Adult Social Care Charging Policy

Adults and Health (AH)

V16: Approved on 23rd February 2024

Online version: https://www.buckinghamshire.gov.uk/insert-link-to-policy

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1. Introduction

Buckinghamshire Council ('the Council') supports and promotes strong communities so that people live their lives as successfully, independently, and safely as possible. The Council aims to provide independence and choice, be fair, equitable and give people more power and control over their lives. In this policy, reference to 'you' refers to the person receiving a service arranged or provided by the Council.

This policy outlines how Buckinghamshire Council calculates any charges it may make to you or a third party following an assessment of your care and support needs. This policy applies to adults and carers receiving an assessment under the Care Act 2014. The policy does not apply to people under the age of 18 years.

Buckinghamshire Council charges for care and support services except where legally it cannot. The Care Act 2014 provides the legal framework to make sure the Council charges fairly. The Council must also follow the Care and Support (Charging and Assessment of Resources) Regulations 2014 and Chapters 8 and 9 of the Care and Support Statutory Guidance when making funding decisions.

This policy covers both residential and non-residential charging.

Residential	Services in a care home or care home with nursing, both short term (respite*) and long term.
Non-residential	Care and support services that are provided in your own home; this includes if you live in supported living. Other non-residential services include day services, telecare and Personal Assistant support to access the community.

*The key terms referred to in this policy are described in the glossary in Appendix 3, if you need further information, please contact: financeassessment@buckinghamshire.gov.uk

1.1. Principles and outcomes

The principles and expectations underpinning this charging policy are:

Principles and expectations for the Council

- The Council is committed to ensuring that people are not treated less favorably because of age, race, ethnicity, religion, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or other personal beliefs.
- Financial contributions are calculated openly and transparently, and you will be treated in a fair and equitable manner.
- Those needing care will be given an explanation for any decisions made, so they know what they will be charged.
- A financial reassessment will be conducted annually.
- The Council recommends that you seek financial advice before agreeing to make any additional payments for your care.

Principles and expectations for you

- You will provide the Council with information required to complete the financial assessment, including a Statement of Financial Circumstances form.
- You will keep the Council informed of any changes in your personal circumstances.
- If you choose to use a service that exceeds your indicative budget allocated by the Council, you or a third party will be responsible for making a top-up payment. Please refer to Section 9 – Top-ups for more information. You need to make sure that you can make this payment as the Council has not assessed whether this is affordable for you.
- If you refuse to pay your assessed contribution, the Council may instigate recovery proceedings in line with its debt management policies, including court action to recover unpaid sums.
- If you are unable to continue making payments, you will contact the Council at the earliest opportunity.
- You or your carer/family will inform the Council if there are any breaks in your care. This includes planned breaks, such as days out or holidays, or emergencies such as hospital admittance.
- If you agree to pay a top-up towards a direct payment, you will be expected to make this payment monthly. If you do not make this payment the Council will consider if a direct payment remains appropriate for you.

1.2. When does the Council charge for care?

The Council will charge you for the full cost of your care if:

- You have savings worth more than the Upper Capital Limit of £23,250. This is set by the Department of Health and Social Care
- You own your own property (this only applies if you are moving into a care home)
- You are assessed as a self-funder because your income has been assessed and your level of contribution is higher than the cost of your care
- The service you receive is not subject to a means-tested financial assessment
- You refuse to comply with the Council's financial assessment process.

If you have over £23,250 in savings, the Council may complete a pre-assessment to confirm you have enough money to fund your care. If your savings are under this amount or you are unclear, the Council can complete a full assessment to confirm if you will be eligible for Council funding.

If you are aware that you or a third party will be unable to provide your financial information as part of your assessment, you/they must inform your social worker as soon as possible.

2. What services are chargeable?

The Council charges for three types of services and there are different rules for each of these. Charging is different depending on whether you receive care in your own home, in a care home, or in another setting. This policy refers to the following types of charges:

- Non-residential charges, for care received when you live at home
- Residential charges, when you live in a care home
- Flat rate charges, for services provided by the Council or one of our providers to support you in the community

2.1. Charging for non-residential care services

The Council charges for community services. If you are eligible for non-residential support, the Council will identify an indicative budget. The Council can use this budget to find services to meet your needs or you can choose to use the budget to design your support.

