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# Charging policy

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## Definitions

### Capital

In general this refers to financial resources and assets available for use, excluding income, for example property, bank accounts, post office savings, stocks and shares.

### Chargeable Personal Budget

The value of the personal budget after adjustment to reflect services which are provided at less than full cost, for example respite services.

### Contribution

This is the amount a service user has to pay towards the cost of their care and support as set out in their personal budget.

### Direct Payments

Payments made directly to an individual to allow them to purchase services to meet their care and support needs rather than services being provided through the Council.

### The Guidance

Refers to the Care and Support Statutory Guidance issued under the Care Act 2014.

### Guarantee Credit of Pension Credit

If income is below a certain level the guarantee credit makes up the difference for people who have reached the minimum qualifying age.

## **Income Support/Universal Credit**

A means tested benefit for people with a low income.

## **Net Disposable Income**

This is calculated by obtaining the difference between assessed eligible income and eligible expenditure.

## **Personal Budget**

The amount of money the local authority has agreed it will cost to fund the support to meet the needs identified in the approved care and support plan. The personal budget is made up of money from the Council and the amount that a person is financially assessed as able to contribute towards their support.

## **Personal Expenses Allowance**

This is the weekly amount that people in residential care receiving local authority financial support will be allowed to keep for personal use.

## **The Regulations**

Refers to the Care and Support (Charging and Assessment of Resources) Regulations 2014.

## **Minimum Income Guarantee**

The non-residential financial assessment process will ensure that individuals retain a minimum level of income to cover their living costs. The residential financial assessment process will ensure that individuals retain an amount of income equivalent to the Personal Expenses Allowance.

## **Savings Credit**

This is intended to reward those people aged 65 and over who have made provisions for retirement above the basic state pension. Those people reaching state pension age on or after 6 April 2016 may not be eligible.

## **Tariff Income**

Where individuals have capital over the lower capital limit and up to and including the upper capital limit an assumed level of income (£1 per week for every £250 or part thereof) will be included in the financial assessment. This is called tariff income.

## **Upper and Lower Capital Limits [\[1\]](#)**

The capital limits set out at what point a person is able to access local authority financial support and how much support they receive. Capital below the lower limit will be disregarded from the assessment.

If a person has assets above the upper capital limit they will be expected to meet the full cost of their care and support (subject to the maximum weekly charge for non-residential care). Please note that the upper and lower capital limits are set and reviewed each year by the Department of Health and Social Care and may be subject to amendment. The current capital limits can be found in the published fees and charges document which is available on the Council's website.

# **1. Introduction**

1.1. The Care Act 2014 provides a single legal framework for charging for care and support. It enables a local authority to decide whether or not to charge a person when arranging to meet their care and support needs or a carer's support needs. There are some types of support where the local authority is required to arrange care and support free of charge. The purpose of this policy is to establish how Blackpool Council will calculate a person's contribution towards the cost of their care and support when charges do apply.

1.2. Where a local authority decides to charge it must follow the published regulations and have regard to the statutory guidance, which determine the maximum amount an authority can charge a person. The detail of how to charge is different depending on whether someone is receiving care in a care home or another setting, such as at home or in supported accommodation.

# **2. Principles of the Charging Policy**

## **National Policy and Regulatory Framework**

2.1. The Council has a duty to arrange care and support for those with eligible unmet needs. Where the Council arranges care and support to meet a person's needs, it has discretion whether or not to charge under section 14 of the Care Act. Where it decides to charge, it must follow the Care and Support (Charging and Assessment of Resources) Regulations and have regard to the statutory guidance. The Act provides that the Council may apply charges based on the costs to the authority of meeting the assessed needs of the person.

2.2. The Council provides a range of social care services to support people with eligible care needs. Services include the provision of placements in care homes and services designed to help people to stay as independent as possible in their own homes. The key to the overall affordability of these services is the income that the Council receives from people towards the cost of their care and support. On this basis, the Council has decided to apply charges where the regulations allow but in accordance with guidelines which ensure that no-one is asked to contribute more than they can afford.

