

Cheshire West & Chester Council


Integrated Adult Social Care and Health Charging Policy: Non-Residential Care



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POLICY INFORMATION SHEET	
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Responsible officer(s)	Stella Higgin Head of Operations Adult Social Care

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1. Introduction and Legislation Framework

1.1 The main aim of this policy is to provide a consistent and fair framework for charging all service users who receive care and support services, following an assessment of their individual needs, and their individual financial circumstances. This policy replaces existing provisions from the date of approval.

1.2 We use the term 'Service User' as a broad phrase to refer to those who are in receipt of services provided by Adult Social Care.

1.3 The policy will be reviewed annually and be updated to take into account the annual Adult Social Care survey, best practice guidance and changes in statute.

1.4 This policy complies with the Care Act 2014 which provides a single legal framework for charging for care and support in Adult Social Care Services. It describes the principles and procedures used by Cheshire West and Chester Council (CW&C) when assessing service users' contribution towards the cost of their non-residential community care services.

1.5 Section 14 of the Care Act 2014 gives local authorities the power to charge adults for care and support. This applies where adults are being provided with care and support to meet needs identified under Section 18, Section 19, or Section 20 of the Care Act 2014. These needs are sometimes referred to as 'identified or assessed needs'. Section 17 of the Care Act permits local authorities to undertake an assessment of an individual's financial resources to determine the amount, if any that they will be required to pay towards the cost of their care.

1.6 Local Authorities must follow the regulations and guidance issued under the Care Act 2014. For example, in developing policies on charging and financial assessment, Local Authorities must comply with the following document:

'The Care and support (Charging and Assessment of Resources) Regulations 2014' which sets out:

- How a Local Authority is to carry out a financial assessment if the Local Authority is to charge for care and support.
- Rules on treatment and calculation of income and capital within a financial assessment (including notional income and notional capital where a person has deliberately deprived themselves of an asset)
- Rules on minimum allowances to be given within a financial assessment.
- The power to charge the costs of putting arrangements into place in specific situations.

1.7 The Care and Support Statutory Guidance (including Annexes), issued by the Department of Health and Social Care under the Care Act 2014, sets out much of the detail regarding provision and charging for care and support.



1.8 Further information relating to the Care Act 2014 can be found by following the links below to the Government website:

- <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- [Care Act 2014 Part 1: factsheets - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-2014-part-1-factsheets)

2. Principles of the Policy

2.1 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 and equitable, to reduce variation in the way people are assessed and charged so those with comparable needs or services are treated similarly.
- Be clear and transparent, so people know how they will be charged.
- Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice, and control.
- Be sustainable for the Council in the long term.
- People receiving Local Authority arranged care and support 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 people's income below a certain amount, but Local Authorities can allow people to keep more of their income if they wish. This is a weekly amount and is known as the minimum income guarantee (MIG).
- Any charge for care and support services will not exceed the cost that the Council incurs in meeting the assessed needs.

3. Scope and Exclusions

3.1 Cheshire West and Chester Council have a duty to meet eligible care and support needs of people who require non-residential care and request that assistance of the Council. The Council will meet identified needs where the service user is ordinarily resident in Cheshire West and Chester or is present in its area but of no settled residence.

3.2 All non-residential services fall within the scope of this policy and include:

- Care at home (also known as domiciliary care)
- Supported Housing
- Extra Care
- Shared Lives Service
- Day Care Services (including place based and in the community)
- Transport
- Respite that is not in a residential care home
- Telecare



- Direct Payments and Personal Budgets
- Maintenance packages of care (packages of care provided by the Council's reablement service which remain ongoing following termination of 'reablement intervention' up to the maximum 6 week)
- Administration fee for money management.
- Joint funded services

3.3 Services not included within the scope of this policy:

- Residential/Nursing Home Care
- Respite and short stays in residential/nursing homes
- Continuing Health Care (CHC) funded packages – this is a service funded by NHS and is the responsibility of the Clinical Commissioning Group (CCG). If a decision is taken to backdate CHC services, then any charges collected will be reimbursed from the date CHC was awarded.

3.4 The Council may not charge for the following services as they are legally exempt from charging under the Care Act 2014:

- Any services provided as After Care Services under section 117 of the Mental Health Act.
- Reablement service/Intermediate Care services – which are short term intervention to avoid inappropriate admissions to hospital or facilitate discharge from hospital - for a period of up to 6 weeks.
- Equipment and adaptations costing less than £1000.
- Services provided to people suffering from Creutzfeldt Jakob disease.
- Providing any information and advice about the availability of services or for an assessment.
- Services for children and young people under 18 years
- Former Relevant Children may be exempt from some costs related to living near to where they work or are in continued education or training.