Below is a list of the key non-residential services. The amount you will be charged will be subject to a financial assessment:

- Home care services including washing, dressing, toileting, preparation of food and

maintaining a habitable home

- Home independence service (this is chargeable after six weeks)
- Attendance at a day service
- Housing-related support such as supported living and extra care
- Direct payments

A list of rates for non-residential charges is available in Appendix 1 – Charges for services. Where the Council provides a service directly, it will calculate the cost of delivering the service.

2.2. Charging for residential care services

If you live in residential and nursing accommodation permanently, the Council will charge for services based on your financial assessment. The amount that you will be charged is calculated following your financial assessment. Charges for care will apply from the date you move into residential or nursing accommodation.

If you are assessed as eligible for a care home placement the Council is responsible for sourcing suitable care homes on your behalf. This ensures the Council has an appropriate contract in place and has oversight of the quality of care homes.

The Council will find a care home to meet your care and support needs. If you decline this offer the Council will source an alternative care home for you. If the alternative care home is more expensive, a family member or third party may be responsible for paying a top-up.

You can choose to find your own residential or nursing home to meet your care and support needs. If the care home that you find is more expensive than the Council's offer, a top-up may also apply.

If a top-up is required for residential care, you are not able to pay directly, as we will have assessed the amount of money that you can afford to pay during your financial assessment. A top-up must be paid by a third party. For information on top-ups, please refer to Section 9 – Top-ups.

2.3. Flat rate charges

Some services are charged the same regardless of a financial assessment. This is known as a standard flat rate charge. These are for:

- Main meals in a day centre
- Brokerage fees to find suitable providers for people who fund their own care

- Care package set-up fees for self-funders who request the Council arrange home care on their behalf

For a list of rates please refer to Appendix 1 - Charges for services.

2.4. Other charges

2.4.1. Charging for a deferred payment agreement

If you require residential or nursing care and you need additional time to sell your property, you can apply for a deferred payment. Further information on deferred payments is available in Section 11 - Deferred payments.

The Council charges a one-off set-up fee and an annual administration fee to manage the deferred payment agreement. A list of fees is available in Appendix 1 – Charges for services.

2.4.2. Charging people who fund their own care

If you have assets above £23,250, you can ask the Council to help you find a provider. The Council will introduce you to an independent broker who will help you find a provider or a service to meet your needs.

The Council charges an administration fee for this service, which can be found in Appendix 1 – Charges for services. If you decline any of the providers offered via a broker, you are still required to pay the full brokerage fee.

If you have been paying for your care and support but your funds have now reduced, please refer to Section 12.3 - Reduction in funds.

2.4.3. Breaks in care

If you have suspended or cancelled your package of care, for the first six consecutive days you will be charged your assessed contribution. From day seven, you will not be charged until your services restart.

The exception to this is short overnight breaks which will be credited for any length of stay.

3. When charges do not apply

The Council is not permitted to charge for the following services in accordance with Section 14 of the Care Act, therefore they will be provided free from charges to service users who meet the criteria:

- Completion of care needs and financial assessments
- Services relating to mental health aftercare commissioned under Section 117 of the Mental Health Act 1983. You will be required to pay any agreed top-up charges.
- The first 6 weeks of intermediate care, known as 'Home Independence'. Please note that you will be charged for intermediate care following the statutory 6 weeks.
- Care and support provided to adults with a diagnosis of Creutzfeldt- Jakob disease
- Any service or part of a service which the NHS is under a duty to provide
- Community equipment aids and minor adaptations. Aids must be provided free of charge whether provided to meet or prevent/delay needs. A minor adaptation is one costing £1,000 or less.

3.1. Carers

Section 14 of the Care Act 2014 authorises the Council to charge for services provided directly to a carer where they have an eligible need for care and support. In recognition of the role of carers in supporting the people they care for, the Council does not currently charge for services delivered to carers.

If you are a carer, you can request a carers assessment from the Council to discuss the outcomes that you would like to achieve, and the Council will identify community services that can offer support. If you have been assessed as eligible for financial support from the Council to meet these needs, a payment will be made into a direct payment account.

You cannot use your carers direct payment to pay for services to meet the needs of the person you care for, as these will be considered under their own better lives assessment.

3.2. Preventative services

The Council reserves the right to charge for certain preventative services, facilities or resources. If the Council decides to apply any charges, it will ensure that you are able to afford these.

The Care and Support (Preventing Needs for Care and Support) Regulations 2014 provide that some other specified services must be provided free of charge.

