



# **LONDON BOROUGH OF BROMLEY**

## **Adult Services**

### **Contributions Policy Non-Residential Care Services**

**April 2024**

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**LONDON BOROUGH OF BROMLEY  
ADULT SERVICES**

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

**1. LEGAL BASIS**

- 1.1 The Care Act 2014 provides a single legal framework for charging for care and support under sections 14 and 17. The new framework is intended to make charging fairer and more clearly understood by everyone. To ensure consistency and fairness, the Care and Support Statutory Guidance has been issued by the Department of Health & Social Care under the Care Act 2014.
- 1.2 Personal budgets are a key part of the Government's aspirations for a person-centred care and support system. The Act places personal budgets into law for the first time, making them the norm for people with care and support needs.
- 1.3 A personal budget is an allocation of social care resources to a person who is eligible for support. Following an assessment of their need for non-residential social services ("needs assessment"), a person who the council considers eligible for support will be allocated an amount of money necessary to meet their needs.
- 1.4 The Care and Support Statutory Guidance provides advice on how both the chargeable amount of a personal budget, and the actual contribution made by the personal budget holder, might be calculated. The chargeable amount is the maximum possible contribution a person can be asked to make to their personal budget, subject to their available income, savings and capital.

**2. POLICY AIMS**

- 2.1 The London Borough of Bromley's contributions policy has been designed to comply with the Care Act 2014 and the Care and Support (Charging and Assessment of Resources) Regulations 2014. Its aim is to provide a reasonable and fair charging framework for all adults in receipt of services.
- 2.2 The income generated from the charges helps to maintain and develop services for vulnerable people.

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

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

- Personal Care
- Personal Assistants
- Flexible Support/Community Based Support
- Live in Carers
- Day Care
- Transport
- Supported Living
- Shared Lives Placements
- Assistive Technology – Community Alarm Service
- Assistive Technology – Equipment (if provided as part of the Community Alarm Service)
- Telephone Rental Assistance
- Non-Residential Respite
- Carers Services
- Any other service provided or funded via a Personal Budget e.g. shopping.

#### **2. Currently no charges are levied for the following services:**

- (i) Personal care and other non-residential care services to adults exempt under section 117 of the Mental Health Act 1983
- (ii) Personal care and other non-residential care services to adults with Creutzfeldt Jacob Disease (CJD)
- (iii) Intermediate Care including reablement for up to six weeks (charges apply where there is a missed appointment).
- (iv) Aids & Minor Adaptations (A minor adaptation is one costing £1,000 or less).
- (v) Any service which the NHS is under a duty to provide e.g. Continuing Healthcare.

## 4. KEY PRINCIPLES

The key principles underpinning Bromley's contributions policy are:

- 4.1 The charges levied are aimed to be fair and reasonable and due care will be taken in assessing the person's finances and their ability to contribute towards the cost of their care according to their means.
- 4.2 The aim to recover a reasonable level of charges and to apply charges fairly is intended not to undermine the department's objective to promote the independence and social inclusion of adults in receipt of services.
- 4.3 Each person has the right to request a review of their charges if they consider the charge to be unfair or believe they cannot afford to pay the charges.
- 4.4 Comprehensive benefits advice will be offered at the time of the financial assessment meeting with the aim being to maximise the individual's income and assist them in contributing towards their care costs. Where the financial assessment is completed without a meeting we will contact the individual if we consider they may not be receiving their full entitlement to benefits.
- 4.5 Adults with a disability and their carers, who work or wish to work, will **not** have their earnings assessed as part of their financial assessment.
- 4.6 In line with 4.2, the assessment of charges, we will ensure a person is able to retain a certain level of income to cover their living costs. This amount is known as the Minimum Income Guarantee (MIG) and is set by the Department of Health & Social Care.
- 4.7 A person who refuses to pay their assessed charge will not have their services withdrawn. The Council may recover arrears of charges through Debt Collection Agencies and/or the Courts where a person has the means to contribute towards the cost of their services but refuses to do so. A review of charges may be requested (as stated in 4.3).
- 4.8 Where a person's disability-related benefits are taken into account in the assessment of their income a standard amount of disability related expenses allowance will be included, determined by the level of Disability Living Allowance, Personal Independence Payment or Attendance Allowance they receive. Individuals will have the right to have their disability related expenses assessed as part of the Appeals Process (covered in section 11).
- 4.9 All information relating to a person's finances (verbal and written) will be treated in confidence. We will comply with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) when disclosing information.
- 4.10 Individuals will be charged for a minimum of half an hour per visit from the Agency. This is the minimum amount of time the Council will charge

for care provided. Service packages are set up as a minimum of half hour slots and this is reflected in payments made by the Council to the agencies. This in turn is reflected by charges made to the individual. Although some calls are shorter than or may take slightly longer than specified in the care plan, there will be no refund for such minor variations.