## Key Principles

2.3. The overarching principles of the Council's charging policy are to:

- Ensure that people are not charged more than it is reasonably practical for them to pay;
- Be comprehensive, to reduce variation in the way people are assessed and charged;
- Be clear and transparent, so people know what they will be charged;
- Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control;
- Support carers to look after their own health and wellbeing and to care effectively and safely;
- Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet needs;
- Apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings;
- Encourage and enable those who wish to stay in or take up employment, education or training or plan for the future costs of meeting their needs to do so; and
- Be sustainable for local authorities in the long term.

## 3. Scope and Exclusions

3.1. Exemptions - circumstances when people will not be required to make a contribution

- People who have been diagnosed as having any form of Creutzfeldt Jacob Disease will be automatically exempt from charges.
- People receiving 'after-care' services will not be charged for support services provided under Section 117 of the Mental Health Act 1983.
- Any service or part of a service which the NHS is under a duty to provide will be free to the user. This includes 'Continuing NHS Health Care' and the NHS contribution to registered nursing care.

3.2. Services provided free of charge

- Advice and information and guidance provided by the Council about the availability of support will be available without a contribution.
- Independent advocacy services provided to facilitate the involvement of a person in their care assessment, in the preparation and review of their care and support plan as well as in safeguarding enquiries where this is deemed to be necessary.
- Assessments, including assessment of care and support needs and financial assessments will be available without a contribution.
- The Council will not require any contribution towards community equipment and minor adaptations up the value of £1,000 e.g. grab rails where an assessed need has been identified.
- Where the Council provides intermediate care including reablement, this will be provided free of charge for a period of up to six weeks, in accordance with the Regulations. If intermediate care is provided at home, and it is in addition to an established (albeit in some cases interrupted) package of support, contributions will continue against the established package. The individual's assessment will identify those services provided under intermediate care arrangements. Subject to the Council's discretion, these services may be provided free of charge for longer than six weeks where continuation of the intermediate care would have clear preventative benefits to the person as assessed by their social worker.
- The Council has chosen to provide free of charge, services directly provided to carers to meet carers' identified support needs.

3.3. Services subject to flat rate charges

- Where transport is provided and the cost is not included in a personal budget, the service will be subject to a flat rate charge.

- Where a person has eligible needs to be met through the provision of non-residential care and has assets above the upper capital limit, the Council will charge an annual administration fee for arranging services to meet their needs. The fee will be reviewed annually and will be applied at the point that services commence and annually thereafter on this anniversary.
- An administration fee will be applicable under the Care Act 2014 for setting up and maintaining a Deferred Payment Agreement. The set-up fee will be payable when the legal agreement is complete; the maintenance fee will be due annually in advance on this date each year.
- Where a person lacks the capacity to manage their own finances and the Council provides a money management service or acts as a court appointed Deputy, the Council will charge a fee subject to affordability.
- Where residential respite services are provided there will be a flat rate charge, to cover ordinary living expenses, for a maximum of 8 continuous weeks or for 12 separate weeks cumulatively over a year. After this period, contributions will be calculated in accordance with this Policy, however if a service user feels that they cannot afford the flat rate charge they can request a full financial assessment.
- Where a person requires a temporary or short stay in residential care there will be a flat rate charge to cover ordinary living expenses, for the first two weeks of the stay, or a full financial assessment can be requested.

## 4. Provisional Financial Assessments

### 4.1. Provisional or Interim Charges

If a full financial assessment has not been completed at the time a person's care and support commences, a provisional contribution will be applied from the date the services are put in place. Adjustments in respect of any under- or overpayments from the date the contributions commenced will be made when the financial assessment has been completed.

### 4.2. Non-Residential Care

Where information is not available to allow a financial assessment to be completed in advance of the services commencing, a request will be made to the service user for the relevant information. This information will need to be provided within 14 days. During this time a provisional charge equal to the full cost of the service will be applied from the point at which services commenced. When the information has been received the correct figure will be calculated and backdated to the point at which services commenced. If the information is not provided within the required timescale, the full cost of the service will continue to apply from the point at which services commenced until the necessary information is provided.