3.3. Minimum and maximum charges

The minimum weekly charge for adult care services is £2.50 per week. There is no maximum weekly charge, but the Council cannot charge more than the cost of the services that you receive. These costs and charges are reviewed annually in line with inflation.

4. How much will I be charged?

You will be charged the maximum contribution you are able to pay. This is calculated following your financial assessment and is known as an 'assessed charge'. Your assessed charge will be equivalent to your net available income or the actual costs of your care and support, whichever is the lower amount.

If your financial assessment finds that you do not have an available income, you will not be charged by the Council for your care and support services. You will remain responsible for any top-up payments.

5. Financial assessments

If you ask the Council for help with your care and support costs, the Council must firstly assess your needs. This is done by completing a better lives assessment. Part of the assessment includes information about your money and assets. You will be asked to complete a financial assessment to establish how much you may be able to contribute towards the cost of your care.

The Council considers the following to determine what you can contribute towards the cost of your care, to make sure you are being financially assessed in accordance with the regulations:

- Capital
- Property
- Income and expenditure
- Disability-related expenditure (for non-residential care only)
- Personal Expense Allowance (for residential care only)

In some circumstances, such as respite care and in the first four weeks of permanent care, expenditure to maintain your home, such as rent, water rates, and insurance premiums, may be offset against your income to reduce your contribution.

1.1. Completing a financial assessment

If you do not complete your financial assessment within 28 days and have not contacted the Council regarding any delays, the Council will assume that you are over the £23,250 threshold. You will be charged for the full cost of your care and the Council will consider that you do not require any financial contribution until the assessment is completed.

Once you complete and return your financial assessment, any overpayment or underpayment

will be adjusted in subsequent invoices. For more information, please refer to the information available on our website - careadvice.buckinghamshire.gov.uk/paying-for-care.

5.1. Capacity

During your better lives assessment, social work staff will consider if you have capacity to consent to the care plan and manage your finances in accordance with the principles in the Mental Capacity Act 2005.

With your permission, we can discuss your requirements with your chosen representative. You must sign all documents unless you can provide evidence of the following:

- A person has been authorised under a Lasting Power of Attorney (LPOA) which must be registered with the Office of the Public Guardian
- An appointee has been accepted by the Department for Work and Pensions as authorised to deal with your social security benefits
- A Deputy has been appointed by the Court of Protection to look after your financial affairs

If you do not have capacity to manage your finances or struggle to understand the process and do not have anyone to support you, social work staff will take steps to find out if there is someone who can provide support.

1.2. Capital

Capital is usually any bank or savings account, but it can include other assets such as property and land. If you have more than the Upper Capital Limit of £23,250, you may be asked to pay the full cost of charges for your care services.

Capital between £14,250 and £23,250 is assessed as producing a 'tariff' income. For every £250 capital, or part of, between these limits you are assessed as if you have an extra £1 a week in income. For example, if you have capital of £14,400, the local authority treats you as having a tariff income of £1 a week.

Where funds are held in a Trust, the financial assessment will seek to determine whether income received, or capital held in a Trust should be disregarded or included in the assessment.

If you have joint capital/savings with another person, half of the balance will be considered as part of your financial assessment.

The lower and upper capital savings limits for packages of care apply for both residential and non-residential care in line with Government guidelines. A full list of these charges is available

in Appendix 2 – Capital Limits and Tariff Income.

5.2. Property

If you are assessed as needing a non-residential service, the Council will disregard the value of your main residence. However, the capital value of additional properties will be taken into account.

If you are living in supported living or extra care accommodation permanently, the value of your property will be taken into account in the calculation of your care fees.

If your needs are met in a care home, the Council will consider the value of your main or only home and any other properties you own. If you only own the home you live in, this is normally regarded as an asset. However, it can be disregarded if the home is occupied by any of the following people as their main or only home and has been continuously occupied since before you went into residential care:

- Your partner, former partner, or civil partner, except where you are estranged
- A lone parent who is your estranged or divorced partner
- A relative who is:
    - Aged 60 or over
    - A child who is 18 or under
    - Is incapacitated

5.3. 12-week property disregard

If you are assessed as needing to permanently move into a residential or nursing care home, you may be entitled to a 12-week property disregard. This means that your main or only home will be disregarded for the first 12 weeks of care. You will have to pay any assessed financial contribution during this period and any top-up payment will also apply.

To qualify for a 12-week property disregard:

- You need to own your own home (or have an interest in the property valued at more than £23,250)
- Your home has no other dependent relative living within it
- You have income or savings of less than £23,250
- You will need to apply for a 12-week property disregard before moving into residential or nursing care

At the end of the 12-week period, you will be liable to cover the full cost of your care unless assessed otherwise in a financial assessment.