- 4.11 If a visit is cancelled with less than 24 hours' notice, the Council will be required to pay the agency therefore the individual will still be charged for the cancelled visit.

## **5. PERSONAL BUDGETS**

### **5.1 WHAT IS A PERSONAL BUDGET?**

A personal budget is the monetary value of the care purchased by Adult Services from its contractors to meet the assessed eligible care needs of an individual. The amount of "personal budget" a person is offered will depend on their needs and must be used as set out in their support plan. Whilst all care packages or support plans will have a monetary value referred to as a "personal budget", not everyone will want to assume responsibility for managing that budget directly.

A person might elect the Council to manage their care arrangements as has been the tradition in the past (managed service) or they may elect to take full control of their personal budget as a direct payment. Some may choose a combination of the two. The way they choose to use their allocation is recorded on a support plan.

#### Options for the adult in receipt of services

##### ➤ Managed Service

Many people will elect to have the Council arrange the service for them and will receive services in lieu of their personal budget. In such circumstances a Care Manager will design a support plan with the person and purchase a range of services from contractors to meet the person's needs.

##### ➤ Direct Payments

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

When a person is referred to Adult Services an Assessor will visit them to assess their care needs (if they are in hospital, this assessment may be carried out by a hospital-based Care Manager).

The Assessor will complete a Care Plan Assessment and inform the individual that they may be asked to pay towards the cost of providing

their Care/Support Package. This will also be explained in a letter which the individual or their representative will need to sign and return confirming that they have received this information.

The Assessor will give the individual a fact sheet informing them about the Visiting Officers and the financial assessment that they will undertake.

## 5.2 SERVICES INCLUDED IN A PERSONAL BUDGET

- Personal Care
- Personal Assistant
- Flexible Support/Community Based Support
- Extra Care Housing Care and Support
- Live in Carers
- Day Care
- Transport
- Supported Living
- Shared Lives Placements
- Assistive Technology Community Alarm Service
- Assistive Technology Equipment (provided as part of Community Alarm)
- Telephone Rental Assistance
- Non-Residential Respite
- Other non-residential services determined as necessary to meet assessed need e.g. Shopping

## 6. DEFINITION OF SERVICES PROVIDED

### 6.1 PERSONAL CARE /PERSONAL ASSISTANT

Home care or domiciliary care is care provided in a person's home following a care needs assessment (this also applies to anyone living in Extra Care accommodation).

### 6.2 FLEXIBLE SUPPORT/COMMUNITY BASED SUPPORT

Flexible support/Community based support is provided to maximise the adults choice and control in living as full a life, as independently as possible, for as long as possible, whilst living in their own home. The service is flexible in the hours delivered, the time they are delivered and in the level of support provided to respond to the changing needs of the individual.

### 6.3 EXTRA CARE HOUSING

Extra Care Housing provides a range of housing and care/support services tailored to meet individual needs available 24 hours a day, 7 days a week. The amount of care provided at any time can be flexible to accommodate fluctuating needs and can be supported by in-built

“smart technology” or “telecare” (for example call alarms or sensors to alert staff to particular circumstances). Schemes may be specifically designed to cater for specialist needs, such as for people with dementia. Living within the wider community can help people to maintain and build up the skills needed to retain their independence.

#### 6.4 LIVE IN CARERS

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

#### 6.5 DAY CARE

Day care will be calculated as part of the personal budget and as such will be part of the financial assessment, which means a charge may be applied.

Individuals will be charged based on their planned level of service. Charges will only be adjusted where the person has been unable to attend the day centre for more than four weeks. This is because the day centre will keep their space available for them to return for up to four weeks.

#### 6.6 TRANSPORT SERVICE

The cost of transport to and from the day centre is included in the personal budget and will be part of the assessed charge.

A charge will apply unless 24 hours' notice is given when cancelling the service.

#### 6.7 SUPPORTED LIVING PACKAGE

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

A person who is receiving supported living services will be financially assessed under the Council's Contributions Policy to determine how much they will be charged for the support they receive.

#### 6.8 SHARED LIVES PLACEMENTS

Shared Lives provides a service to vulnerable adults. The Scheme provides an alternative choice for people who require support rather than traditional residential care. The Scheme aims to enhance independence, choice and inclusion through a person-centered approach. It is a flexible, creative, community-based scheme that can provide both long-term and short-break services.



Payments are made directly to the Adult Placement Provider for food and utilities. A person will be financially assessed under the Council's Contributions Policy for the care they receive.

#### 6.9 ASSISTIVE TECHNOLOGY - COMMUNITY ALARM SERVICE & EQUIPMENT

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

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

Additional equipment (peripherals) will be charged for in addition to the Community Alarm.