### 4.3. Residential Care (Short stay)

Contributions towards the cost of short stay residential care are paid by the resident or their representative directly to the care home. For the first two weeks of any short stay a flat rate charge will be applied. The service user can however request that a financial assessment be undertaken to establish an assessed charge. After the first two weeks a financially assessed charge will be established in any case if the information is available to allow this. This information will need to be provided within the first 14 days of the stay to enable a financially assessed charge to be established and applied from the beginning of the third week. If the information is not available to allow a financially assessed charge to be applied after the first two weeks, a provisional charge will be applied for a further two weeks. When the required information has been received any adjustments to contributions paid from the start of week three will be calculated. This may mean that an additional payment is due to the care home if the financially assessed figure is higher than the provisional charge. If after the further two week period, the required information has not been provided, then it will be assumed that the resident can afford to meet the full cost of their placement and this will be applied from the beginning of the third week of the stay. The full amount of the charge should be paid directly to the care home.

### 4.4. Residential Care (Long stay)

Contributions towards the cost of residential care are paid by the resident or their representative directly to the care home. Where information is not available to allow a long stay financial assessment to be completed in advance of the placement commencing, a request will be made to the resident or their representative for the relevant information. This information will need to be provided within 14 days during which time a fixed provisional charge will be applied from the point at which the placement began. When the required information has been received the correct figure will be calculated and backdated to the date the permanent placement commenced. This may mean that an additional payment is due to the care home if the financially assessed figure is higher than the provisional charge. If the information to complete the financial assessment is not provided within the required timescale, the interim charge will continue to apply for a further 14 days. After this time, if the required information is not provided, then it will be assumed that the resident can afford to meet the full cost of their placement from the date of their admission and this must be paid directly to the care home.

## 5. The Financial Assessment

5.1. The Council will positively seek to complete a financial assessment to determine how much a person should contribute towards the cost of providing their care and support unless they:

- are exempt as described under section 3.1 of this policy;
- choose not to be financially assessed.

5.2. People who refuse to be financially assessed or refuse to co-operate with the assessment to the extent that a full financial assessment cannot be completed, will be required to pay the maximum charge for their care and support. This will be equivalent to the full cost of their care (subject to the maximum weekly charge if receiving non-residential services, see 7.10).

5.3. A financial assessment will be undertaken at the earliest opportunity to assist with decision making as part of the care and support planning process. The assessment will be subject to regular review to take account of any changes to a person's finances. People are required to notify the Council as soon as possible if there is a change in circumstance which may affect the assessment.

5.4. The amount that a person is asked to contribute towards the cost of their care and support will depend upon whether the person is in residential care or living at home. This is discussed in more detail in later sections.

5.5. The financial assessment will take into account income and capital. Individuals will be asked to confirm that the information being used is correct. Where appropriate or as requested a Finance Visiting Officer will arrange to meet people in a suitable place to gather information and provide advice on benefits maximisation.

5.6. Income will always be taken into account unless it must be disregarded in accordance with the Regulations. In all cases, employed or self-employed earnings are fully disregarded.

5.7. Most of the benefits people receive will be taken into account unless they are disregarded as below. However if people are living at home they will always be left with enough income to cover daily living costs or to meet needs not being met by the Council. If they receive care and support in a residential care home they will be left with a personal expenses allowance to spend as they wish.

5.8. Income from the following sources will be fully disregarded:

- Guaranteed Income Payments made to Veterans under the Armed Forces Compensation Scheme;
- War Disablement Pension, War Widows and War Widowers Pension Payments;
- Survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme; The mobility component of Disability Living Allowance or Personal Independence Payments;
- Savings credit income will be fully or partially disregarded based on qualifying criteria.

The above list is not exhaustive and for further details of income that is either fully or partially disregarded see Annex C: Treatment of Income, Care and Support Statutory Guidance.

5.9. The main examples of capital are assets such as property and savings. A person with assets above the upper capital limit will need to meet the full cost of their care (subject to the maximum weekly charge for non-residential care see 7.10). Where a person has capital at or below the upper capital limit, but more than the lower capital limit they will be charged £1 per week for every £250 in capital between the

two amounts. This is called 'tariff income'. Any capital below the lower capital limit will be disregarded from the assessment.

5.10. In certain circumstances capital will be disregarded<sup>[2]</sup>. The value of a person's main or only home will be disregarded in the following circumstances:

1. Where the person is receiving care and support at home;
2. If the person's stay in a care home is temporary and they intend to return to that property or they are taking reasonable steps to dispose of the property and acquire something more suitable.
3. Where the person no longer occupies the property but it continues to be occupied by a spouse or qualifying relative aged over 60 or incapacitated relative as defined in the Regulations and Guidance and the intent is not considered to be the avoidance of paying care charges.