If you first enter a residential or nursing home as a self-funder with income or savings over £23,250 as well as owning your own home, you are not entitled to a 12-week property disregard should your savings fall below £23,250 and you have been a resident in a residential or nursing care home for more than 12 weeks.

5.4. Income and expenditure

Your income is included in a financial assessment in accordance with the charging regulations, to calculate how much you will contribute towards the cost of your care.

Your earnings from your employment or self-employment will be disregarded from your financial assessment.

The Council will consider most state benefits and any private income you have, with exceptions that are disregarded as defined in the Charging for Care and Statutory Guidance Regulations. For more detail on which benefits and types of private income are disregarded, see Annex C: Treatment of Income from the Department of Health and Social Care's Care and Support Statutory Guidance (2020).

You will be expected to claim all benefits to which you are entitled.

The Council will disregard half of your occupational pension if you are living with a partner.

We recognise that you will need to pay for your daily living costs such as rent, food, and utilities, and must have enough money to meet those costs. Your income must not be reduced below a specified level after charges have been deducted. This is known as 'Minimum Income Guarantee' (MIG) and is designed to promote independence and social inclusion. Further details are provided in Appendix 4 – MIG allowances.

5.5. Disability-related expenditure

The financial assessments for non-residential services will consider any reasonable additional costs that you may have as a result of a disability.

Disability Related Expenditure (DRE) is an allowance made in the financial assessment for additional expenses you may have due to a disability. Your care and support plan should identify any disabilities or medical conditions that indicate if additional allowances should be given.

Statutory guidance issued under the Care Act 2014 includes the following examples of possible DRE:

- Costs of any privately arranged care services required, including short breaks that meet an eligible need
- Costs of any specialist items needed to meet the person's disability needs, for example:
    - Day or night care which is not being arranged by the local authority
    - Specialist washing powders or laundry
    - Additional costs of special dietary needs due to illness or disability
    - Special clothing or footwear, for example, where this needs to be specially made or additional wear and tear to clothing and footwear caused by disability
    - Additional costs of bedding, for example, because of incontinence
- Any heating costs above the average levels for the area and housing type
- Reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social services
- Purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs where necessitated by the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local council
- Personal assistance costs, including any household or other necessary costs arising for the person
- Internet access, for example for blind and partially sighted people
- Other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP. In some cases, it may be reasonable for a council not to take account of claimed transport costs if, for example, a suitable cheaper form of transport, e.g., council provided transport to day centres, is available but has not been used.

This list is not exhaustive. If you feel that you incur additional costs directly related to your disability, this will be considered on the production of supporting evidence which you will be asked to provide.

5.8. Personal Expense Allowance

The financial assessment will ensure that you retain some of your income. The Department of Health sets this level. If you receive residential care, this is known as the Personal Expense Allowance (PEA). If you receive non-residential care, this is known as the Minimum Income Guarantee (MIG). Further information on MIG allowances is available in Appendix 4 - MIG Allowances.

6. After the financial assessment

You will receive a letter confirming your contribution towards the cost of your care, known as your 'care charge'. This will apply from the first day that you receive services. The cost of your care is based on the rates the Council is charged by providers. Your care charge will not be more than the price charged by a provider.

Where the Council directly provides the service, the Council will calculate the cost of delivering those services.

If your financial assessment finds that you do not have any available income, you will not be charged for your assessed care and support services.

7. What if I don't agree with my assessment?

You have the right to appeal against your financial assessment if one of the following applies:

- If you think that the charge has been incorrectly worked out
- If you think you have expenses which we have not taken into account
- If you feel that you cannot afford the charge as it would cause you financial hardship

If you think one of the above applies you should contact:

Finance Assessments Team
Walton Street Aylesbury HP20 1UD
Telephone: 01296 387912
Email: financeassessment@buckinghamshire.gov.uk

If you are unable or unwilling to pay a top-up towards your Direct Payment, please contact:

The Direct Payment Support Service
Email: directpaymentsupportservice@buckinghamshire.gov.uk Telephone: 01296 382527

8. Choice for care services in Buckinghamshire

You will be actively involved and influential in the care planning process. There are two ways that your care and support can be managed, and you can combine different methods if you receive support from multiple providers:

- **Commissioned service** – For both residential and non-residential services the Council can source care to meet your eligible needs and will enter a contract with the provider.