#### 6.10 TELEPHONE RENTAL ASSISTANCE

Under exceptional circumstances assistance with the costs of installing and/or rental of a telephone may be provided by the Council under the Care Act 2014 if the applicant meets the required criteria.

#### 6.11 RESPITE NON-RESIDENTIAL

A person that needs respite care, which is not provided in residential accommodation, will be charged under the Council's Contributions Policy for non-residential services. This includes the Dementia respite at Home Service.

#### 6.12 CARERS SERVICES

Where a carer has eligible support needs of their own, and the Council is meeting the needs of the carer by providing a service directly to the carer, the carer will be charged the full cost for the service subject to a financial assessment.

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

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

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

#### 6.14 ARRANGEMENT FEE

Where a person has more than £23,250 in savings and investments they will be liable to pay an arrangement fee in addition to the full costs

of meeting their needs. This arrangement fee covers the costs of putting in place the care and support required.

## 6.15 REABLEMENT MISSED APPOINTMENT

A cancellation fee will be charged if an appointment is not kept and has not been cancelled with 24 hours' notice.

## 7. CHARGES EFFECTIVE FROM 8<sup>th</sup> April 2024

### 7.1 Personal Budgets

- Direct Payments

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

- Single Handed

- £21.06 per hour – Agency Provider
- £12.47 per half hour – Agency Provider
- £16.74 per three quarter hour – Agency Provider
- £19.16 per hour Personal Assistant

- Double Handed

- £42.12 per hour
- £24.94 per half hour
- £33.48 per three quarter hour

- Personal Care – Managed Service

The maximum charge for personal care provided as a managed service by the council is as follows:-

- Single Handed

- £21.06 per hour
- £12.47 per half hour
- £16.74 per three quarter hour

- Double Handed

- £42.12 per hour
- £24.94 per half hour
- £33.48 per three quarter hour

- Extra Care Housing - Personal Care

- £21.63 per hour (charged at pro rata of the hourly rate where applicable)

- Flexible Support/Community Based Support
  - £21.06 per hour

- Live In Carers

The charge for live in carers per week is the actual cost to the Council.

- Day Care

- Frail Older People or Dementia per session:-
 

£21.86	Band 1
£30.83	Band 2
£41.14	Band 3
- Learning Disability      £20.73 per session
- One to one support      £21.06 per hour
- The charge for specialist day placements will be the actual contracted cost of the service.

- Transport

- £18.42 for a return journey
- Transport Escort £18.42 for a return journey

- Assistive Technology - Community Alarm Service & Equipment

- Carelink Service Full Mobile Response - £10.85 per week
- Carelink Service Monitoring only - £7.28 per week
- Enhanced Equipment - £3.50 per week in addition to the above
- For any Emergency Call-out a charge of £103.88 will apply

- Telephone Rental Assistance

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

- Supported Living

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

- Shared Lives

The weekly charge for the personal care is full cost recovery (maximum charge) however a financial assessment will be undertaken to determine how much a person can afford to contribute towards their care.

- Dementia Respite at Home Service

- £21.06 per hour

- Other Non-Residential Respite

The weekly charge is full cost recovery (maximum charge) however a financial assessment will be undertaken to determine how much a person can afford to contribute towards their care.

- Other Services Funded by a Personal Budget

- Shopping Service £21.06 per week (equivalent to 1 hour)

## 7.2 Arrangement Fee

The current arrangement fee is £297.44 a year. This will be charged at the weekly rate of £5.72 from the start of the care package.

## 7.3 Reablement Missed Appointment Fee

The fee is £19.17 per hour.

## 8. CARRYING OUT A FINANCIAL ASSESSMENT

8.1 When a referral is received from Care Services, the Financial Assessment and Management Team will attempt to contact the individual or their representative by telephone within 5 working days to arrange an appointment. Where they have been unable to make contact a financial assessment form will be sent by post. This form should be completed and returned within 28 days with any documentary evidence required.

8.2 A reminder will be issued giving a further 14 days to return the form with the documentary evidence. If it is not returned the individual will be charged the full cost of the service on the basis that they do not require financial assistance from the Council. This is referred to as levying the full cost.

8.3 If the individual lacks capacity, the financial assessment will be conducted with one of the following people acting on their behalf:

- a) Enduring Power of Attorney (EPA);
- b) Lasting Power of Attorney (LPA) for Property and Affairs;
- c) Property and Affairs Deputyship under the Court of Protection;  
or
- d) Any other person dealing with that person's affairs (e.g. someone who has been given appointee-ship by the Department for Work and Pensions (DWP) for the purpose of benefits payments).

8.4 Where a person lacks capacity to give consent to a financial assessment and they do not have any of the above people with authority to be involved in their affairs, the Council may apply to the DWP or the Court of Protection if there is no one willing or able to act on behalf of the person.

