

Royal Borough of Windsor and Maidenhead

Policy for Calculating an Individual's Contribution to their Personal Budget

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Section 1 – Context

1.1 The Department of Health has introduced a policy known as “Self Directed Support”. Under this policy residents will receive a Personal Budget to meet their eligible social care needs. A Personal Budget may be managed by the Council on behalf of the resident or managed directly by the resident or their financial representative.

1.2 A resident may have financial resources of their own with which they can contribute towards their Personal Budget. If the resident’s financial resources are less than their Personal Budget then the Council will fund the difference by topping-up the resident’s own resources to the level of their Personal Budget. When a resident or their representative is managing their Personal Budget, this top-up may be made by a Direct Payment to the resident.

1.3 This document sets out how the Council will assess a resident’s financial resources, and calculate their ability to contribute towards or fund their Personal Budget.

1.4 A resident will use their personal budget to purchase services such as homecare, day care, overnight residential respite services of up to 28 days per annum and other support services that they require in order to meet their care needs, or they may use this budget to meet their requirements in other ways that suit their individual circumstances.

1.5 This policy does not include residents in temporary Residential and Nursing Care who have exceeded their annual overnight residential respite allowance, or who are in permanent Residential or Nursing care. These residents are required to be financially assessed under The Department of Health’s Care and Support Guidance to the 2014 Care Act. For more detail regarding the financial contribution for overnight residential respite that is included in the Personal Budget please see paragraph 2.9.

1.6 This policy does not include residents who are yet to enter self-directed support process, such as residents in receipt of short term rehabilitation services, or initial care packages.

Statutory Framework

- The Care Act 2014, Sections 14, 17, 69 and 70
- The Care and Support (Charging and Assessment of Resources) Regulations 2014
- The Care and Support Statutory Guidance

Consideration of

Equality Act 2010
Human Rights Act

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Section 2 - The Financial Assessment Process

2.1 When will the Financial Assessment process commence?

2.1.1 The financial assessment process will begin once a social care practitioner has assessed a resident as likely to require a personal budget. At this stage the resident will be informed of the need to complete a financial assessment and referred to the Councils Assessment and Intervention Team. The Assessment and Intervention's Team will contact the resident in order to arrange for the financial assessment process to begin.

2.2 How will a Financial Assessment be carried out?

2.2.1 Residents will be offered assistance with the completion of the financial assessment form either by phone, office appointment or by a home visit. Where appropriate the resident will be offered welfare benefits advice. If entitlement to additional benefits is identified the Assessment's and Interventions team will advise the best method of claiming these additional benefits, such benefits could include Pension Credit, Employment and Support Allowance, Attendance Allowance, Disability Living Allowance, Personal Independence Payment, Carers Allowance, Housing Benefit and Council Tax Support.

2.2.2 Following the completion of the financial assessment, the residents will be advised in writing how much they are required to contribute towards the cost of their social care Personal Budget, along with a statement of how the contribution has been calculated. In some cases residents may be required to fund in full their Personal Budget. Residents have a right to be re-assessed should their circumstances change.

2.3 The Role of the Care Manager and the Financial Assessment Team

2.3.1 The Social Care Practitioner will ensure that the resident is provided with guidance and advice when completing the Care Assessment.

2.3.2 The Assessments and Interventions Team will be responsible for ensuring that the resident is fully supported in the understanding and completion of the financial assessment form.

2.4 Write - offs

2.4.1 Where a resident believes they cannot afford to pay their assessed contribution, they may contact the council for consideration to write off part or all of their assessed contribution. Where the resident is unable to act for themselves a request for a write off may come directly from carers, staff, an advocate or others involved in the support of that resident.

2.4.2 Social care staff working in partnership with the council who considers a write off is appropriate should contact their Head of Service, If the Head of Service considers that there are reasonable circumstances to write off part or all of the contribution then these must be recorded in writing. This decision should be reviewed on an annual basis.

2.4.3 Each agreed write off will be recorded in an appropriate log held by the Finance team.

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2.5 Annual Review

2.5.1 The financial assessment will be reviewed annually to take account of increases in benefits and other incomes which generally take place in April.

2.5.2 Where the resident is in receipt of benefits paid at standard rates the new up-rated 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 (DWP) to up-rate benefits.