If the Council manages your care and support arrangements, the type of care and support services will be defined by the type of care required and the methods of purchase used by the Council to achieve the most cost-effective services.

- **Direct payment** – If you are eligible for social care funding for non-residential services, you can request a personal budget to arrange the support you require. If you choose to use your personal budget as a direct payment, you can choose the type of care to meet your care and support needs, as defined in sections 31 to 33 of the Care Act 2014. This may include care agencies, personal assistants, or community opportunities (day services). You will enter a contract of services with one or a mixture of providers to meet the needs identified in your care and support plan. If you chose to employ one or more Personal Assistants to provide your care, you are responsible for all employment costs including, PAYE, annual leave, maternity pay, sick leave, and redundancy.

  When receiving a direct payment, you will be asked to sign a Direct Payment Agreement with the Council which outlines how you can spend your budget and your responsibilities on administering the payments. You will also be responsible for making payments to your provider(s) via your direct payment account.

  If you chose a provider that is more expensive than your agreed budget, you or a third party can choose to make a top-up payment.

8.1. Choosing residential and nursing care

If you require residential or nursing care, you will be offered a home sourced by the Council. When finding you a care home, the Council's offer of care will be made on the provider's ability to meet your needs, availability of the placement and costs. If you decline this offer and a third party can pay a top-up, you can choose a residential or nursing home to meet your needs. However, it must meet the following criteria:

- Your care and support plan specifies your needs are going to be met by that type of accommodation
- The accommodation is available
- The provider of the accommodation meets the quality requirements of the Council and is willing to enter a contract on the Council's terms and conditions

To ensure that the Council can provide a range of cost-effective options to its residents, we may arrange placements outside of the county boundary. The cost of this placement will be calculated using the same method used for costing services within Buckinghamshire. You will be required to pay any client charges or top-ups as detailed within this policy.

If you are moving into or out of the county or require further information about moving between areas, please refer to Buckinghamshire Ordinary Residence Policy.

Placements outside of the county boundary may be offered in exceptional instances, for example:

- The care and support required is particularly specialist and therefore opportunity to make an appropriate placement in Buckinghamshire is extremely limited
- The individual has no ties to the county, i.e., no relatives or family/friends' network within the county and has no preference for where they are placed
- A placement within Buckinghamshire would be deemed unreasonable because it denies family/carers access to the individual and diminishes the chance to experience family life and support
- Further to this, an individual's particular situation will be considered in extraordinary circumstances on a case-to-case basis

Each of these scenarios would be subject to discussion during the assessment process and the Council will take reasonable steps to ensure these preferences are taken into account when sourcing placements. The individual's particular circumstances will also be considered, and the Council will take steps to establish that the cared for person agrees to the receipt of this care.

8.2. Non-residential care

For home care services and day activities, the provider will be determined by your assessed eligible needs, geographical location, and availability of provider.

9. Top-ups

You are entitled to an offer of care that meets your identified care and support needs safely and operates in line with the standards set by the Council. You can choose an alternative provider to meet your needs, however if they charge more than the budget agreed by the Council a top-up may apply.

9.1. When does a top-up apply?

Top-ups apply to both residential and non-residential care if you choose to receive care from a more expensive provider. A 'top-up' fee is calculated by subtracting the cost of the option identified by the Council, or your agreed direct payment budget, from the cost of the service of your choice. This is a separate payment from your charges.

9.2. Who can pay a top-up?

If you receive non-residential care which exceeds the offer of care from the Council or your direct payment budget, a top-up can either be paid by you or a third party.

If you receive residential or nursing care, a top-up payment cannot be made by you and must be paid by a third party, except in the following circumstances:

- You are subject to a 12–week disregard
- You have a Deferred Payment Agreement in place with the Council and the terms of the Deferred Payment Agreement reflect this arrangement
- You are receiving accommodation under S117 of the Mental Health Act 1983 for mental health aftercare

If you or a third party choose a more expensive option when needs can be met at a lower cost, the Council would need to be satisfied, in the care and support planning process, that a third party would be willing and able to pay the difference.

9.3. Direct payment top-ups

When receiving a direct payment, you will be given a budget to meet your assessed needs to allow you to choose how you receive support. If your chosen provider charges more than your budget, you or a third party will be responsible for the additional cost. Direct payments cannot be used for residential and nursing placements.