## 9. HOW CHARGES ARE CALCULATED

9.1 A person will be financially assessed in accordance with the Care and Support (Charging and Assessment of Resources) Regulations 2014, section 8 of the Care and Support guidance, Annex B in relation to the treatment of Capital and Annex C on the treatment of income for non-residential care. The assessment is based on the person's income and assets; the local authority has no power to assess couples or civil partners according to their joint resources.

9.2 If a person has savings and investments over **£23,250 ("upper capital limit")** they will have to pay an arrangement fee in addition to the full cost of their care.

9.3 A person will also be charged an arrangement fee and the full cost of their care where:-

- a) They have failed to provide all the details required to complete the financial assessment within 28 days from the meeting with the Visiting Officer. They will be treated as not requiring financial assistance from the Council, or
- b) They do not wish to disclose their finances and sign a financial assessment form agreeing to pay the full cost. This will be treated as a "light touch" financial assessment.

### The Calculation of the Charge – How it works

9.4 Where a person has savings and investments of less than £23,250 they will be entitled to have a full financial assessment based on their income, savings and investments.

9.5 Allowances will be made for their normal living costs, housing costs and costs arising as a direct result of their disability.

### How income is treated

- 9.6 Income will always be taken into account unless it is disregarded under the Regulations. Only the individual's income can be taken into account in the financial assessment of what they can afford to pay for their care and support. Income that is disregarded will either be:
- (a) Partially disregarded; or
  - (b) Fully disregarded.
- 9.7 Where any Social Security benefit payment has been reduced (other than a reduction because of voluntary unemployment), for example because of an earlier overpayment, the amount taken into account will be the gross amount of the benefit before reduction.
- 9.8 Income from employment, i.e. earnings **will not** be taken into account in the assessment of the charge; however occupational/personal pensions **will be** included as income in the financial assessment.
- 9.9 This will include those pensions that are inherited by the individual. Where the person's spouse is a permanent resident in a residential/nursing home and 50% of their pension is disregarded as an allowance while they remain living at home, this income must be declared when providing details for the financial assessment.
- 9.10 An annuity is a type of pension product that provides a regular income for a number of years in return for an investment. Such products are usually purchased at retirement in order to provide a regular income. While the capital is disregarded, any income from an annuity will be taken fully into account except where it is:
- (a) purchased with a loan secured on the person's main or only home (providing certain conditions as set out in the guidance are met); or
  - (b) a gallantry award such as the Victoria Cross Annuity or George Cross Annuity.
- 9.11 Reforms to defined contribution pensions came into effect from April 2015. The reforms provide people with much greater flexibility in how they fund later life. This may lead to changes in how people use the money in their pension fund. The rules for how to we will assess pension income for the purposes of charging are:
- (a) Where a person has removed the funds and placed them in another product or savings account, they will be treated according to the rules for that product;
  - (b) Where a person is only drawing a minimal income, then we will apply notional income equivalent to the maximum income that could be drawn under the annuity product. We will disregard the actual income to avoid double counting;

(c) Where a person is drawing down an income that is higher than the maximum available under the annuity product, the actual income that is being drawn down will be taken into account.

9.12 Any income from an insurance policy will be taken into account however the amount of income from a mortgage protection insurance policy that will be disregarded is the weekly sum of:

- (a) The amount which covers the interest on the loan; plus
- (b) The amount of the repayment which reduced the capital outstanding; plus
- (c) The amount of the premium due on the policy.

9.13 Any income from the sources as set out in [Annex C paragraph 29 Care and Support Statutory Guidance](#) will be fully disregarded.

Charitable and voluntary payments that are made regularly will be fully disregarded.

9.14 The following income is partially disregarded:

The first £10 per week of War Widows and War Widowers pension, survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme, Civilian War Injury pension, any War Disablement pension paid to non-veterans and payments to victims of National Socialist persecution (paid under German or Austrian law).

Where the Council is not purchasing any night care for the individual the night care element of Disability Living Allowance/ Attendance Allowance will be disregarded.

#### How capital is treated

9.15 If a person has savings or other capital in excess of £23,250, they will be assessed to pay the full cost of their care package until the value of their capital falls below this level. Contact should be made with the Council to request a full financial assessment at least two months before this point.

9.16 Where their savings or other capital is between £14,250 and £23,250, income from this source will be calculated at £1 per each £250 or part £250 and will be taken into account as part of the assessment:

For example if a person has savings of £15,000, we will include £3.00 per week as income, when working out the assessed charge.

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

9.18 Other forms of capital may be taken into account as set out in Annex B of the Care and Support Statutory Guidance.

- 9.19 Where there is evidence to prove that savings or capital have been deliberately given away or transferred in order to reduce the person's ability to pay for services, the sum in question may still be included in the financial assessment as "notional" capital. (See 9.35-9.38 Deprivation of Assets and Debts).