Please see guidance within the Care Act 2014 for further information.

4. Community Charges and notification periods

4.1 Where applicable, charges for services will be based upon the hours commissioned by the Council and agreed with the service user when developing their care and support plan. The charge to be paid for these services will be determined by carrying out a financial assessment. Charges are applicable from the start of receiving care services unless otherwise excluded in section 3.3 and charges will be backdated to this date. Where someone is assessed as having means over the threshold for financial support, they are expected to pay the full cost of their care.

Charges for services will apply unless a minimum of 1 weeks' notice is given to the provider by the service user or their representative. However, in extenuating circumstance for e.g., an emergency hospital admission or ill health the requirement to give 1 weeks' notice would be waived and a charge not applied. A senior manager



within Adult Social Care will be required to make this decision.

4.2 Extra Care Charges

4.2.1 Residents of extra care housing schemes who do **not** have eligible needs under the Care Act will be charged a flat rate fee per apartment. This is a wellbeing charge for an emergency response service provided by care staff within the scheme during the day or night, it is not a charge for care. This wellbeing charge is not covered in any financial assessment and therefore the full fee shall be payable by each apartment within the extra care schemes.

4.2.2 The flat rate charge will be applied for the duration of the period the resident(s) occupies an Extra Care apartment including periods that the apartment is temporarily empty, for example when a resident is on holiday or during hospital stays.

4.2.3 Residents who do have eligible needs under the Care Act and have been assessed as requiring extra care housing will be financially assessed for commissioned services within their care and support plan. The commissioned service will include an emergency response service by care staff and any additional support required as a result of emergency intervention.

4.2.4 For any services which have been commissioned by the Council within the care and support plan the provider will require a minimum of 1 week's prior notice to cancel a service otherwise full charges will be incurred. However, in extenuating circumstances for e.g., an emergency hospital admission or ill health the requirement to give 1 week's notice would be waived and a charge not applied.

4.2.5 All care provided to a service user within Extra Care Housing will be agreed between the service user and the Council and reflected in the care and support plan.

4.3 Day Care Charges

4.3.1 Charges for day care services will be identified in the commissioned care and support plan and calculated within the financial assessment.

4.3.2 Day care places are pre booked and the cost of the service is still incurred if a service user does not attend. Therefore, charges will apply for non-attendance for a period up to 4 weeks if prior notice is not given. However, if prior notice is given the day care place will be held open for up to 4 weeks and will not incur a charge. After this 4-week period the day care place will be cancelled, and a discussion will take place between the social care worker and the service user about how the service user's assessed needs will be met.

4.3.3 Where a service user gives prior notice of non-attendance or wishes to cancel a day care place, then one week's notice is required, and a service user will not be charged. However, in extenuating circumstances for e.g., an emergency hospital



admission or ill health the requirement to give 1 weeks' notice would be waived, and a charge not applied.

4.3.4 There is no charge made to service users when the service is not available for example on bank holidays when the centre will be closed.

4.3.5 The provision of meals and refreshment will vary between day centres however charges for meals and refreshments are outside the scope of the financial assessment. This is in line with the Care and Support Statutory guidance issued by the Department of Health which considers this a substitute for ordinary living costs.

4.4 Care at Home and Supported Living

4.4.1 The level of support required will be discussed and agreed within the care and support plan following a Care Act assessment. Where applicable, charges for services will be based upon the hours commissioned by the Council and determined by carrying out a financial assessment.

4.4.2 Service users will be required to give their care provider one weeks' prior notice for cancelling a service otherwise full charges will be incurred. If visits are cancelled on a regular basis, or the visits are lasting longer or less time than the commissioned care package the social care worker may undertake a review of the Care Act assessment, and the financial assessment may also be updated to reflect the change in the care package. However, in extenuating circumstance for e.g., an emergency hospital admission or ill health the requirement to give 1 weeks' notice would be waived and a charge not applied.

4.4.3 Missed visits due to non-attendance of the carer are not chargeable. The service users must notify the relevant care provider as soon as possible so that a charge is not made incorrectly and also notify their social care worker as soon as possible who will investigate why the provider has not arrived.

4.5 Transport

4.5.1 Within the Care Act assessment, all relevant transport options will be considered (if required) as a provision to meet an identified need and any offer by the Council to provide transport will be made only where there are no suitable alternative transport options available or in rare circumstance where transport itself is identified as an eligible need. Where transport is provided by the Council, or in the rare instances where transport is an eligible need, then the charge for this will come within the financial assessment.

4.5.2 A daily rate will be charged for Council Transport provision. Whether a charge is payable will be determined by completion of an individual financial assessment. The service user will be required to give one weeks' notice to the transport service if they wish to cancel a planned journey otherwise full charges will be incurred. However, in extenuating circumstance for e.g., an emergency hospital admission or ill health the



requirement to give 1 weeks' notice would be waived and a charge not applied. A senior manager within Adult Social Care will be required to make this decision.