2.5.3 For other component parts of the financial assessment, such as occupational pensions a percentage increase linked to Consumer Price Index (CPI) will be applied. For Council Tax an average increase will be applied.

2.5.4 Changes resulting from the annual up-rating and the application of the Minimum Income Guarantee will apply from the date assigned to these changes.

2.5.5 An explanation and full details of the revised assessment will be sent to the resident, who will be asked to check the figures and contact the Assessment and Intervention's Team if they are not an accurate representation of the resident's circumstances.

2.6 Reviews and Changes in a resident's circumstances

2.6.1 Changes in a resident's financial position that may affect the amount of their contribution are required to be reported to the Assessment and Intervention's Team. This specifically includes receipt of a new benefit, other changes of more than £5 a week to their income, changes of more than £5 in weekly expenditure, and changes of more than £1000 to savings.

2.6.2 Residents may inform 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 wish that to be applied immediately.

2.6.3 Residents who are financially assessed will be asked to complete a new statement of their financial circumstances every 2 years. At which point a further welfare benefits check can also be provided.

2.6.4 Following notification of a change or a review visit, a new financial assessment will be completed using the information provided.

2.6.5 If the revised assessment results in an increase in the weekly contribution of £5 or less, the resident will be notified of the revised charge and the charge not backdated

2.6.6 If the revised assessment results in an increase in the weekly contribution of more than £5, the resident will be notified of the revised contribution and this will be backdated to the date the change in circumstances occurred.

2.6.7 If the revised assessment results in a decrease in the contribution, this will be applied from the date of notification.

2.6.8 As a general rule decreases in contributions will not be backdated. However each case will be considered on its merits. The discretion to backdate will be exercised by The Assessments and Interventions Team Leader with the agreement of the Head of Service.

2.7 Appeals against the Financial Assessment

2.7.1 If the resident disagrees with their financial assessment they should contact the Assessment and Intervention's Team who will explain how the contribution was calculated, and try to resolve any concerns. If the resident is still dissatisfied with the outcome after discussing with us, an appeal can be lodged. Appeals should be in writing either by email or letter, clearly explaining why the resident disagrees with their financial assessment. If necessary we will support the resident to submit an appeal.

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Appeals should be sent to the Assessments and Intervention's Team, who will arrange for the appeal to be forwarded to the Appeal Panel.

The appeal is held internally by a panel made up of two senior officers, usually the Head of Service and the Head of Commissioning. An acknowledgement letter will be sent on receipt of the appeal and a written response explaining the outcome of the appeal within 20 working days of the acknowledgement.

Complaints

There is a statutory complaints procedure. A resident can make a complaint at any time regarding the financial assessment or charging. The councils Social Care complaints policy gives more information about how to complain. You can call our Customer Care and Complaints Coordinator for an informal discussion or complaints leaflet on 01628 683857

If you are still not satisfied with our response you have the right to take your concerns to the Local Government Ombudsman.

2.8 Exempt Services

2.8.1 The following services are exempt from a contribution:

- After-care services provided under Section 117 of the Mental Health Act 1983.
- Advice and assessment.
- Services provided to sufferers of Creutzfeldt Jacob Disease (CJD).
- Occupational Therapy Equipment.
- Intermediate Care Services, including reablement for up to 6 weeks.
- Services for carers.
- Providing information and advice, assessment of needs and support planning.

2.9 Community and Overnight Residential Respite Care

Community Care Respite and Overnight Residential Respite for up to 28 days per annum will be funded within the Personal Budget, and the weekly assessed contribution will apply.

2.10 Delays in completing the Financial Assessment

2.10.1 If a resident unreasonably delays completing the financial assessment they will be required to contribute to the full cost of their Personal Budget, until a financial assessment is completed. If a financial assessment results in a lower contribution, consideration will be given to refunding the difference depending on the circumstances of the case. A Direct Payment cannot be made unless a financial assessment is completed.

2.10.2 'Unreasonable delay' will be determined on a case by case basis, but as a general rule the Council will expect the individual or representative to be available for a visit within 2 weeks of contact by an Assessment and Intervention's Team Officer. Where the individual or representative prefers to complete the statement of financial circumstances by post then it is expected that this will be returned within 2 weeks.