#### Treatment of Property

- 9.20 **The value of the property that a person occupies will not be included in the financial assessment.** However, if the person owns property that is not their main or only home, it will be treated as a capital asset and will be included in the assessment, unless they qualify for a statutory disregard as set out in the Care and Support Statutory Guidance. This means they will be assessed as being responsible for the full cost of their care.
- 9.21 A person will be entitled to a 12-week property disregard during which they will still have to pay a contribution based upon their income and expenditure. The property disregard will start from the effective date of the full cost assessment or the start of the tenancy for the Extra Care Housing or Supported Living placement.
- 9.22 The Council will consider a short-term loan (i.e. deferring the difference between the full cost and the assessed charge) in circumstances where a person is in the process of selling their property.

#### Allowances made for basic living costs

- 9.23 An allowance is made in the financial assessment for ordinary living costs. This allowance will be based on the Minimum Income Guarantee (MIG) amount which is set annually by the Department of Health and Social Care.
- 9.24 The allowance will cover items such as:-
- Food
  - Clothes
  - Insurance, including building and contents, mortgage protection and life assurance
  - Water rates
  - Utility bills such as gas, electricity and telephone
  - Everyday transport costs
  - TV licence
  - Subscriptions to satellite or digital TV companies
  - Repair and replacement of household items
  - Other expenditure such as credit card debts or personal loans and arrears.

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



### Housing Benefit and Council Tax Support

- 9.25 In certain circumstances a person may be in receipt of Housing Benefit or Council Tax Support.
- 9.26 These are benefits that are given when a person has been financially assessed by the Council as being unable to meet all or part of their rent or council tax.
- 9.27 It may be that all of the person's rent and council tax are met by these benefits. However, on some occasions only part of these charges are met in this way and the person will have to pay the amount outstanding.
- 9.28 The Financial Assessment and Management Team will only make a housing cost allowance for the actual amount of rent or council tax that the person is being asked to pay.

### Disability Related Expenses (DRE)

- 9.29 In addition to the various allowances that are taken into account in assessing a person's charge, people with specific expenses in excess of "standard" living costs may receive a further reduction in their charge for disability related expenses.
- 9.30 Those **extra** costs that a person has to pay because of their disability may include for example: extra heating, the maintenance and repair of disability related equipment, incontinence laundry costs or costs to address sensory impairment.
- 9.31 The "standard" rates for DRE are as follows:-
- £6.81 if the person is receiving the low or middle rate of disability living allowance, the standard rate of personal independence payment or the low rate of attendance allowance.
  - £13.62 if the person is receiving the higher rate of disability living allowance, the enhanced rate of personal independence payment or the high rate of attendance allowance.
- 9.32 A person has the right to appeal if they are unhappy with their DRE allowance. The appeals process is set out in Appendix A.
- 9.33 Where a person is making an appeal against the assessed charge on the grounds that their DRE exceeds the allowance included in their financial assessment, evidence of the expenditure must be supplied with the appeal.
- 9.34 Appeals will be considered on a case by case basis; however Appendix B provides examples of the type of DRE that further allowance may be given for.

## Deprivation of Assets and Debts

- 9.35 People with care and support needs are free to spend their income and assets as they see fit, including making gifts to friends and family. However, it is also important that people pay their fair contribution towards their care and support costs.
- 9.36 There are some cases where a person may have tried to deliberately avoid paying for care and support costs through depriving themselves of assets – either capital or income.
- 9.37 Where the Council believes there is evidence to support this, it will either 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 charging that person.
- 9.38 Where a person has accrued a debt, the Council will use its powers under the Care Act to recover that debt. In deciding how to proceed, the Council will consider the circumstances of the case before deciding a course of action. This may include issuing a County Court claim to recover the debt. However, this power will only be used after other reasonable alternatives for recovering the debt have been exhausted.

## **10. NOTIFICATION OF CHARGES**

- 10.1 Details of the charge or an estimate of the charge will be given in writing to the person at the conclusion of the visit. However, there are likely to be situations where information relating to the person's finances is not available at the time of the visit, which may require a further visit or requested details to be sent through to the Financial Assessment and Management Team in order to complete the financial assessment.
- 10.2 There are also circumstances where welfare advice given to the person may lead to applications for various benefits. The person will be charged on their current level of finances and any additional income will then be picked up as soon as the outcome of the benefit take-up has been notified to the Financial Assessment and Management Team.
- 10.3 Individuals and their representatives have a duty to inform the Council of any change in circumstances that might affect the financial assessment and assessed contribution such as the award of a new benefit, an increase in benefits or private income received, or an inheritance.
- 10.4 Where the Council is made aware of such changes, it will carry out a reassessment and where applicable the increase or decrease in assessed contribution will be backdated to the effective date of the change.