4.5.3 Where the Council signposts service users to community transport or a public bus when other personal forms of transport are not available, individuals will be charged a fare for using this form of transport which they are required to pay directly to the service provider. These charges are not subject to financial assessment and the full cost levied by the transport provider is to be paid by the individual.

4.5.4 The Council retains the discretion to organise transport, even where this is not required to ensure provision of services to meet any assessed eligible need and support. Any such request will be considered on an individual basis.

4.5.5 Further information and detail may be found in the Council's Adult Social Care Transport Policy.

5. Personal Budgets and Direct Payments

5.1 A personal budget is an amount of Council funds that is judged to be sufficient to meet the identified needs of a person who is eligible for care and support. A personal budget for those people receiving care in a community setting can be taken as a direct payment. Direct payments are an option for people who would like to arrange their own care and support at home instead of receiving services commissioned and arranged by the Council. A personal budget or a portion of a personal budget will be paid into a separate bank account held separately by the service user or an authorised 3rd party to commission the care and support to meet their needs.

5.2 The Council will offer the option of a prepayment card where the main account is held by the Council and provide access to a sub account for each service user. Each service user will have a card linked to their own sub account which can be used to pay for services. Information and evidence of expenditure can also be uploaded in real time.

5.3 The Council will discuss the option of Direct Payments during the Care Act assessment and care planning process and if required can signpost the service user to an organisation that will support them with advice about becoming an employer.

5.4 Where the service user lacks capacity, the person acting in their best interest, or an authorised individual can request a Direct Payment on their behalf.

5.5 Where a person chooses to receive a Direct Payment, their charge will be determined through a financial assessment in accordance with this policy. The Council will pay the Direct Payment, less any charge the service user.

is assessed to pay directly into the designated Direct Payment account. The service user is expected to pay their weekly charge into their nominated Direct Payments account to ensure that there is sufficient money available to meet their care needs. The payment of this charge will be monitored through regular audits.

5.6 The Direct Payment will be discontinued when a service user no longer needs the support for which the direct payments are made. This will follow an updated Care Act assessment and revised care and support plan, within which the service user will be consulted. If the Local Authority is considering discontinuing the Direct Payment due to a change of needs in all cases the individual will be consulted to explore the options.

5.7 Where a service user 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.

6. Charges for Shared Lives Service

6.1 Shared Lives schemes provide care and support to vulnerable adults with learning disabilities, mental health problems or other needs who find it hard to live on their own.

6.2 Any person needing Shared Lives care will undertake a Care Act assessment and their needs will be identified within the care and support plan.

6.3 Long Stay Carers - The level of support for the service user will be agreed within a care and support plan following a Care Act assessment. Where applicable, charges for services will be based upon the level of support required and identified within the care and support plan and determined by carrying out a financial assessment. Any housing costs will be claimed through benefit entitlement through either Housing Benefit or Universal Credit housing costs, normally based upon the Local Housing Allowance rates. The person requiring care may also be asked to contribute towards their own board and lodging costs from their benefit entitlements. The recommended rate quoted is based upon the Department for Works and Pension benefit rate for a single person.

7. Charges for Money Management.

7.1 An Appointee can deal with the Department for Work and Pensions benefit of someone who cannot manage their own affairs because they are mentally incapable or severely disabled.

7.2 The Council can become an Appointee for a person who is in receipt of care services where they are incapable of managing their benefit income themselves and have no family or any other person close to them to support them. This



appointment is made by the Department for Work and Pension (DWP) and is called a Corporate Appointeeship.

7.3 The Council can be an Appointee where a person:

- Is mentally incapable or severely disabled.
- Is incapable of managing their benefit income.
- And there is no other close family member or suitable person able to take on this role.

7.4 The Council will open an account in their name and manage any benefit income. The Council will make sure that the person receives the benefits they are entitled to. The Council will also work with the person to establish a budget for paying bills and enable the person to make choices about personal expenditure.

7.5 There is a charge per week for this service the rate of which is decided by whether the person lives in a residential or nursing home setting or in their own home. This is reviewed on an annual basis.

7.6 The Council can also become a Deputy for a person where appropriate. The Court of Protection will appoint a Deputyship, and this works in a similar way to an Appointeeship. The Order also permits the Council to look after people's assets and income. Part 19 of the Court of Protection Rules 2007 sets out the fixed costs that may be claimed by public authorities acting in Court of Protection proceedings. These fixed costs are payable from a person's account in line with this practice direction.