2.10.3 If further information is required then it is expected that this will be provided within 2 weeks of the date it was requested.

2.11 People who refuse to claim benefits to which they are entitled.

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2.11.1 There will be occasions where a resident is clearly entitled to an additional benefit. If, following advice from the Council's Assessment and interventions Team, a resident refuses to claim a benefit within a reasonable time scale, the Council may calculate the resident's contribution as if the resident were in receipt of this benefit.

2.11.2 This will take effect from the date the resident was advised to apply for the benefit or would first become entitled to that benefit, whichever is the later.

2.12 Projected Contribution Assessments

2.12.1 Where the Assessment and Interventions Team assists or advises on the application for a new benefit, the Assessments and Interventions Team will complete an additional financial assessment based on the anticipated result of the new benefit application. The resident will be notified of the effect the new benefit will have on their contribution. The increased contribution will be backdated to the date the Personal Budget commenced or the date of award of the new benefit, whichever is later. Payment of the increased contribution will not be requested until confirmation is received that the new benefit has been awarded.

2.13 Self - Deprivation

2.13.1 If a resident knowingly reduces their capital by, for example excess spending or gifting, in order to avoid paying their contribution, this will be taken into account when carrying out the assessment. The contribution may be calculated as if the resident still holds the capital that had been given away or disposed of.

Section 3 – The Financial Assessment

3.1 Overview

3.1.1 The financial assessment compares income against specified weekly expenditure allowances to determine the income available to contribute towards social care costs. See table.

Capital & Savings*		+ Income
Individuals Income& Benefits		<u>+ Income</u>
Total		+Total Income
Less:		
Allowances		- Allowance
Disability Related Expenses		- Allowance
Allowable Housing costs		<u>- Allowance</u>
		= Max Weekly Contribution

Capital Limits and Savings tariffs are shown on Appendix B

3.2 Capital and Savings

3.2.1 General

3.2.1.1 A resident who has capital/ savings in excess of the maximum figure as set out in the Care and Support Guidance to the 2014 Care Act will not be eligible for financial support from the Council. Please see Section 3 'Eligibility for financial support' for more details.

3.2.1.2 Where a couple choose to be assessed jointly, twice the maximum capital limit will be applied to determine if the resident is above the capital limit and not eligible for financial support

3.2.1.3 There is no requirement to ascertain additional details of the resident's financial circumstances once it is established that their capital/savings exceed the capital limits.

(See Appendix B for the current capital limits).

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3.2.1.4 When the capital limits change, the Assessments and Interventions Team will write to all people whose services are arranged by the Council and who have capital over the limit, to advise them of the new limits.

3.2.1.5 Capital and savings can include cash, funds held in a bank, building society and Post Office accounts, saving bonds, premium bonds, stocks and shares, ISAs, Peps, and the value of land or property (other than the resident's main residence). This list is not exhaustive.

3.2.1.6 Ex-gratia payments made to former Far Eastern prisoners of war and payments made under the Vaccine Damage Payment scheme will be disregarded entirely as per guidance in The Care and Support Guidance to the 2014 Care Act.

3.2.1.7 The treatment of different types of capital/savings will be in strict accordance with the guidance set out in the Care and Support Guidance to the 2014 Care Act.

3.2.2 Property

3.2.2.1 The value of property not deemed the resident's main residence (For example, if they own two properties) will generally be counted as capital. However it may be disregarded in certain circumstances as defined in the Care and Support Guidance to the 2014 Care Act.

3.2.2.2 Where a resident moves out of a property that they own, into alternative accommodation, the owned property will no longer be regarded as the main residence, and will be considered as a capital asset for the purposes of the financial assessment.

3.2.2.3 Where the resident's contribution towards the cost of their social care increases due to the inclusion of this asset within the financial assessment, the increased contribution may be deferred until the property is sold, or for 6 months from the date of the change of address, whichever is sooner.

3.2.2.4 If the resident moved into the alternative accommodation on a trial basis, and returns to their owned property within 6 months of moving out, then the Council may waive this increased contributions if requested by the resident.

3.2.3 Equity Release Schemes

3.2.3.1 Under these schemes 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 equity release, the funds released may be paid to the home-owner in full on the date of the transfer, or may be translated into an annuity, or a combination of these.