- 10.5 Once all the financial information has been received confirmation of the financial assessment will be sent in writing. It is the person's responsibility to check the information and report any details that are inaccurate or have changed. Charges will commence from the commencement of the care package.
- 10.6 A person will be informed at the time of the financial assessment of the procedure to follow if they believe they should not have to contribute towards the cost of their care. (Please see Section 11 on Appeals below). If there is a concern that the financial assessment is incorrect then this should be pursued through the Financial Assessment and Management Team. If a person feels unable to pay owing to financial hardship then an appeal should be submitted.

## **11. APPEALS PROCEDURE**

- 11.1 Any person who feels that payment of their assessed charge would result in financial hardship may appeal against the charge.
- 11.2 There are three levels of appeal:
- > Level 1 Operations Manager
  - > Level 2 Appeals Panel
  - > Level 3 Appeals Sub-Committee
- 11.3 The Appeals Procedure is attached - Appendix A

## **12. COMPLAINTS**

- 12.1 Where a person or their representative is unhappy with any aspect of the financial assessment process or the charge levied, they have the right to make a complaint under the Council's statutory complaints procedure. Use of the appeals process does not prevent the appellant from using the Council's complaints process.
- 12.2 Complaints can be made by completing the online complaint form at <http://www.bromley.gov.uk/report> or by sending the complaint to Civic Centre, FREEPOST MB 1658, Stockwell Close, Bromley, BR1 3UH.



THE LONDON BOROUGH

## Appendix A

### Guide to the Appeals Procedure

#### Introduction

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

#### 1 KEY PRINCIPLES

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

#### 2 LEVELS OF APPEAL

The appeals process has three stages: -

##### 2.1 Level 1 – Operations Manager

The Operational Manager has the delegated authority to reduce the assessed maximum charge at the first stage of the appeal for a specified period of time up to a maximum of two years where it is believed that the level of disability related expenditure is unlikely to change within that period. An earlier review can be carried out if requested by the adult or their representative.

The Operations Manager will deal with the appeal within six weeks from the date the appeal is received.

A record will be kept of the appeal and the outcome. The person and/or their representative will receive written notification of the decision.

## 2.2 Level 2 – The Appeals Panel

If the person is unhappy with the Operations Manager's decision regarding their appeal or refuses to co-operate with the charging procedure but would be at risk without provision of the service, a second stage appeal should be submitted to the Appeals Panel.

The panel is made up of two officers from the Council (a representative from the Adult Services, a representative from the Chief Executive's Department) and an independent representative. They will examine the evidence that has been submitted together with the Operations Manager's report and recommendations. The panel has the authority to reduce charges or waive them completely. This could be for a limited period according to the person's circumstances or for up to two years where it is believed that the level of disability related expenditure is unlikely to change within that period. An earlier review can be carried out if requested by the adult or their representative.

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

## 2.3 Level 3 – Appeals Sub-Committee

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

## 3 GROUNDS FOR APPEAL

Appeals are expected to fall into five broad categories:-

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

It is expected that the type of additional expenses claimed by a person would cover:

- ◆ Increased heating costs
- ◆ A medically prescribed diet involving expenditure above normal living costs
- ◆ Medical or hygiene needs, chemists sundries not covered by NHS provision
- ◆ Exceptional wear and tear on clothing or special clothing requirements because of disability etc.

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

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

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

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

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

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

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

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

Appeals of this kind would not be expected from people who had savings available to clear their debts but would include those whose income has reduced below Income Support level because of debt repayments.

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

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

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

### **3.5 Other circumstances**

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

#### **APPEALS SUB-COMMITTEE**

##### **1 Introduction**

- 1.1 Where a person is dissatisfied with the decision of the Appeals Panel with regard to the contribution to be paid towards the provision of domiciliary care services, the matter can be referred to the Appeals Sub-Committee, a panel consisting of three councillors.
- 1.2 A representative from the Council's Legal Services will be present to advise Members on the legal aspects of the Charging Policy and a minute taker from the Council's Democratic Services will also attend.
- 1.3 The person will be able to put his/her case at an informal meeting of the Panel and can bring with them their carer, a relative or friend to help explain why they do not agree with the amount they are being asked to pay.

##### **2 Process**

- 2.3 The Appellant will be told of the date of the Panel meeting and the arrangements. This will include details of car parking, access to public transport and any arrangements necessary to assist those with special needs.
- 2.4 The Chairman of the Panel will ensure that the meeting is conducted in a way which enables the person to put their case simply and without formality.
- 2.5 The Panel and the Appellant will be given a copy of the financial assessment and any other documents relevant to the assessment prior to the meeting date.
- 2.6 It is envisaged that written information will be kept to a minimum.
- 2.7 The Members of the Panel may ask questions of the Department's officer and may also ask questions of the Appellant or their representative.