8. Carers

8.1 Support services for carers that are provided or commissioned by Adult Social Care are free. This includes information, advice, and preventative services. There is no charge to carers for any services provided directly to them to support them in their role as a carer. However, the Care Act 2014 provides Local Authorities with the power to charge for support for carers, where they have an eligible support need in their own right.

8.2 Where services are provided directly to the service user to meet their eligible care needs, in order to provide the carer with support, the service user will be charged in accordance with this policy.

9. Benefits Advice

9.1 A benefits check will be offered to all service users who are subject to a financial assessment under the non-residential charging policy. The benefits check may be undertaken during a phone call, by post, by a visit or by any other means deemed appropriate and effective by the Council in agreement with the service user.

9.2 The benefits check will consider the service user's income to calculate whether



they may be entitled to any means tested or non-means tested benefits based on their individual circumstances. The benefits check will only consider the service user's circumstances at the time of the benefits check; the accuracy of the advice given will be dependent on the information given by the service user.

9.3 A check will also be completed to identify possible entitlement to other means-tested awards e.g., Council Tax Reduction Scheme (CTRS)

9.4 Service users will be advised of any potential entitlement to benefits and encouraged to complete the appropriate claim forms. Information on how to complete the claim forms will be offered to the service user along with information on organisations who may be able to assist with the completion of forms.

9.5 Where service users have been advised that they are entitled to receive benefits they will be deemed to be in receipt of those benefits from four weeks after the benefits check was completed.

9.6 If a benefit overpayment is identified the service user will be advised of the probable overpayment and be signposted to the relevant department of the Department for Work and Pensions to correct any overpayment. Each organisation is responsible for the quality and accuracy of the personal information it obtains, uses, and shares. If it is discovered that information held is inaccurate the Council's representative will ensure that their records are updated accordingly.

9.7 Service users must notify the Corporate Assessment Client Finance team of any changes in benefit income and/or a change in circumstance which is likely to affect their income as soon as it occurs. The service user's financial assessment will then be reviewed to take into account these changes and any revised calculation will be backdated to the start of the benefit payment or the date of the first financial assessment, whichever is the latter.

10. Consent to Share Financial Information

10.1 The Council has a data sharing agreement with the Department for Work and Pensions (DWP) which enables the Council to access information relating to Service Users' personal, relationship (where relevant) and financial information for the purpose of:

- Helping to ensure an accurate assessment of charging for care services.
- Supporting any application for DWP benefits
- Local Council Tax Reduction (LCTR) scheme
- Any other welfare provisions.

10.2 In order to improve the quality and timeliness of social care financial assessments and in some cases carry out a light touch financial assessment, the Council will share information within its own systems regarding service users who are also in receipt of housing benefit or council tax reduction.



10.3 The Council is under a duty to protect the public funds it administers and may use the information provided from the financial assessment for the prevention and detection of fraud. We may share this information across the Council's services and also other bodies responsible for auditing and administering public funds.

11. Mental Capacity to Manage Finances

11.1 The Mental Capacity Act 2005 sets out people's rights and what happens when a person has lost capacity to manage or make decisions about their finances. It also sets out how service users can plan ahead to appoint someone, while they still have capacity, to make decisions for them in the future if they lose capacity.

Individuals who lack capacity to manage their finances:

11.2 If a person is legally appointed to act for someone, we are arranging care and support for, who lacks mental capacity to manage their finances, they must provide us with:

- Evidence of their legal authority to act as the financial representative for that person, such as a copy of:
 - A registered Lasting Power of Attorney for property and financial affairs; or
 - A registered Enduring Power of Attorney (made and signed before 1st October 2007); or
 - A Court Order appointing them as Deputy for property and financial affairs.
- Any financial information required to carry out a financial assessment for the person needing care and support.

11.3 The Council will then:

- Send any correspondence addressed to the person(s) appointed for the person they represent
- Require the person(s) acting to sign any financial documents or contracts on behalf of the person they represent.
- Require the person(s) acting to settle any invoices for care charges raised in the name of the person they represent.

11.4 If the application to be the financial representative is in process the Council will:

- Give information about any potential charges for the care and support services arranged, the date these charges may start from and explain how the financial assessment is carried out to the person appointed.



- Where a financial assessment is able to be completed the Council will send the person appointed any invoices for assessed care and support charges but allow for payments to be delayed until legal authority is received to access the necessary accounts.
- Where a financial assessment is not able to be completed the Council will defer the financial assessment until a person is appointed as the legal financial representative and they can provide the relevant information needed. The Council will backdate any assessed charges to the date of commencement of services.

11.5 Where the service user lacks capacity in regard to financial decisions and there is no one appointed to make those decisions, where necessary and/or appropriate, financial decisions will be made following the guidance and best interest process set out in the Mental Capacity Act and Mental Capacity code of practice.