Only a person's sole or main residence will be disregarded if any of the above circumstances apply. The value of any other land or property that is owned will be taken into account in the assessment.

There may be some circumstances in addition those listed above, when the Council considers it appropriate to disregard the value of a

person's main residence in an assessment. This is called a discretionary disregard but must be balanced with the need to ensure that residents with assets are not maintained at public expense.

5.11. Only the income of the cared-for person will be taken into account in the financial assessment of what they can afford to pay for their care and support. Where this person receives income as part of a couple, the starting presumption is that the cared-for person has an equal share of the income. If any assets are held jointly, for example, a joint bank account, unless there is evidence to demonstrate otherwise, it will be assumed that the total amount is shared equally and the person will be treated as owning an equal share.

5.12. People are expected to take advantage of all income available to them and assistance to maximise this will be available where needed. Following benefit maximisation advice, people who elect not to claim entitlement to allowances and benefits will be treated as receiving such income for the purpose of the financial assessment.

5.13. Where the Council considers that a person has deliberately tried to avoid care and support costs through depriving themselves of assets, either capital or income, it will charge the person as if they still possessed the asset or, if the asset has been transferred to someone else, it will seek to recover the lost income from that person. See Section 12.

5.14. Following the financial assessment people will be sent a letter informing them of the amount that they have been assessed as needing to contribute towards the cost of their care and support and how this figure has been calculated. Contributions will apply from the date that services commenced. If it has not been possible to complete a full financial assessment by the time services have been put in place, a provisional charge will apply in the short term, until the outcome of the full assessment is known. This may require adjustments to contributions in later periods. See Section 4.

5.15. Where a person lacks the mental capacity to manage their finances, they may still be assessed as able to contribute towards the cost of their care. The Council will need to work with someone who has the appropriate authority (e.g. Power of Attorney or appointee for benefits) to make financial decisions on behalf of the person. People who lack the mental capacity to give consent to a financial assessment and who do not have an authorised representative will require the appointment of a deputy for property and financial affairs. Family members can apply for this to the Court of Protection or the Council will consider applying if there is no-one else suitable. The application process can take several months to complete but contributions towards the cost of care will still apply from the date the support commenced. Debt collection procedures will be suspended during this period until such time as a deputy has been appointed. The Council will then expect payment of any outstanding charges in full and if necessary take steps to recover any arrears of charges.

## 6. Charging for Care and Support in a Care Home

6.1. People receiving care and support in a care home will be expected to make a contribution towards the cost of their care, unless they are considered to be exempt under the criteria outlined in Section 3.1, subject to a financial assessment in line with the Regulations and Guidance. The Council will take into account income and capital when carrying out the financial assessment.

6.2. However, a person will always be left with a minimum amount of income, known as the Personal Expenses Allowance. This is a figure set by the government. Any income above this amount may be taken into account when determining charges with the exception of the income amounts detailed in section 5.8 which will be disregarded. The personal expenses allowance is intended for people to spend as they wish and may be varied by the Council subject to specific and individual circumstances.

6.3. The financial assessment will take into account the value of any property that is owned, including the person's main or only home. If a person is considered to have assets, including a property, valued at more than £23,250<sup>[3]</sup>, they will be expected to meet the full cost of their care. Where this is the case, subject to meeting the eligibility criteria<sup>[4]</sup>, a person will be offered the option of delaying the payment of some of their care costs and entering into a deferred payment agreement with the Council. In these circumstances a person will still be expected to contribute towards the cost of their care from their income but can defer the rest of the payment until such as time as their assets are realised. If a deferred payment is not agreed, a person will be expected to meet the full cost of their care if they have assets valued at more than £23,250.

6.4. When the value of a person's assets, excluding their property, is below the upper capital limit, the value of their main or only home will be disregarded for 12 weeks in the following circumstances:

- When they first enter a care home as a permanent resident; or
- When a property disregard other than for the 12 week period (see 5.10.3) unexpectedly ends because the qualifying relative has died or moved into a care home.