9.4. Affordability

If you choose a non-residential or residential provider who charges more than your agreed budget, the Council needs to be satisfied that you or a third party is able and willing to pay the additional cost of the preferred provider or accommodation.

9.5. How do I pay a top-up?

If you choose to receive a direct payment, your top-up fee will need to be paid directly to the service provider or into the direct payment account.

For residential services, your top-up must be paid directly to the care home.

For non-residential services such as homecare, the top-up must be paid directly to the Council by the third party.

If you can no longer afford to pay a top-up, please refer to Section 12 - Change of Circumstances.

10. Paying the charge for your care

Invoices for charges covering non-residential care are issued at four weekly intervals in arrears and specify the period covered and the amount due, with information on how to pay.

If you receive residential/ nursing care your care charges will be collected by your Provider.

10.1. Direct payments

If the only service you receive is a direct payment, the Council will pay your agreed budget into your direct payment account, with your assessed charges deducted. You are then required to pay your charges into the direct payment account from your personal funds so that the required funds for your care and support are met.

If you receive direct payments in addition to other services, you will receive a regular 4 weekly invoice. You can choose to set up a Direct Debit to pay your charges every 4 weeks instead of receiving an invoice. Please ask the Finance Assessment Team (details in Section 7 above) to send you a form and guidance if you think this would be helpful. You will still receive a statement advising you when and how much will be paid by Direct Debit.

11. Deferred payment scheme

If you own your own home and have been assessed to pay the full cost of your residential or nursing care home or supported living accommodation but cannot afford to pay the full amount immediately because your money is tied up in your home, you may be eligible to defer care costs against the value of the property until a later date such as the sale of the property. This is known as a Deferred Payment Agreement.

There is also a management charge for requesting a deferred payment, which is listed in Appendix 1 - Charges for Services.

The amount of care costs that can be deferred will be calculated in accordance with your eligibility and deferred payments regulations. The maximum amount that can be deferred will be governed by an equity limit. The equity limit will be set at 90% of the value of a person's property less the lower capital limit less any other charges against the property, such as a

mortgage. The amount to be deferred will not be more than this figure but may change during the lifetime of the Deferred Payment Agreement if the value of the property changes. The amount of the deferred payment will be agreed between the Council and the person.

11.1. Applying for a deferred payment

If your eligible care and support needs are to be met in a residential or nursing care home setting, you can apply to the Council for a deferred payment. The Council will not make any payments before an application is received.

You will be required to provide evidence that you are able to give the Council adequate security in return for the loan, for example, in the form of your property. A person entering a Deferred Payment Agreement must have mental capacity to enter the agreement, except in the case of a person who has a court-appointed deputy to act for them or a registered lasting power of attorney who must consent on behalf of the person to the deferred payment agreement.

11.2. When the Council will refuse a deferred payment

The Council will refuse a deferred payment in the following situations:

- The Council is unable to secure the first charge with the Land Registry on the property
- The property is uninsurable
- The Council would normally look to ensure there is sufficient equity to fund your placement for a minimum of two years. Whilst each case is viewed on its own individual merits, if you do not have this level of equity, you will not be eligible for a deferred payment.
- You refuse to engage in the Deferred Payment process or refuse to sign the deferred payment agreement
- In the case of a jointly owned property, if all owners or those people with a legal interest in the property refuse to consent to a legal charge against the property

11.3. Interest on deferred payments

The Council charges interest on the deferred payment loan amount. Interest rate charges can go up to but not exceed the rate set by the Government. The interest rate used for the Council's deferred payment scheme is determined by the National Financial Authorities. These charges will be included in the Deferred Payment Agreement. Charges made by the Council for a deferred payment will be made publicly available. You will be notified of any accruing debt for the deferred payment loan every 4 weeks.

11.4. Ending a deferred payment

The Council may decide to discontinue with the Deferred Payment Agreement where:

- The upper limit is reached
- A spouse or dependent moves into the property after the Deferred Payment Agreement commences
- Where a relative who was living in the property at the time of the agreement subsequently becomes a dependent relative (as defined in Appendix 6)
- Where the person becomes entitled to property disregard

A deferred payment agreement can be ended in the following way:

- By repaying the full amount due to the Council (this can be done at any time)
- When the property is sold and the Council is repaid in full. Any deferred fees are to be repaid to the Council within 90 days of the sale of the property
- When the person dies and the full amount is repaid to the Council

Any extensions must be approved by the Council in writing.