12. Financial Assessment

12.1 A financial assessment will be undertaken for all service users with eligible needs under the Care Act who are in receipt of chargeable services. The financial assessment will ensure that the service user:

- Has sufficient money to meet their housing costs and any disability related expenditure.
- Retain their basic minimum income guarantee (MIG), in line with the Care Act 2014 guidance.

12.2 The purpose of the MIG is to leave enough money for service users to meet their day to day living expenses, for example the cost of rent, food, and utilities. After charging, a person must be left with the minimum income guarantee (MIG) as set out in the Care and Support (Charging and Assessment of Resources) Regulation 2014. In addition, where a person receives benefits to meet their disability needs that do not meet the eligibility criteria for Local Authorities care and support, the charging arrangements should ensure that they keep enough money to cover the cost of meeting these disability related costs.

12.3 Where care is provided by way of a Shared Lives Scheme or another form of supported living, further deductions may be taken from the MIG figure in order to meet these costs, or alternatively these costs may need to be paid by the service user to their carer from this sum.

12.4 The financial assessment will be calculated on the basis that the service user is receiving all the benefits that they have been identified as being entitled to i.e., if the service user is entitled to receive welfare benefits but is not claiming those benefits the financial assessment will assume that those benefits are in payment at the correct amount four weeks after they have been advised to make the claim.



12.5 The financial assessment takes into account income from the following disability benefits:

- Severe Disability Premium (in Income Support, Employment Support Allowance and Pension Credit).
- Attendance Allowance (AA).
- Disability Living Allowance (DLA) Care Component.
- Constant Attendance Allowance (CAA) and
- Exceptionally Severe Disablement Allowance (ESDA)
- Personal Independent Payment (PIP) daily living component.
- Universal Credit

Other bespoke income arrangements may also be taken into account depending on an individual's specific situation.

12.6 The higher rate of AA or DLA Care is only taken into account when care services are provided either on a 24-hour basis or during the day and during the night.

12.7 If higher rate of AA or DLA care is in payment and services are provided only during the day, the difference between the higher rate and the middle rate is disregarded.

12.8 If PIP is in payment no distinction is made between day and night care, therefore PIP is taken fully into account in the financial assessment. Where PIP is in payment and day, or night care is not being arranged by the Council this may be considered as part of the disability related expenditure.

12.9 The Mobility Component of DLA and PIP **is not** included in the financial assessment. This also applies to the Mobility Supplement of a War Pension.

12.10 Income is assessed net of any Income Tax and net of any housing costs or Council Tax less any Housing Benefit or Council Tax reduction.

12.11 Service Users in receipt of War Widow/Widower Pension are given a £10 disregard. War Veteran Pensions are disregarded in full. Any War Supplementary Payments are also disregarded.

12.12 The assessment calculation is represented as:

Chargeable Income =
Actual income less MIG
Less Housing Costs
Less Disability Related Expenditure

12.13 The financial assessment does not include any income from earnings in the calculation.



12.14 The financial assessment may be undertaken by phone, by post, by a visit, or by any other means deemed appropriate or effective by the Council and agreed by the service user.

12.15 Financial assessments will be reviewed at regular intervals (at least annually) as directed by the Council when benefits change or as changes occur in a service user's financial situation.

12.16 Where a review of a service user's financial assessment is undertaken the service user will be consulted and a copy of the review will be provided to them together with a copy of the Council's complaints procedure.

12. Disability Related Expenditure (DRE)

12.1 Disability Related Expenditure (DRE) is expenditure which service users incur in addition to their day to day living costs where the cost is more than normal expenditure and incurred due to disability rather than choice.

12.2 The amount of DRE is deducted from the financial assessment when determining a service user's charge.

12.3 The Council can award a standard weekly DRE allowance based on a service user's disability related benefit income.

12.4 These standard allowances will be reviewed and revised, if necessary, on an annual basis as actual disability related expenditure information is gathered and may increase or decrease as a result.

12.5 Should a service user feel that the standard allowance they have been offered does not accurately reflect their disability related expenditure under this policy, they may request an individual assessment. This may involve a home visit by a member of staff from the Client Finance team, who will require supporting evidence of all expenditure. An individual assessment of DRE may result in a lower or higher assessment than the standard award as a result.

12.6 Types of expenditure made necessary by any disability might include:

- Payment for community alarm system.
- Privately arranged care or domestic help.
- Higher than usual fuel bills.
- Additional costs due to a special diet.
- Purchase of equipment such as a stair lift or electric wheelchair.
- Additional laundry costs.
- Additional cost of clothing, bedding and footwear.
- Basic garden maintenance.