6.5. The Council has the discretion to disregard property for other reasons and each case will be considered on an individual basis but

this must be balanced against the duty to ensure that the value of a person's assets are maintained at the expense of the wider public.

6.6. Where the care planning process has determined that a person's needs are best met in a care home, the Council will provide for the person's preferred choice of accommodation subject to certain conditions. The type of accommodation must be appropriate to the person's needs and the cost must not exceed the amount included in their personal budget. There should always be at least one option which is affordable within the individual's personal budget. However, a person will also be able to choose alternative options, including a more expensive care home, where a third party or in certain circumstances<sup>[5]</sup> the individual themselves is willing and able to pay the additional cost i.e. the difference between the actual cost and the amount in the personal budget or 'top-up' fee. Any third party arrangements to pay top-up fees will be subject to a formal agreement between the Council and the third party which clearly documents the implications of a failure to make the required payments.

6.7. Where a person is resident in a care home for the purposes of receiving respite care, the Council will request a flat rate contribution towards daily living costs (up to the first 8 weeks of continuous care or 12 separate weeks on a cumulative basis per year) in addition to any established contributions to nonresidential care. If a person feels that they cannot afford to pay the flat rate contribution they can request a financial assessment as if they were a short stay resident (see 6.8 below). The contribution a person is asked to make will need to be paid direct to the care home.

6.8. If a person is assessed to need a temporary or short stay in a care home, for any purposes other than respite, then a flat rate contribution towards daily living costs will be applied for the first two weeks. If a person feels that they cannot afford to pay the flat rate contribution they can request a full financial assessment to be applied from the start of their stay. In any case after the first two weeks, a full financial assessment of what they can afford to contribute to the cost of their care will be undertaken. The financial assessment will be based on the individual resources of the person but with regard to any spouse or partner remaining at home. The person's main or only home will be disregarded where the person intends to return home or is taking steps to dispose of the property in order to acquire something more suitable. Other factors, such as ongoing home commitments, will also be taken into account in accordance with the Guidance.

6.9. If the person subsequently becomes a long stay resident, a further financial assessment will be undertaken to take account of the change in circumstances; however the new charge will only be applied from the date that the care plan was amended to reflect the need for long term support and as agreed with the individual or their representative.

6.10. If necessary, a provisional financial assessment will apply from the date of permanent admission or two weeks after a short stay admission, until the full financial assessment has been completed. It may be necessary to refund or collect any over- or underpayment. The contribution a person is asked to make will need to be paid direct to the care home.

## 7. Charging for Care and Support at Home

7.1. People receiving care and support in their own home or in the community will be expected to make a contribution towards the cost of their care (as set out in their personal budget), unless they are considered to be exempt under the criteria outlined in Section 3.1, subject to a financial assessment in line with the Regulations and Guidance. The Council will take into account income and capital when carrying out the financial assessment.

7.2. People receiving care and support arranged by the Council other than in a care home need to retain a certain level of income to cover their living costs. Under the Care Act 2014, charges must not reduce a person's income below a certain amount but local authorities can allow people to keep more of their income if they wish. This is known as the Minimum Income Guarantee and its purpose is to promote independence and ensure that people have sufficient funds to meet basic needs such as buying food, paying for utilities and purchasing insurance. The Minimum Income Guarantee figures are set by the government.

7.3. The following household expenses will also be considered and may be taken into account in the financial assessment process depending on the individual's circumstances:

- Rent net of housing benefit/universal credit
- Mortgage repayments
- Council Tax net of Council Tax Reduction Scheme
- Water rates
- Ground rent/maintenance charges

7.4. Where disability related benefits are taken into account as part of the financial assessment process, the Council will allow a person to keep enough benefit to pay for necessary disability related expenditure to meet agreed needs which are not being met by the

authority. The Council applies a notional level of banded disability related expenditure (DRE) based on the level of a person's disability benefits. However, the maximum level of banded DRE can be exceeded in cases where the expense is justified and can be verified through evidence of expenditure such as receipts.

7.5. The night care element of Disability Living Allowance and Attendance Allowance will also be disregarded if there are agreed day and/or night care needs and costs, which are not being met by the Council. Where a person is in receipt of a Personal Independence Payment, the care component will be treated as income in full, but an allowance will be made where any disability related expense can be identified in relation to agreed day and night care not being arranged by the local authority.