12. What if my circumstances change?

If your financial situation changes at all, you must let the Finance Assessments Team know immediately (see contact details in section 1.13 above) so that we can ensure your contribution is correct.

If your third party is unable to continue paying the top-up fee, the Council must be provided with a minimum of 8 weeks' notice as soon as you or your third party is aware.

The Council will not be responsible for debts incurred by you or a third party before you or your representative requested a financial assessment.

12.1. Care needs are reduced following a review

You will receive a regular review of your care needs to check that you are receiving the correct level of support. If following a review your care needs increase or decrease you can request a review of your charges via the Financial Assessment Team.

12.2. Breaks in receiving care

If your package of care is not delivered for 1-6 days, you may still be charged for the services

you would normally have received.

The exception to this is short overnight breaks which will be credited for any length of stay.

12.3. Reduction in funds

If you have been paying the full cost for care, and your funds (savings and assets) have been reduced and are only sufficient to pay for the next 6 months of care fees you must notify the Council that your funds have reduced. If you or your representative does not contact the Council before your funds fall below £23,250 and the Council is required to meet your care needs, the Council will not reimburse you for any expenses incurred for care costs before you notified the Council.

The Council will arrange for a needs assessment and financial assessment to take place to determine your support needs and to see whether the Council is required to meet any of your needs. If you wish to receive support in addition to your assessed eligible needs, this will be funded directly by you or a third party.

If you are in residential care or nursing care home, the Council will not necessarily pay for your current accommodation and may instead pay for your eligible needs to be met, for example in another category of room in the same home or in another care home.

In deciding how much to pay, the Council will take into account your needs and wellbeing, whether it would be proportionate to expect you to move into another care or nursing home even though, for example, the current accommodation costs more than it would usually expect to pay. Whether a third party top-up and/or deferred payment agreements can be entered into would be considered as an option to avoid any move.

13. Debt recovery

The Care Act introduces a framework for local authorities to recover debts. The Council has the power to recover money for arranging and providing care and support services. This power may be exercised when a person refuses to pay the amount they were assessed as being able to pay. This power extends to the person receiving care and support and their representatives.

The Council actively pursues debts and seeks to prevent debts escalating and for the person to make affordable repayments. Legal action to recover debt through the County Court will only be taken by the Council as a last resort when all other alternatives have been pursued without success.

14. Compliments and Complaints

You can let the Council know when things go right or when things go wrong. You can also let the Council know your suggestions of how things could be done better to help the Council improve its services.

If you would like to make a complaint or send a compliment it should be sent by the following:

Compliments and Complaints Team

Buckinghamshire Council
Walton Street
Aylesbury HP20 1UA
Email: complimentsandcomplaints@buckinghamshire.gov.uk
Telephone: 01296 387844

Appendix 1 – Charges for services from 10 April 2023

All community care services fall within the scope of this policy and include the following chargeable services:

Adult Social Care	**2023-24 charge**
Residential Care	
Deferred Payment Agreement set-up fee	£731.00
Deferred Payment Agreement annual admin fee	£109.00
Short breaks / respite	FULL COST
Non-Residential Care	
Home care single-handed per hour	£23.00
Home care double-handed per hour	£46.00
High-dependency day care per day excluding cost of meal	£97.56
Day care per day excluding cost of meal	£74.42
Transport per return journey	£17.40
Landline telecare weekly	£4.90
Mobile telecare weekly	£8.61
Medication telecare call per call	£2.00
Care package set-up fee brokerage	£344.00
Meal in a Buckinghamshire Council Day centre	£6.57
Finance Deputy	
FDT service charge per week (If customer has under £1,000 capital)	no charge
FDT service charge per week (If customer has more than £1,000 capital)	£3.92
FDT estate wind-up fee	£817.50

Appendix 2 – Capital limits and tariff income

Upper Capital Limit: £23,250 Lower Capital Limit: £14,250 **Tariff Income from Capital**