3.2.3.2 Where an equity release results in the home owner receiving an annuity or where payments are made by instalments be they for life or for a fixed period then all such payments will be treated as income, unless any of the following provisions set out in this paragraph apply.

3.2.3.3 Treatment of annuities will follow the guidance as set out in the Care and Support Guidance To The 2014 Care Act.

3.2.3.4 Where any part of the income or capital derived from an Equity Release Scheme is used to fund capital developments or disability related works to the property in question, the income so used may be disregarded from the financial assessment. The resident must produce evidence to this effect in order to claim such a disregard.

3.2.3.5 Where the released funds are paid in instalments the total value of all the instalments outstanding will be added to the total value of all other savings held by the resident.

3.2.3.6 If this total exceeds the current Care and Support Guidance to The 2014 Care Act upper capital limit, the instalments will be treated as income and taken into account over a period equivalent to that which it represents, e.g. a payment due to be made calendar monthly is taken into account for a calendar month.

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3.2.3.7 If this total is less than the current Care and Support Guidance To The 2014 Care Act upper capital limited, each instalment will be treated as capital.

3.3 Calculating an individual's Income

3.3.1 Periodical payments and income accruing from personal injury compensation capital, including where personal injury capital is held in trust or administered by a Court, will generally be disregarded in the financial assessment. However if the compensation payment includes provision for social care needs this may lead to an individual being compensated for the same care needs twice – once via the courts and a second time via social care funding. In such cases the council will consult with their legal team and may not agree to provide funding for the care needs compensated by the Personal Injury Payment.

3.3.2 The following income will always be disregarded in the contribution assessment;

- Earnings
- Statutory Sick Pay, Statutory Adoption Pay and Statutory Maternity Pay or Allowance
- The mobility component of Disability Living Allowance and Personal Independence Payments.
- Guaranteed Income Payments made to veterans under the Armed Forces Compensation Scheme
- War Pension Scheme payments made to veterans with the exception of Constant Attendance Allowance payments
- War Widows Special Payments
- Charitable Income and Voluntary Payments
- Savings Credit element of Pension Credit
- Working Tax Credit
- A partner's disability related benefits
- Sub tenants – disregard first £20 per week
- Boarders – Where a person has income from a boarder, the first £20 of the income should be ignored plus half of any balance over £20
- Winter Fuel and Cold Weather payments

NB – Carers Allowance/Carer Element of Universal Credit paid to a carer will not be taken into account in the resident's financial assessment.

3.3.3 Individuals whose capital/ savings are less than the maximum figure (See Appendix B) but above the lower figure set out in Care and Support Guidance to the 2014 Care Act (See Appendix B) will have a tariff income assumed calculated in accordance with the rules specified in The Care and Support Guidance. The capital limits will be doubled where the resident applying for social care finance support is a member of a couple and chooses to be assessed jointly.

3.3.4 Currently income of £1 a week is assumed for every £250 of capital above the lower limit.

3.3.5 All other income will be taken into account within the assessment along with any tariff income from savings/capital and unless stated otherwise in this document, the treatment of such income will follow The Care and Support Guidance to the 2014 Care Act.

3.4 Allowances

3.4.1 To calculate a weekly allowance figure the following should be allowed according to the residents circumstances.

- The minimum income guarantee (MIG) as set out in the Care and Support (Charging and Assessment of Resources) Regulation 2014
- Assessed levels of disability-related expenditure
- Housing Costs

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3.5 Disability Related Expenditure

3.5.1 Allowances will be made for disability-related expenditure in accordance with the Disability Related Expenditure scheme, attached at Appendix C.

3.5.2 The overall aim is to allow for reasonable expenditure needed for independent living by the disabled resident. Items where the user has little or no choice other than to incur the expenditure, in order to maintain independence of life will normally be allowed.

3.5.3 Costs arising simply from a matter of personal choice, where a reasonable alternative is available at lesser cost, will not normally be allowed.

3.5.4 The social care practitioner or other professional may be required to confirm the need for disability-related expenditure.

3.5.5 Evidence of expenditure will be requested and there will be a requirement for evidence to be provided at each review.