12.7 The above list is not exhaustive, and any reasonable additional costs related to disability will be considered in light of individual needs.



12.8 See Annex A for further information about DRE.

13. Calculation of Actual Contribution

13.1 The actual calculation in relation to contributions due from each service user will be the outcome of the individual assessed weekly amount calculated from the financial assessment or the actual cost of care, whichever is lower.

13.2 There is no set maximum weekly charge.

14. Light Touch Financial Assessments

14.1 In some circumstances, the Council may be able to offer a light touch financial assessment. 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.

14.2 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 service 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.

14.3 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.

15. Exceptional circumstances

15.1 The Council retains discretion to depart from any aspect of this policy where appropriate (provided it complies with the law). If a service user or their representative feels that the Council should depart from this policy in their case, they can make a request. See paragraph 21.2 for details of how to contact the Client Finance Team.



16. Refusal to co-operate with a financial assessment and non-disclosure of financial details.

16.1 If a service user with capacity or their representative refuses to co-operate with a financial assessment, they are likely to be required to pay the maximum charge applicable from the date the chargeable services commenced unless information as to their capital and income is already available to the Council in which case those figures may be used to inform the assessment.

16.2 Service users have the right to choose not to disclose their financial details. If this right is exercised, they will be required to pay the maximum charge applicable at the time the service was delivered.

17. Deprivation of Assets

17.1 Where the Council believes that a service user may have tried to deliberately avoid paying for care and support costs through depriving themselves of assets – either capital or income, it may charge the person as if they still possessed the asset or, if the asset has been transferred to someone else, seek to recover the lost income from charges from that person.

17.2 It is for the service user or their representative to prove that they no longer own an asset or capital. Failure to do so will result in the Council treating the service user as though they still possess the asset or capital.

17.3 The Council will consider questions of deprivation of income and capital when:

- The service user ceases to possess the said income or capital which could otherwise have been taken into account for the purpose of assessing their contribution towards their care services.
- The service user/carer purposely deprives themselves of income or capital which would otherwise have been available to them, e.g., ownership of a property is transferred to another person, or the beneficiary of an insurance policy is changed so that the monies are not available to the service user.

18. Non-payment of Care Charges

18.1 Failure to make payment will result in action being taken to recover the debt in accordance with the Council's Corporate Debt Policy.

18.2 Individual circumstances will be handled with sensitivity, however in fairness to those people who pay their assessed contributions; non-payment will be handled in line with the Council's own policies on debt management. Ultimately the Council may institute County Court proceedings to recover the debt.



19. Cancellation of service due to a financial charge

19.1 If a service user/carer wishes to cancel their service due to the level of the charge the Client Finance team will advise the designated social care worker who may undertake a risk assessment to ascertain any risks due to unmet needs. If risks are identified these will be discussed with the individual and wherever possible measures put in place to minimise the impact of any identified risks.

20. Right to Review

20.1 If the service user or their appointed representative disagrees with their assessed contribution calculation or feels that they have insufficient funds to pay the charge, they have the right to a review of the amount of their assessed contribution.

20.2 Service users will be made aware of their right to appeal their assessed calculation within a 30-day period if, following the outcome of a review, he or she still considers they cannot afford to pay.

20.3 They can start the process by contacting the Client Finance Team

Client Finance Team
PO Box 187
Ellesmere Port
CH34 9DB
Tel: 01244 972685
Email: westclientfinance@cheshirewestandchester.gov.uk



2024-2025

Charging Policy Non-Residential Care

If you receive Attendance Allowance or Personal Independence Payment or Disability Living Allowance an allowance is made in your non-residential financial assessment for additional expenses due to disability or medical condition.

No disability related benefits	£0.00
Lower or middle rate care component of DLA, standard daily living component of PIP or lower rate AA	£9.22
Higher rate care component of DLA enhanced daily living component of PIP or higher rate AA	£32.91

If you do not consider that the amount awarded reflects your disability expenditure, you can ask for a full assessment of disability related expenditure and a financial assessment officer will discuss this with you in more detail. These amounts will be reviewed annually.

Disability-related expenses are considered when:

- the extra cost is needed to meet your specific need due to a medical condition or disability, as identified in your assessment of care and support needs (Care Act 2014); **and**
- the cost is reasonable and can be verified; **and**
- it is not reasonable for a lower cost or free alternative item or service to be used. If a lower cost alternative item or service could have been used, the expense considered will be the lower cost.

This guide sets out our usual standard or maximum allowances for a full assessment of disability-related expenses.

- If you have one or more of the expenses listed, we will usually allow the actual amount you spend up to the maximum amount indicated. We will only consider a higher allowance in exceptional circumstances.