Capital between these amounts		**Tariff Income**
Nil	£14,250	£0
£14,250.01	£14,500	£1
£14,500.01	£14,750	£2
£14,750.01	£15,000	£3
£15,000.01	£15,250	£4
£15,250.01	£15,500	£5
£15,500.01	£15,750	£6
£15,750.01	£16,000	£7
£16,000.01	£16,250	£8
£16,250.01	£16,500	£9
£16,500.01	£16,750	£10
£16,750.01	£17,000	£11
£17,000.01	£17,250	£12
£17,250.01	£17,500	£13
£17,500.01	£17,750	£14
£17,750.01	£18,000	£15
£18,000.01	£18,250	£16
£18,250.01	£18,500	£17
£18,500.01	£18,750	£18
£18,750.01	£19,000	£19
£19,000.01	£19,250	£20
£19,250.01	£19,500	£21
£19,500.01	£19,750	£22
£19,750.01	£20,000	£23
£20,000.01	£20,250	£24
£20,250.01	£20,500	£25
£20,500.01	£20,750	£26
£20,750.01	£21,000	£27
£21,000.01	£21,250	£28
£21,250.01	£21,500	£29
£21,500.01	£21,750	£30
£21,750.01	£22,000	£31
£22,000.01	£22,250	£32
£22,250.01	£22,500	£33
£22,500.01	£22,750	£34
£22,750.01	£23,000	£35
£23,000.01	£23,250	£36
More than £23,250		Full Fee Paying

Appendix 3 – Glossary

Term	Definitions
Adult	Any person over the age of 18.
Adult with care and support needs	Any person over the age of 18 who has needs for care and support to live their day-to-day life.
Care and support	A mixture of practical, financial, and emotional support and services that the Council offers or can support, for any person aged 18 or over for them to live their day-to-day life.
Carer	Any person over 18 who provides or intends to provide care or support to another adult who needs care. This includes emotional care and support as well as physical. A person who is paid to provide care or does so as a voluntary worker is not considered a carer.
Carers assessment	This is where the Council gathers information to help determine the carer's need for care and support to help them live their day-to-day life and continue to provide care for the adult they are caring for. It also helps to determine whether or not they meet the eligibility criteria.
Direct payment	Payments made by the Council directly to a person with care and support needs so they can choose where, how and when to get their own care and support.
Duty	Something that the law says the Council must do.
Financial assessment	This is the dialogue the Council must have with the service user or their representative to gather information and the formal means-test under the relevant charging policy rules once all the information has been gathered. This helps determine whether or how much an adult can afford to contribute towards any care and support services and to record other financial details, such as benefits.
Indicative budget	The maximum monetary value that indicates how much the Council believes is required to meet your care needs as calculated by our RAS.
Independent advocate	An appropriate individual separate from the Council who can represent a person where they are not able to themselves.
National eligibility criteria	These are the minimum levels of care and support needs for a person which the Council must support to meet the assessed needs.
Needs assessment (better lives assessment)	This is the dialogue the Council has with an adult to gather information that helps to determine the adult's needs for care and support to help them live their day-to-day life. It also helps to determine whether or not they meet the eligibility criteria.

Nursing care	The social and health care provided to a person who is living in a care home registered with the Care Quality Commission as a nursing home rather than their own home.
Personal budget	This is a statement of what it costs the Council to meet an adult's care needs. The breakdown includes the amount the adult with care and support needs pays towards the total cost as well as the amount the Council pays towards the total cost. It also looks at other funding options available to meet needs and considers services where there is no cost, such as a community resource.
Prevention	The individual interventions the Council makes to promote health, improve skills or functioning for one person or a group, or reduce the impact of caring on a carer's health and wellbeing.
Home independence	Free of charge, intermediate care including up to 6 weeks care to help you recover from a major event such as a stay in hospital.
Residential care	The care provided to a person who is living in a care home on a temporary or permanent basis (any establishment providing accommodation with personal or nursing care) rather than their own home.
Short breaks	Temporary residential care for the cared for person which enables a carer to look after their own health and wellbeing and to take a break from caring, including overnight short breaks.
Self-funder	Any person who funds all their own care and support services or who has their care costs paid for by a third party, such as a family member.
Top-up contribution	If a person chooses care that is more expensive than the local authority is willing to pay (such as the difference between the personal budget and the chosen service provider's rate), someone can pay the difference in cost. This additional payment is known as a top-up. The person must be willing and able to pay the additional cost.
Wellbeing	The individual aspects of wellbeing are those outcomes most relevant to a person with care and support needs and carers.

Appendix 4 – MIG allowances 2023/24

Premium & Thresholds	Lowest Age	Highest Age	Weekly Amount
BC Allowance No EDP (18-24)	18	24	£133.81
BC Allowance Plus EDP (18-24)	18	24	£158.25
BC Allowance No EDP (25-59)	25	59	£155.81
BC Allowance EDP (25-59)	25	59	£180.25
Pension Credit Threshold 60+	60	-	£214.35 This is the DHSC amount