EIA is required in this instance is because charging for non-residential care services is not a new activity. We will continue to charge only for the same non-residential care services that we have always charged for. In addition, the impact on individuals of this new policy is nil. Individuals will continue to be financially assessed in the same way and their current liability will not be subject to change under this new policy. As with all previous policies for this type of charge, only a change in an individual's financial circumstances will prompt a change in financial assessment.</p> <p>Therefore, as there are no financial or social implications on individuals as a result of the new policy there is no requirement for an EIA to be drafted.</p>
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Completed by:	<i>Adam Ferrand, Financial Assessment & Benefits Team Manager, Quality & Brokerage</i>
Date:	20/01/2016

Appendix 2 - Link to Havering Council's Joint Strategic Needs Assessment

<https://www.haveringdata.net/joint-strategic-needs-assessment/>

The link/web address above takes you to a website which contains key demographic and socio-economic facts and figures pertaining to the population of Havering.

Appendix 3 Example Home Care Charges Calculations (based on benefit and pension rates, as well as LBH charges, from 2015/16)

Example 1 Single person over 60, no disability-related benefit

Income	
State Pension	£ 113.10
Pension Credit	£ 35.25

Total Income	= £148.35
Allowances	
Pension Credit Guarantee	£148.35
Plus 25% Buffer	£ 37.09

Total Allowances	= £185.44

NO CHARGE FOR CARE

Example 2 Single person aged between 25-59 years + DRE of £25.00

Income	
Income Support	£ 104.25
Disability Living Allowance	£ 54.45
Total Income	= £158.70

Allowances	
Basic Income Support	£ 104.25
Plus 25% Buffer	£ 26.06
DRE	£ 35.00

Total Allowances = £165.31

NO CHARGE FOR CARE

Example 3 Single person aged 60 years or over + DRE of £5.50

Income	
Retirement Pension	£150.40
Occupational Pension	£ 60.00
Attendance Allowance	£ 54.45
Income from Capital of £18,000	£ 15.00

Total Income =	= £282.85

Allowances	
Basic Pension Credit	£148.35
Plus 25% Buffer	£ 37.09
Disability Related Expenditure	£5.50

Total Allowances =	£190.94

Assessed charge is £91.91

Example 4 Single person over 60, with Attendance Allowance + DRE of
£32.20

Income	
Retirement Pension	£ 120.40
Pension Credit (Inc SDP)	£ 89.05
Attendance Allowance	£ 54.45

Total Income = £263.90

Allowances	
Basic Pension Credit	£148.35
Plus 25% Buffer	£ 37.09
Disability Related Expenditure	£ 32.20

Total Allowances =	£217.64

Assessed charge is £46.26

Appendix 4 London Borough of Havering charge rates

Home care

- £17.50 per hour

Transport

- £10.00 per return journey per day

Day care

- £40.00 per day – a day is 5 hrs minimum, if individuals attend for periods less than 5 hrs the charges will be applied based on £8 per hour.

Capital Limits 2020-2021

Maximum	£23,250 (full cost applies above this level)
£0 - £14,249	Disregarded
£14,250 - £23,249	Tariff Income applied at the rate of £1 for every complete, or part of, £250

Appendix 5

Administration Fees for homecare services

As set out in the policy section 3.2.2, if you have capital above the Upper Capital Limit or you have declined to have a full financial assessment you will be liable for the full cost of your homecare service.

If the Council sets up, arrange and manage your homecare service you will be asked to agree, in writing, to pay the full cost of your care and support plus a flat rate annual arrangement fee:

Annual Arrangement Fee

This is to cover a proportion of the costs of:

- Identifying appropriate providers of care and support
- Negotiating rates and times for care to be delivered with individual providers
- Putting contracts into place for the care and support service
- Setting up methods of payment for you to pay these care costs – for example Direct Debit
- Paying your care and support providers
- Dealing with any queries relating to your services
- Monitoring your service to ensure providers are providing the support agreed
- Invoicing you for the cost of your care and our administration fees and collecting this money from you

This fee will be non-refundable unless the package ends within one month of the arrangement being made.

The fee will be payable in advance. The first charge will be applied pro rata for the year from when the service is set up. Subsequent annual charges will become payable in full on the commencement of the next financial year.

The Council will review the arrangement fee every year and it will not be more than the costs incurred by the Council when arranging your care.

This fee will apply to those who:

- Choose not to disclose their financial details by signing a declaration that they agree to pay the maximum charges for services received on the Financial Assessment form and will be classified as a self-funder.
- Fail to cooperate and/or do not provide a completed financial assessment form within 28 days of agreeing a support plan or the commencement of chargeable services (whichever is sooner).
- Have in excess of the upper capital limit in savings and/or capital assets; or
- Receive a full financial assessment that deems they are assessed to contribute the full cost of their care and support.

This fee will not apply in the following instances subject to a mental capacity assessment:

- If someone lacks the capacity to arrange care themselves, and does not have someone appointed to do this for them, the Council will arrange the services and no arrangement fee will apply. However, the individual will still be required to pay the full cost of the service.
- If someone loses capacity whilst receiving care, and does not have someone appointed to arrange their care for them, the arrangement fee will cease to apply from the date of the capacity assessment.