- Costs for disability related services that support the whole household (like a cleaner) will be treated as shared equally between all adults in the household (unless you have a good reason for us to consider a different way of sharing costs).
- Where a service is made up of different elements, we will only consider costs for the part(s) that meet a disability-related need. Hairdressing is a good example – we will allow a claim for the cost of washing your hair if your disability prevents you doing this yourself, but not the cost of cutting/styling as most people pay for this.
- You must provide bills, invoices, website order history and statements to support your expenditure. If you don't, we will use our discretion to decide if the expenses meet the criteria above.
- Allowances for special equipment needed due to a disability or condition will be based on the life span of the equipment and either the purchase price you paid or a lower cost alternative if we believe that would be reasonable to meet your identified needs.
- It is important that you tell us why you believe an expenditure is related to your medical condition and or disability

NB: CW&C will use the NAFAO guide to allowances.

Disability-related expense item	Amount considered in assessment	Evidence required
Community Alarm System	Actual cost paid unless included in Housing Benefit award	Bills/bank statements
Privately-arranged registered [1] care services and medical treatments/therapies – if it is part of the agreed care and support and council-arranged support is reduced accordingly	Actual cost paid up to a maximum of £1855.36 per year (average £35.68 per week)	Bills/receipts from provider
Private domestic help [2] – where Social Care Assessment confirms this is necessary due to disability and isn't	Cleaner/laundry - Actual cost paid up to £35.68 per week. Garden maintenance - Actual cost paid up to £26.79 per week (between March-October only) Where there is more than one adult in the household, costs	Bills/receipts from provider for at least 4 weeks



Disability-related expense item	Amount considered in assessment	Evidence required
provided through Council-arranged support.	will be shared equally.	
Additional laundry and replacement bedding costs (where more than 4 loads washing/week needed due to incontinence or other disability-related or medical reason)	Laundry - £4.74 Wear & Tear of Bedding - £2.55	Care Assessment confirms need. If costs exceed the maximum amount, you will be asked to provide evidence this.
Additional cost of specialist dietary items required due to confirmed medical condition or disability	Difference between the cost paid for specific dietary items purchased and cost of supermarket brand (dependent on where client shops) due to illness or disability	Details and receipts of specialist dietary purchases
Essential equipment purchased due to disability/condition to support independent living (if not supplied free of charge, through Adult Care or Health, or supplied through a Disabled Facilities Grant)	Manual wheelchair – actual cost paid divided by 250 weeks, up to a maximum of £4.94 per week. Powered wheelchair or mobility scooter – actual cost paid divided by 500 weeks up to a maximum of £12 per week Powered riser/recliner chair – actual cost paid divided by 500 weeks up to a maximum of £4.33 per week. Powered bed- actual cost paid divided by 500 weeks up to a maximum of £5.46 per week.	Evidence of purchase (bill, receipt, website order history) The social care manager or occupational therapist to confirm purchase is an essential requirement



Disability-related expense item	Amount considered in assessment	Evidence required
	<p>Turning bed- actual cost paid divided by 500 weeks up to a maximum of £9.55 per week.</p> <p>Stair Lift- actual cost paid divided by 500 weeks up to a maximum of £7.71 per week</p> <p>Other essential equipment :</p> <p>1 – Item costing £1,000 or more – actual cost paid, divided by 500[4]</p> <p>2 – Equipment costing £100 – £1000 – actual cost paid divided by 250[5]</p> <p>3 – Equipment costing less than £100 – actual cost paid divided by 52 weeks</p> <p>Other equipment may include other mobility equipment-[6].</p>	
Essential equipment maintenance/repair (if not maintained by Adult Social Care)	Actual cost of maintaining equipment – costs need to be linked to the items listed above	Bills/receipts from provider, bank statements, or maintenance contract showing cost.
Specialist clothing and footwear and replacements due to wear and tear	<p>Expenditure on footwear over £41.80 per pair of specialist shoes (averaged over 1 year).</p> <p>For specialist clothing, adaptations of clothing and frequent replacement of clothing, (where this is identified within the care and support plan)</p>	Receipts, website order history
Additional heating	Actual gas and electricity paid, averaged over one year, minus	Bills from Provider