3.5.6 Items for which a Social Fund Community Care Grant has been paid will not be allowed in the assessment.

3.5.7 In some cases only a percentage of expenditure may be allowed if it is joint expenditure. If the expenditure is due to the fact that a carer is not able to undertake the task due to the amount of time they are caring then 100% of the expenditure will be allowed.

3.6 Allowable Housing Costs

Sharing household costs

If the household is shared with other adults, the amount of the housing cost items that will be allowed in the financial assessment will be on the basis that the costs are shared evenly by the number of adults in the household..

3.6.1 The following may be allowed depending on the resident's circumstances.

- **Rent** (Eligible rent for Housing Benefit purposes, net of Housing Benefit) where a resident is paying rent to a relative, an allowance for this amount will not automatically be allowed. This situation could arise when a resident is living in a relative's house and is being charged rent, or where a relative rents a house to the resident. Housing Benefit principles will be followed to determine whether a commercial arrangement is in place, in which case an allowance for housing costs will be considered.
- **Council Tax** (Net of Council Tax Support)
- **Mortgage** (Net of amounts paid through Income Support/ Pension Credit or Universal Credit Housing Costs). The insurance element of an endowment mortgage will be allowed. If the resident is repaying arrears as part of their regular mortgage payment or is making an increased payment to reduce the length of their mortgage, then the additional amount will not be allowed except where the resident has no choice but to make these payments. Where the resident is receiving payment for their mortgage via their Income Support, Universal Credit or Pension credit, but are required to make additional payments to their lender, these additional amounts are allowable as housing costs.
- **Service Charges** - An allowance may be made for service charges that must be paid for under the terms of the lease and which relate to the provision of adequate accommodation. Accordingly an allowance may be made for items such as management fees, insurance, repairs and cleaning of communal areas.
- Allowances will not be made for items that are considered normal day to day living expenses e.g. heating, laundry or meals. An allowance for eligible service charges will only

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be considered if they are not already covered by Universal Credit, Housing Benefit, Income Support, Pension Credit, or Supporting People.

- Where allowances are made they will be made in line with Housing Benefit regulations.
- **House Building Insurance** for owner occupiers - an allowance will be made for building insurance. No allowance can be made for contents insurance.
- **Home Maintenance Allowance** for owner-occupiers - (£11.00 per week for 2018/19). This will not be reduced proportionately for joint-owner occupiers except where an individual assessment is made for a resident who is a member of a couple.
- **Non –Dependant Deductions** - A Non-dependant is someone who lives in another person's home on a non-commercial basis. If the householder claims Universal Credit (Housing Costs), Housing Benefit or Council Tax Support, a non dependant deduction is made against these benefits, the amount of which depends on the non-dependant's financial circumstances. It is expected that the non dependant will make a contribution equal to the amount of the non dependant deduction to the householder towards the rent and/or council tax. Where a resident is living as a non–dependant and a non-dependant deduction has been made, then on application an allowance equal to the non dependant deduction(s) should be allowed as a Housing Cost for that non –dependant.

3.6.2 NB: Where any housing cost includes items which are considered normal living costs e.g. water charges, fuel costs, food etc., and then this element should not be treated as a housing cost. Housing Benefits guidance should be followed.

3.7 The Maximum & Minimum Weekly Contribution

3.7.1 The assessment will compare the calculated weekly income against the specific weekly expenditure allowances to determine the income available to contribute towards the social care costs. This identifies the maximum weekly contribution the resident can make.

3.7.2 The Council also sets a minimum weekly contribution below which a contribution will not be collected. The minimum weekly contribution that will be collected will be £1.50

3.8 Eligibility for financial support

3.8.1 National guidance states that a Council may refuse financial support in respect of social care to any individual with savings above the capital limit set out in the Care and Support Guidance to the 2014 Care Act, The 2018 capital limit is shown in Appendix B.

3.8.2 People with savings above the capital limit will be responsible for funding their care and support in full without financial support from the council

3.8.3 Where a resident is deemed not able to manage their own social care arrangements, the Council will arrange and commission services on their behalf. The individual will be required to pay the full cost of these services.

3.9 Assessment of Couples

3.9.1 If you have a partner you only need to provide details of your own financial situation, plus details of your share of jointly held resources, including joint accounts and joint income.