Appendix 6 - Disability Related Expenses			
Expense	Current Weekly Allowance	Visiting Officer	Assessor
Stairlift or Wheelchair maintenance / insurance	Actual Cost	Check evidence	Cost to be divided by 500 to get a weekly rate of allowance which cannot exceed £5.70 per week
Respite Care	Actual Cost based on previous year	Base on previous year	
Personal Care	Actual Cost but not to include payments to LBH for Care	Give full details of care provided	If receipts for this cost are provided then an allowance, up to the maximum weekly rate, can be provided. Without any evidence discuss with FAB Team Mgr
Day Centre	Actual Cost excluding cost of meals & drinks LBH Day Centre should be nil cost	Advise to discuss with LBH Day Centre if charged	
Prescriptions	Actual Cost for under 60's No Allowance age 60 and over as free prescriptions	Advise on help with health costs: 0845 101198	
Major Disability Purchases	Actual Cost of aid amortised over 5 years (e.g. powered bed) For building adaptation check if Disabled Facilities Grant made and refer to Income Manager (e.g. extensions)	Give item and full cost Details adaption, cost, DFG amount and refer to Assessor	Amortise over 5 years Discuss with FAB Team Manager
Building Adaptations	In Major Disability purchases		
Special Diet	Benchmark £11.00	Detail if exceeds benchmark	Decide on allowing expenses
Housework	Benchmark £11.00	Detail if exceeds benchmark	Decide on allowing expenses

Appendix 6 - Disability Related Expenses			
Expense	Current Weekly Allowance	Visiting Officer	Assessor
Transport	Benchmark £11.00 Can include social use above any DLA Mobility received	Detail if exceeds benchmark Taxicard info: 433843	Decide on allowing expenses
Incontinence products	Benchmark £11.00	Detail if exceeds benchmark by more than £5	Decide on allowing claims over £16.00
Hairdressing	Benchmark £6.60	Detail if exceeds benchmark	Decide on allowing excess
Clothing / Shoes	Benchmark £2.15	Detail if exceeds benchmark	Decide on allowing excess
Chiropody	Benchmark £3.70	Detail if exceeds benchmark	Decide on allowing excess
Commode chemicals	Benchmark £5.50	Detail if exceeds benchmark	Decide on allowing excess
Medication – non prescription	Benchmark £5.50	Detail if exceeds benchmark	Decide on allowing excess
Heating – extra needs	Excess Cost over annual guidelines amounts provided by NAFAO. Flat/Terrace – single - £1,094 Flat/Terrace – couple - £1,442 Semi-detached – Single - £1,162 Semi-detached – Couple -£1,530 Detached – single - £1,413 Detached – couple - £1,862	Check heating bills for past year and give actual cost	Allow excess cost over annual amounts shown
Gardening	Actual cost up to max amount £11.00	Advise of max amount if claim exceeds benchmark	

Appendix 6 - Disability Related Expenses			
Expense	Current Weekly Allowance	Visiting Officer	Assessor
Help Line	Max Amount £4.00 as cost of LBH Help Line	Advise of LBH Helpline if claim exceeds: 756047	
Laundry – extra washes due to incontinence / skin conditions etc.	Fixed Amount: Home - £3.50 Launderette - £5.25	Give number & type of extra washes	Provided the service users care plan identifies an incontinence problem we can give allowance shown per wash

FROM 08/04/2013 ONWARDS NO INDIVIDUAL IS TO BE ALLOWED MORE THAN £40 PER WEEK IN DRE'S IN TOTAL.

Appendix 7 Glossary of Terms

Basic Income Support

This term refers to the basic level of Income Support or guarantee level of pension credit (for service users of 60 years of age and over). The amount considered 'basic' is annually determined by the Department of Work and Pensions. Service User's Protected Income is calculated using the basic amount + 25% buffer.

Care and Support (Charging and Assessment of Resources) Regulations 2014. Published by the Department of Health and available at <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

Community Meals are arranged by the Council for people living in their own homes who are unable to prepare themselves a hot meal.

Day Care Services are for the elderly and people with disabilities and offer a range of activities and college tutored courses. A daily hot meal and drinks service is often provided as well as transport is to and from the service.

Essential Household maintenance Required to ensure service user health and safety within their home. Examples include repairs to hot water service, heating service, water systems and plumbing, essential roof and guttering maintenance.

Guarantee Credit (Pension Credit Guarantee) Replaced Income Support for people over 60. If your income is below a certain level, the guarantee credit makes up the difference.

Home Care/ Home Support services can include:

- Intimate personal care
- Prompting of medication
- Preparation and cooking of food
- Shopping, collection of benefits
- Laundry services
- Household tasks
- Specialised help for service users suffering from Dementia.

Income Support A benefit for people with a low income. It can be paid on its own if you have no other income, or it can top up other benefits or earnings to the basic amount the law states people need to live on.

Intermediate Care is a coordinated short term care arrangement of up to six weeks to enable people to maximise their level of independence in order for them to remain living in the community.

Savings Credit (Pension Credit Savings) For people aged 65 and over, this is intended to reward people who have made provisions for retirement above the basic state pension.