##### **3 Decision**

3.3 The decision will be given in writing to the appellant within 5 working days.

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



## **GUIDE TO DISABILITY RELATED EXPENDITURE ALLOWED ON APPEAL 2024/25**

### **Fuel & Heating**

Annual inflationary update based on RPI Fuel index for November 2023 as recommended by the National Association of Financial Assessment Officers (NAFAO). At this date fuel prices had decreased by 23.1% in the last 12 months.

If you can prove that you spend more each year on all fuel than the following allowances because of your disability, we will take your additional expenditure into account:

Single in flat or terraced house	£2,123.77
Couple in flat or terraced house	£2,801.99
Single in semi-detached	£2,255.73
Couple in semi-detached	£2,977.92
Single in detached house	£2,744.38
Couple in detached house	£3,617.69

### **Community Alarm**

Subject to this being an assessed need, we will allow the actual cost up to £10.85 unless already included in Housing Benefit.

### **Privately arranged Personal Care**

Your Care Manager will need to confirm that this help is needed and is not included in the care the Council provides. Your Care Manager will need to confirm the requirement as part of your Care Plan and that Council supported care is reduced accordingly. Payments to immediate members of the family cannot be taken into account. If you have been assessed to require respite care, but prefer to make private arrangements for a holiday with a carer, you can claim the holiday cost for the carer, spread over 52 weeks.

### **Private Domestic help**

Your Care Manager will need to confirm that this help is needed and is not included in the care the Council provides, as with privately arranged personal care. Payments to immediate members of your family cannot be taken into account. The amount we will allow will be based upon the current hourly rate for personal care that the Council provides, equivalent to 1.5 hours per fortnight.

### **Laundry**

It may be helpful to think about how many extra loads of washing you do in a week compared with the time before you became disabled. We will allow £4.74 per week if your laundry needs exceed 4 loads per week. This allowance includes the cost of specialist washing powders. The Care Plan should identify an incontinence problem and indicate that a referral to the NHS for continence aids has been made.

If you qualify for the laundry allowance of £4.74 per week, we will allow £1.00 per week allowance for the cost of buying replacement or additional sets of bedding which is subject to wear and tear from frequent laundering.

Item	Things to consider	Evidence Required
<p><b>Fuel &amp; Heating</b></p> <p>See guidelines</p>	<p>Do you feel the cold and need your heating temperature to be set higher?</p> <p>Is the heating on at night? Are you housebound and need the heating on all day?</p>	<p><b>Last 4 bills:</b></p> <p><b>Gas</b></p> <p><b>Electricity</b></p>
<p><b>Community Alarm System</b></p> <p>Allowance: Actual cost up to £10.85 per week</p>	<p>Do you pay a Provider privately (other than Bromley Council or your Landlord) for a Community Alarm system like Carelink or similar?</p> <p>Who is the Provider?</p>	<p><b>Bills from the Provider to cover a minimum of 8 weeks</b></p>
<p><b>Privately arranged Personal Care</b></p> <p>Allowance: Actual cost up to £12.47 per ½ hour. £16.74 per ¾ hour or £21.06 per hour</p>	<p>Do you pay someone to look after your personal care needs?</p>	<p><b>Signed receipts for at least 8 weeks, using a receipt book/or evidence of invoices paid</b></p>
<p><b>Private Domestic help</b></p> <p>Allowance: £15.79 per week max</p>	<p>Do you pay someone to do domestic cleaning, or other odd jobs? (i.e. window cleaner)</p>	<p><b>Signed receipts for at least 8 weeks, using a receipt book/or evidence of invoices paid</b></p>

<p><b>Laundry</b></p> <p>Allowance: £4.74 + £1.00 per week (sheets if incontinent)</p>	<p>Do you spend extra on washing clothes, or sending things to the laundry/dry cleaners because of your disability? (i.e. incontinence) Y/N</p> <p>Do you do more than 4 loads of washing per week? Y/N</p>	<p><b>The assessment or care plan may identify a need. Other sources and consideration of the impact of any health problem or disability may provide a guide.</b></p>
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## **Clothing**

The Care Plan should refer to identified needs, e.g. abnormal wear and tear on clothing or footwear or purchase of items specially made or adapted for your disability. We will allow the actual cost of specialist clothing; it may be easier to calculate if you add up the total amount you spend on these items in a year and divide by 52.

If you do not need adapted clothing but require extra clothes because of the wear and tear associated with your disability, we will allow a maximum allowance of £4.30 per week.

## **Diet & Food**

Allowance for the cost of special dietary needs will be made where they are likely to improve or maintain the user's health, and where the cost is more than normal food and non-alcoholic drinks. The cost of freezer meals equates to everyday normal living costs and should not be regarded as an exceptional expense. We have used the Government's Family Spending Data for year ending 31<sup>st</sup> March 2022 and uplifted this by inflation to assess excess expenditure on particular food items caused by illness or disability. The threshold figures for normal food costs per week are:

One adult: £39.11. We will allow up to £11.87 per week as additional expenditure over and above the normal food costs.