3.9.2 However if you and your partner wish, you can provide us with full information about your combined financial situations to see if this will result in a lower charge. In this case half of the couple's total income is taken is taken to be available to the person applying for social care support.

3.9.2.2 Disability Related Benefits e.g. Attendance Allowance, Disability Living Allowance and the Severe Disability component of Income Support and Pension Credit are payable specifically to

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cover extra expenses incurred by the person to whom they are payable. Consequently a partner's Disability Related Benefits will not be considered available to the resident applying for social care financial support.

3.9.2.3 Allowances will be based on:

- The appropriate minimum income guarantee (MIG) as set out in the Care and Support (Charging and Assessment of Resources) Regulation 2014
- The residents Disability Related Expenditure
- Half of any housing costs

3.10 Financial Assessment of families that include dependant children

3.10.1 Where the resident's family includes dependant children a comparative assessment is necessary.

3.10.2 Where income is received in respect of the child(ren) which equals or exceeds the child(ren)'s basic Income Support/Universal Credit allowances plus the appropriate buffer percentage, the child(ren) will not be included in the financial assessment.

3.10.3 Where the income received in respect of the child(ren) is less than the Income Support/Universal Credit allowances appropriate to the child(ren) plus the buffer, then the child(ren) and any income paid in respect of them will be included in the financial assessment.

3.10.4 This ensures that the family as a whole is not left with less than basic Income Support/Universal Credit plus the percentage buffer appropriate at the time.

Section 4 – The calculation of the contribution towards a Personal Budget

4.1 Calculation of resident's contribution to their Personal Budget

4.1.1 Where the financial assessment shows

- a) The resident is not able to contribute; the Personal Budget will be entirely funded by Adult Care Services.
- b) The Maximum annual contribution, maximum weekly x 52 weeks exceeds the Personal Budget, the resident will contribute the full cost of the Personal Budget e.g. the Personal Budget will be entirely funded by them.
- c) The Maximum annual contribution, maximum weekly x 52 weeks is less than the Personal Budget, the resident will contribute the maximum annual contribution and the council will fund the remainder of the Personal Budget.

4.1.2 Where the resident is in receipt of a Personal Budget but elects not to complete a financial assessment they will be required to contribute the full amount of their Personal Budget.

4.1.3 Items detailed in section 2 will be excluded from the Personal Budget.

- If the resident has savings over the Care and Support Guidance To The 2014 Care Act limits, and they are able to arrange their own services, they will be provided with information that will assist them in making their own arrangements.
- If the resident has savings over the Care and Support Guidance To The 2014 Care Act limits but is not able to arrange their own services, Adult Care Services will organize the service, but as the resident is not eligible for financial support they will be required to

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contribute the full cost of the services provided.

Section 5 – How the Contribution will be collected

5.1 The method of collection will be determined by which means the resident chooses to receive their Personal Budget.

5.1.1 Direct Payments

If the resident chooses to receive some or all of their Personal Budget via a Direct Payment and the Direct Payment amount is greater than the contribution amount, the contribution will be netted from the Direct Payment amount. E.g. the 4 weekly Direct Payment amount will be paid less the calculated 4 weekly contribution amount.

5.1.2 Personal Budget managed by the Council

Those residents who choose for the council to manage their Personal Budget including the commissioning and paying for the services will be invoiced over 13 four weekly periods in arrears. The 4 weekly sum is calculated by dividing the resident's assessed annual contribution by 13 periods

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Section 6 - Appendices

Appendix A: Contribution Collection for Personal Budgets

Example 1

- Annual Personal Budget = £5,000
- Annual contribution is £2,000 so Adult Services fund £3,000
- As part of their support plan the resident requests commissioned services of £2,500 and a Direct Payment of £2,500.
- The resident's contribution of £2,000 will be offset against the Direct Payment.
- The Council funds and commissions services of £2,500 and a Direct Payment of £500 which on a standard basis would be paid equally over the year or as per a payment schedule agreed with the individual.

Example 2

- Annual Personal Budget = £5,000
- Annual contribution is £2,000 so Adult Services fund £3,000
- As part of their support plan the resident requests commissioned services of £4,000 and a Direct Payment of £1,000.
- The resident is required to fund the £1,000 Direct Payment through their contribution and no Direct Payment amount is paid
- In addition a contribution of £1000 per annum towards the cost of their commissioned services of £4,000 is required. The Council will raise an invoice for every 4 week period to collect the £1,000 ($\frac{£1000}{52} \times 4$ every 4 weeks), unless an alternative contributions collection schedule has been agreed
- The Council funds £3,000 of commissioned services.