Disability-related expense item	Amount considered in assessment	Evidence required														
Allowance	<p>the annual average amounts</p> <p>Annual Average fuel amounts for Northwest 2024-25:</p> <table><tr><td>Figures for 2024/2025</td><td>N West / W Midlands</td></tr><tr><td>Single person - Flat/Terrace</td><td>£2,571.57</td></tr><tr><td>Couple – Flat/Terrace</td><td>£3,389.15</td></tr><tr><td>Single person – Semi Detached</td><td>£2,731.39</td></tr><tr><td>Couples – Semi Detached</td><td>£3,597.26</td></tr><tr><td>Single – Detached</td><td>£3,325.97</td></tr><tr><td>Couples – Detached</td><td>£4,379.51</td></tr></table>	Figures for 2024/2025	N West / W Midlands	Single person - Flat/Terrace	£2,571.57	Couple – Flat/Terrace	£3,389.15	Single person – Semi Detached	£2,731.39	Couples – Semi Detached	£3,597.26	Single – Detached	£3,325.97	Couples – Detached	£4,379.51	
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Chiropody (based on an average of three chiropody visits in the area)	Actual cost up to a maximum £275.51 averaged over one year (equivalent to max £5.30 per week) if NHS chiropodist not available (based on 6 weekly visits).	Receipts, Bills														
Travel and transport costs where Adult Social Car have confirmed need for specialist transport requirements.	Actual costs, net of any DLA Mobility received, or PIP Mobility received, if they are incurred solely or mainly due to disability and the needs are identified in the Assessment. Allow actual commercial costs (if reasonable) up to £25.89 per week or more if evidence is provided. Allow payments to relatives if up to £12.95/week.	Bills/Receipts where applicable														
Hair Washing (where the care and support plan identifies this as a support need and equipment considered):	Actual cost paid for washing & drying service if client can't do this, and it is not part of the care package. Actual average weekly cost up to £17.87 per week.	Bills/Receipts														



Disability-related expense item	Amount considered in assessment	Evidence required
costs based on sample of hairdressers across the borough.		
Water Meter Charges (costs based to United Utilities guide to average costs)	Metered amounts in excess of: Single person £311.09 per year Couple/family – Detached House £599.44 per year Couple/family – Semi-detached House £548.72 per year Couple/family – Other type of property £435.79 per year (For couples/families cost proportionately divided by the number of other adult household members).	Bills
Continence products (where social care assessment confirms need and products are not available through the NHS). Costs Based on average price of pack of 28 pads (1300-1600 ml absorbency) obtained from 3 companies. Average price per pad £0.47 x 6 pads per day	Actual cost paid for waterproof under sheet / bed pads An amount of up to £19.74 per week for up to six weeks where buying own incontinence pads ahead of an NHS continence assessment. (Incontinence pads are available through the NHS Continence Service free of charge and may not be considered as an ongoing expense. Where client uses own incontinence pads in addition to those provided by the NHS the inclusion of the additional cost will be authorised by Adult Social Care.)	Bills/Receipts/Internet order history
Other disability related expenses [7]	Other specific disability-related expenses may be allowed with good reason and proof of costs.	Proof of costs required

[1] Registered with the Care Quality Commission (CQC) or other professional body.

[2] May include cleaning, shopping, domestic tasks, basic garden maintenance (e.g., grass cutting)



- [3] Need confirmed by Adult Social Care or NHS
- [4] Divided by 500 to reflect a 10-year equipment life.
- [5] Divided by 250 to reflect a 5-year equipment life.
- [6] Mobility equipment cost allowed is net of any DLA/PIP mobility allowance received.
- [7] Related to disability will be considered based on individual needs.

Please Note: We won't consider costs incurred for:

- General items or services required for daily living and used by the general population.
- Any item or service met by a payment from a Grant (e.g., Disability Facilities Grant) or where another funding source has been provided or is available.

Where the item cost exceeds the allowance given above or is not named within the list, you must tell us why the cost should be considered, and we will forward this to an Adult Social Care manager to review. If these additional costs are declined, we will tell you the reason why in writing.

If you disagree with the decision not to award an item of disability expenditure, you can ask for a **reconsideration** of the decision. This will then be forwarded to a Disability Related Expenditure panel and an outcome sent to you in writing within 10 working days of the Panel meeting.

The DRE panel will meet monthly. Service users should be advised of the timescale for the panel to review proposals and should be advised of the outcome within ten working days of the panel meeting. Panels will commence from April 2023.



Accessing Cheshire West and Chester Council information and services

Council information is also available in audio, Braille, large print or other formats. If you would like information in another format or language, including British Sign Language, please email us at:

equalities@cheshirewestandchester.gov.uk

إذا أردت المعلومات بلغة أخرى أو بطريقة أخرى، نرجو أن تطلب ذلك منا.

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

Pokud byste požadovali informace v jiném jazyce nebo formátu, kontaktujte nás

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

ਜੇ ਇਹ ਜਾਣਕਾਰੀ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਚਾਹੀਦੀ, ਤਾਂ ਇਹ ਸਾਥੋਂ ਮੰਗ ਲਵੋ।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

Türkçe bilgi almak istiyorsanız, bize başvurabilirsiniz.

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو براۓ مہربانی ہم سے پوچھئے۔

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