Couple: £71.60. We will allow up to £13.38 per week as additional expenditure over and above the normal food costs.

## **Gardening**

The amount we will allow is discretionary based on the cost of maintaining your garden to a basic standard, providing the need for garden maintenance is because of your disability, not because you prefer to employ a gardener as a lifestyle choice. If there is no-one else in the household who could be expected to assist in maintaining your garden to a safe standard, the maximum cost we will allow for a gardener is £418.60 per annum based on 2 hours per fortnight for 6 months @ £16.10 per hour.

## **Transport & Travel**

The allowance we make is discretionary, based on costs that are greater than those incurred by an able bodied person. Mobility costs should be met by benefits such as DLA or PIP Mobility component, travel concessions and Taxi card scheme and will not be taken into account as part of Disability Expenditure unless your expenditure exceeds this allowance.

Item	Things to consider	Evidence Required
<p><b>Clothing</b></p> <p>Allowance: up to £4.30 per week Special clothes or shoes – actual cost</p>	<p>Do you need special clothes or shoes to be made for you?</p> <p>Do you need more clothes because of your disability due to frequent laundering or other wear and tear</p>	<p><b>Receipts to show typical annual expenses</b></p>
<p><b>Diet &amp; Food</b></p> <p>Allowance: Single - over £41.83 up to £11.47 per week Couple – over £77.66 up to £12.93 per week</p>	<p><b>Discretionary</b> Do you have special dietary needs i.e. gluten allergy free.</p> <p>Please give details:</p>	<p><b>Letter or other proof from your GP with details of the diet required.</b></p> <p><b>Food bills</b></p>
<p><b>Gardening</b></p> <p>Allowance: up to £8.05 per week</p>	<p><b>Discretionary</b> Based on individual costs with receipts</p>	<p><b>Signed receipts for at least 2 months</b></p>
<p><b>Travel &amp; Transport</b></p> <p>Allowance: up to £16.81 per week</p>	<p>No allowance unless expenditure exceeds benefits such as DLA/PIP Mobility component, travel concessions and Taxi card scheme</p>	<p><b>Evidence in Care Plan of need for specialist transport and receipts to enable an estimate of an average weekly spend</b></p>

## **Servicing & Maintenance Costs of Specialist Disability Equipment**

Allowances will take account of the maintenance and repair of disability related equipment, including equipment or transport needed to enter or remain in work: this may include computer costs, where necessary due to the person's disability, where this helps a disabled person to live at home or enter employment. Allowance will be made for actual cost of maintenance contract or purchase of batteries, spares etc. The total annual costs are divided by 52 to obtain the average weekly expenditure.

## **Communication Needs**

Discretionary allowance based on evidence that costs exceed everyday living expenses and are disability related, e.g. use of mobile phones for text messaging, increased use of telephone calls because you are unable to write letters, or internet access as preferred means of communication because of sensory impairment.

The cost of a telephone is regarded as an everyday living expense and allowance will not be made for telephone costs unless specifically disability-related, as indicated above. Where an item, such as a computer, is shared with other members of the household, reviewers should apportion costs according to the amount of use by the person.

## **Miscellaneous**

You may have other disability related expenses such as wear and tear on furniture, needing more frequent replacement. You should think about what you pay for and list the items. Break expenditure down to a weekly figure.

If you have to pay for meals or transport costs for personal assistants or carers, you can claim for any additional household or other necessary costs that you incur.

<b>Item</b>	<b>Things to consider</b>	<b>Evidence Required</b>
<p>Servicing &amp; Maintenance Costs of Specialist Disability Equipment</p> <p>Divide total annual costs by 52 to obtain average weekly expenditure.</p>	<p>Allowance will be made for actual cost of maintenance contract or purchase of batteries, spares etc.</p>	<p><b>Evidence of expenditure</b></p>
<p><b>Communication Needs</b></p> <p>One off payment specialist equipment.</p> <p>Up to 50% off phone bill only if appropriate. Mobile phone: up to £2.98 per week only if <b>disability related</b></p>		<p><b>Evidence of exceptional expenditure</b></p>
<p><b>Miscellaneous</b></p> <p>Hairdresser – up to £8.36 per week</p> <p>Chiropody – up to £2.76 per week</p>	<p>You may have other expenses that have not been covered in this form.</p>	<p><b>Evidence of exceptional expenditure</b></p>
<p><b>TOTAL</b></p>	<p>What is the total weekly amount you spend on your disability, which you feel the Council should take into consideration when assessing what you can afford to pay for your services?</p>	