Example 3

- Annual Personal Budget = £4,000
- Annual contribution from Resident assessed as £1,000 so Adult Services will contribute the £3,000 balance.
- The support plan agreed with the resident states that respite care and homecare are required to meet the resident's outcomes. The resident decides to have 4 weeks' respite care per annum, to be taken throughout the year, and commissioned by Adult Care Services. This is charged to the Personal Budget at £470 per week, and totals £1,880 for a year. The resident decides to use remainder of the Annual Personal Budget, £2,120 for homecare.
- The resident will be invoiced for £76.92 every 4 week's, this is equivalent to £19.23 per week. In this way the resident will contribute £1,000 over the year towards their Annual budget.
- The Council funds £3,000 of commissioned services.

Example 4

- Annual Personal Budget = £4,000
- Annual contribution is £2,000 so Social Services fund £2,000
- As part of their support plan resident requests a Direct Payment for all of their Personal Budgets
- The resident receives their Direct Payments net of their contribution. No other contribution is collected e.g. Payments totalling £2,000 to the resident, paid 4 weekly

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Appendix B – CARE AND SUPPORT GUIDANCE TO THE 2014 CARE ACT Capital limits

These capital limits are applicable for both traditional packages of care and Personal Budgets.

ITEM	2017/2018	Review Process
Upper capital limit	£23,250	Department of Health
Lower capital limit	£14,250	Department of Health

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Appendix C - Disability Related Expenditure (with effect from w/c 09/04/18)

Disability related expenditure (DRE), is an allowance that is included in the financial assessment for social care charges, ensuring service users extra disability costs are taken into consideration.

Disability related expenditure (DRE) is categorised under the following headings. This expenditure must be incurred by the service user and not by a relative or friend. Disability Related Expenditure will not be considered in respect of paid services provided by family members.

The maximum hourly rate for cleaning and gardening is based on, and increased, in line with the normal hourly rate for Direct Payments.

Service Users can request a review of their DRE at any time. Otherwise the DRE will be reviewed at approximately 2 yearly intervals alongside a full review of the financial assessment.

Following a review of the DRE scheme in 2015, if a service user's DRE decreases, 3 calendar months notice will be given before the DRE is adjusted to the new rate.

	Heading	Amount that can count as DRE	Evidence Required	Additional Notes
1	Community Alarm system	Actual weekly costs incurred.	Bill from Provider	Lifeline alarms are free to certain Housing Association tenants, reduced cost to others.
2	Additional laundry costs Cost of more than 3 loads of washing per week specifically in respect of the service user will generally be considered.	Where laundry is undertaken at home, for each additional load over 3 loads, allow £1.60 per load to a maximum of £4.70 weekly. Where a launderette is used allow the additional weekly cost over and above 3 loads a week, averaged over previous 4 weeks Where the service user is required to use a commercial laundry due to disability reasonable costs will be considered on an individual basis.	Past 4 weeks launderette or laundry receipts	Incontinence or other personal hygiene issues will have been identified in the Care Plan.

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	Heading	Amount that can count as DRE	Evidence Required	Additional Notes
3	<p>Continence Products Where appropriate products are not available from the NHS, the cost of privately purchased items will be considered. Service users must contact their GP to identify if required items are available on the NHS</p>	Actual reasonable weekly cost averaged over previous 4 weeks.	Past 4 weeks receipts	The Care Plan will have identified a continence problem. If costs exceed £25 refer to the Care Manager.
4	<p>Special dietary needs Medical evidence will be required</p>	Additional weekly cost of specialist foods over the cost of non-specialist food, averaged over previous 4 weeks.	Past 4 weeks, receipts	
5	<p>Clothing and Footwear Additional cost of specially made clothing or footwear due to disability, or additional cost of replacement clothing due to abnormal wear and tear. Excludes items that can be provided by the NHS.</p>	Amount allowed will be considered on a case to case basis, based on : Additional cost over average of specially made clothing or footwear. Additional cost over average where clothing or footwear needs frequent replacement.		There should be reference within the Care Plan to abnormal wear and tear of clothing.
6	<p>Bedding; Where higher than average replacement costs due to continence problems or other disabilities.</p>	Additional cost of replacement bedding over average based on previous year's expenditure	Past year's receipts.	The Care Plan will have identified a continence problem.
7	<p>Additional Heating and/or fuel costs over average expenditure (Taking into account any contributions to fuel bills from other members of the household.)</p>	Additional usage over average expenditure, based on National Guidance . Average expenditure: Single in flat and terraced..... £1,206 Couple in flat and terraced..... £1,591 Single in semi-detached.....£1,281 Couple in semi-detached..... £1,688	A full year of bills for all types of fuel, or evidence of Direct Debits.	