7.6. People will retain the right to have their assessment reviewed (or to appeal) when the whole or part of their impairment or disability related expense has not been taken into account.

7.7. The Council will consider within the assessment, the financial implications for service users who have children up to 19 years of age, who are financially dependent on them. Young people will continue to be considered as dependants until their 19th birthday on receipt of proof that they remain in full time education.

7.8. Where a carer has eligible support needs of their own, the Authority has a duty, or in some cases a power, to arrange support to meet their needs. Where the Authority arranges to meet the needs of the carer by arranging for the direct provision of services to the carer themselves, charges will not be applied. However, where services are provided to the "cared for" person, such as respite care, then charges will be applied to the cared for person in line with this Policy.

7.9. The non-residential assessment calculation is summarised as follows:

**Assessable Income**

**Less: Minimum Income Guarantee**

**Less: Housing Costs**

**Less: Disability Related Expenditure**

**Equals: Assessed Contribution or Net Disposable Income**

The full amount of the assessed contribution or net disposable income is then compared to the amount of the personal budget and the amount due will be the lower of the two figures.

7.10. The Council will set an upper limit on the amount that any person will be asked to contribute towards their care at home costs regardless of their level of income or capital. This is called the 'cap' or maximum weekly charge and will be reviewed on an annual basis.

7.11. When an individual's contribution to their personal budget has been established, this is the amount that they will be required to contribute unless the following circumstances apply:

- A person is admitted to hospital or there is another absence from home for a period of more than 2 continuous weeks. The authority must be notified and the contribution towards the cost of the personal budget will be reviewed.
- A person dies in which case a refund or any balance outstanding will be calculated from the date of death.

7.12. People with eligible needs and financial assets above the upper capital limit may ask the Council to meet their needs. If their needs are to be met by care and support in the home, then the Council must provide assistance, but this will be subject to the payment of an annual administration fee to cover costs in addition to the costs of providing the care and support. In these circumstances there is no entitlement to financial support with the payment of charges, with the exception of the cap on care costs which will limit the amount payable each week to a maximum amount.

## 8. Light-touch Financial Assessments

8.1. In some circumstances, the Authority may choose to treat a person as if a financial assessment has been carried out. In order to do so, it must be satisfied on the basis of evidence provided by the person that they can afford, and will continue to be able to afford any charges due. This is known as 'light-touch' financial assessment.

8.2. The main circumstances in which the Council will carry out a light-touch financial assessment are:

- Where a person has significant financial resources, and does not wish to undergo a full financial assessment for personal reasons, but wishes to access local authority support in meeting their needs;
- Where there is a small or nominal amount charged for a particular services which a person is clearly able to meet and would



- clearly have the relevant minimum income left and carrying out a full financial assessment would be disproportionate;
- When an individual is in receipt of benefits which demonstrate that they would not be able to contribute towards their care and support costs.

8.3. The Council will inform people when it intends to carry out a light-touch financial assessment and a full financial assessment can be requested as an alternative.

## 9. Direct Payments and Personal Budgets

9.1. Direct payments are an option for people who would like to arrange their own care and support at home instead of receiving services through the Council. A personal budget or a portion of a personal budget may be paid on a cash basis as a Direct Payment. Direct Payments are not available to people in residential care.

9.2. Where a person opts to receive a Direct Payment their financial contribution will be determined through a financial assessment in accordance with this Policy. Where a person is assessed as being liable to pay a financial contribution towards their care and support, the relevant contribution will be deducted before each Direct Payment is paid to them. People receiving Direct Payments will be expected to regularly pay their assessed financial contribution or 'charge' into their Direct Payment account and this will be monitored through regular account audits.

9.3. Where a person chooses to access a combination of support arranged by the Council and a Direct

Payment and is assessed to make a financial contribution, the contribution will be deducted before the Direct Payment is paid. If the assessed contribution exceeds the amount of the Direct Payment then an invoice will be sent for the remaining amount due.

## 10. Effective Point of Charging

10.1. People will be informed at the earliest appropriate time that there may be a contribution required towards the cost of their care and support.