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	Heading	Amount that can count as DRE	Evidence Required	Additional Notes
		Single in detached..... £1,559 Couple in detached..... £2,054 The maximum allowance will be 50% above the average fuel figure for the appropriate band.		
8	Reasonable costs of basic garden maintenance. (Consideration will be given to the circumstances of others living in the household.)	Discretionary based on individual costs of garden maintenance. Maximum allowance is 2 hours per week for 8 months per year. Maximum hourly rate £12.80	Receipts for at least four visits	
9	Cleaning, or domestic help Where housework is not included in the Personal Budget, and a commercial cleaner is required as a consequence of disability. Account will be taken of the circumstances of others living in the household.	Up to 2 hours weekly can be considered. Maximum hourly rate £12.80	Receipts for at least four visits	Requirement confirmed in the Care Plan and Council supported care reduced accordingly. Exceptionally if more than 2 hours per week is essential, can be agreed with approval of service manager.
10	Stair-lift Will only be considered if rented or still being paid for by installments .	Allow actual amount of repayments or of any DFG loans	Evidence of purchase – less Disabled Facilities Grant	
11	Wheelchair For Outdoor only users. Wheelchairs should be provided by NHS if needed both indoors & outdoors	Actual cost divided by useful life	Receipt	
12	Other equipment or aids	Actual cost divided by useful life	Receipts	

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	Heading	Amount that can count as DRE	Evidence Required	Additional Notes
	The majority of equipment and aids can be provided either by Occupational Therapy or the NHS. Equipment will only be considered if being paid for by ongoing installments, or is not available free of charge and will need to be replaced.			
13	Costs associated with privately purchased equipment, e.g. insurance and servicing	Actual cost over previous year divided by 52	Receipts	
14	Transport costs Reasonable costs considered on an individual basis, over and above those incurred by an able bodied person.	Actual weekly costs averaged over previous 4 weeks (over and above the mobility component of DLA or PIP where this is in payment)	Bills & Receipts	Evidence in Care plan for the need for special transport.
15	Opticians & Dentist's home call charges Where a home visit is required as user is unable to access dentist's surgery or opticians.	Actual weekly costs averaged over previous year.	Receipts.	
16	Prescription charges (those aged 60 or over and on Income Support are entitled to free prescriptions.	Cost of an annual season ticket divided by 52, or actual cost of prescription, whichever is less.	Receipts	
17	Communications: Discretionary based on costs that would not usually be incurred. Telephone line rental, mobile phone costs, and internet access are now part of everyday life	Reasonable average weekly costs of communications specifically related to disability	Receipts	

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	Heading	Amount that can count as DRE	Evidence Required	Additional Notes
	and would not normally be considered.			
18	Podiatry: Where there is a need that is not being met by the NHS.	Reasonable average weekly costs	Receipts	
19	Osteopathy, physiotherapy, etc: Must be confirmed by the GP that this is essential and not available on the NHS.	Reasonable average weekly costs	Receipts	
20	Chemist/Medical Items, where need arises from disability and is not available under prescription. First £5 not allowed as considered normal expenditure	Reasonable average weekly costs over £5 per week	Receipts,	
21	Hair Washing: Where service user is unable to wash own hair, and hair wash is not included in the Personal Budget.	Maximum of £ 7.45 per hair wash	Receipts	
22	Other costs caused by illness or disability or that help the Service User to live independently but only where additional costs are incurred over and above those that an able bodied person of the same age would reasonably incur	Actual average weekly costs	Receipts	