10.2. People will be sent a letter notifying them of the outcome of their financial assessment, the frequency and amount of their payment and the date from which contributions will be due.

10.3. The Council will expect contributions to commence from the date at which it starts to meet a person's care and support needs. If the financial assessment has not been completed to determine how much the person can afford to pay at the outset, it may be necessary to apply a provisional charge. Adjustments in respect of any under- or overpayments will be processed when the financial assessment has been completed.

## 11. Non Payment of Contributions

11.1. Failure to make payment will result in action being taken to recover the debt in accordance with the Council's corporate debt management procedures. If a person has been assessed as needing services these will not be withdrawn because a person refuses to pay the contribution. The overall approach will be to obtain co-operation while at the same time working with any individuals experiencing difficulty in making payment to agree a payment plan etc. Individual circumstances will be handled with sensitivity, however in fairness to those people who pay their assessed contribution; non-payment will be handled in line with the Council's policy on unpaid invoices. Ultimately the Council may institute County Court proceedings to recover the debt after exploring other options such as offering a deferred payment agreement.

## 12. Deprivation

12.1. Deprivation of assets is considered to mean that a person has intentionally deprived or decreased their overall assets (income or capital) in order to reduce the amount they are expected to contribute towards their care. This means that people knowing that they need care and support have deliberately tried to avoid or reduce the amount of charges they will be expected to pay, for example, by transferring their assets to a third party. Before deciding whether deprivation has occurred, the Council will consider: Whether avoiding charges was a significant motivation;

- The timing of the disposal of the asset e.g. at the point the capital was disposed of could the person have a reasonable expectation of the need for care and support; and
- Did the person have a reasonable expectation of needing to contribute to the cost of their eligible care needs?

12.2. It is up to the person to prove that they no longer have the asset otherwise they will be assessed as if they still had ownership. Where the person has transferred the asset to a third party to avoid or reduce charges, the third party will be treated as liable for the difference between what would have been charged and what is actually charged. As with any other debt the Council will consider using County Court proceedings to recover any debt owing.

## 13. Reviews and Appeals

13.1. If a person believes that there has been a mistake in the assessment process or that the assessment process has not taken full account of their circumstances they can request a review of their assessed contribution. If a person still feels that they cannot pay the assessed contribution they can use the Appeals procedure. Full details are contained in the Council's Reviews and Appeals Procedure.

13.2. Requests for a review should be made in writing to the Social Care Benefits Team, Blackpool Council, P.O. Box 50, Town Hall, Blackpool, FY1 1NF stating the reasons for the request, within 28 days of the notification of the outcome of the financial assessment.

## 14. Complaints

14.1. If a person is unhappy with the way their case has been handled, a formal complaint can be made using the Complaints Procedure. The complaints procedure cannot investigate the assessed contribution for services or complaints about general policy. It can however investigate concerns about the process by which the assessment has been made. For more information about the Complaints Procedure or if you wish to complain about the financial assessment process then you can contact the Customer Relations Team on 01253 477700 or by email at [customerrelations@blackpool.gov.uk](mailto:customerrelations@blackpool.gov.uk) or you can write to the Customer Relations Team, Blackpool Council, PO Box 4, Blackpool, FY1 1NA.

[1] Please note that the upper and lower capital limits are set and reviewed each year by the Department of Health and Social Care and may be subject to amendment. The current capital limits can be found in the published fees and charges section of this website.

[2] For further details see [Annex B: Treatment of Capital, Care and Support Statutory Guidance](#)

[3] This figure is set by the Department of Health and Social Care and is reviewed on an annual basis. This Policy will be updated to reflect any change in the figure

[4] The person has care needs to be met by the provision of residential accommodation; the person has less than (or equal to) the upper capital limit in assets excluding the value of their home (i.e. in savings and other non-housing assets); and anyone whose home is not disregarded because, for example, it continues to be occupied by a spouse or dependent relative.

[5] The person whose needs are to be met by the accommodation may choose to pay a 'top up' only in the following circumstances;

- Where they are subject to a 12 week property disregard
- Where they have a deferred payment agreement in place
- Where they are receiving accommodation provided under Section 117 of the Mental Health Act 1983
- Where the person has over £23,250 and pays full cost for their care

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