Shetland Islands Council

Community Health and Social Care

Care and Support Charging Policy

2016-19

Approved by Shetland Islands Council on 18th April 2016
1. Policy Statement
This Care and Support Charging Policy, which was agreed by Shetland Islands Council on [date], explains how we will work out how much customers should be charged towards the cost of the services they receive. The policy covers non-residential services for all people using social care services.

The policy is intended to help staff working for the Council, service providers, customers and other interested groups to understand how we will calculate charges.

Shetland Islands Council will charge for services where there is a statutory power to do so. We will not charge for ‘personal care’ services for people 65 years and over, as defined by the Community Care and Health (Scotland) Act 2002.

2. Principles on which the Care and Support Charging policy is based

Ability to Pay – all customers will contribute towards the cost of services they use, on the basis of their available income and cash assets.

Maximum charge – we will not charge more than the cost of providing the service

Equity – all service users will be treated equally

Transparency – service users will know how and why they are being charged for a particular service

Compliance with national guidance – the charging policy complies with COSLA’s Guidance on charging policies for non-residential services that enable people to remain in their own home – 2016-2017, the National Assistance Act 1948 and the National Assistance (Assessment of Resources) Regulations 1991.

3. Aims of the Care and Support Charging Policy

The policy explains:

- What income, savings and capital we take into account when working out how much someone has to pay towards the cost of the service they receive. This is called the financial assessment.
- How we treat that income, savings and capital.
- What allowances are made for an individual’s circumstances.
- What happens if a customer can’t pay or won’t pay.

4. Charges for Community Care Services

4.1 Services for which we may ask the customer to contribute

We will ask customers to meet the costs of the provision of the following services which have a set charge and are excluded from customer financial assessments.

- Community Alarm provision
- Cost of meals provided at Day Care
- Meals on Wheels

We may ask customers to contribute to the cost of the provision of the following services.
• Attending Day Services
• Care at Home
• Domestic Support
• Supported Living and Outreach Services
• Mental Health services
The charges that will be applied are shown in Appendix 1 Section 1.

4.2 Services that are provided free of charge

• Service for people with a mental illness who are subject to a Compulsory Treatment Order.
• Services provided by the Criminal Justice Service.
• New or additional services for people age 65 and over who are being discharged from hospital. In this circumstance they will not be expected to contribute to their support for a period of 42 days.
• Re-ablement services. In this circumstance they will not be expected to contribute to their support for a period of 42 days.
• People who are terminally ill.
• Personal care tasks as defined by the Community Care and Health (Scotland) Act 2002 for people 65 years of age and over.

Free Personal Care: Preparation of Food

Charges will not be applied to the preparation of, or the provision of any assistance with the preparation of, a person's food including:

- defrosting, washing, peeling, cutting, chopping, pureeing, mixing or combining, cooking, heating or re-heating, or otherwise preparing food or ingredients;
- cooking, heating or re-heating pre-prepared fresh or frozen food;
- portioning or serving food;
- cutting up, pureeing or otherwise processing food to assist with eating it; and
- assisting in the fulfilment of special dietary needs, but not the supply of food (whether in the form of a pre-prepared meal or ingredients for a meal) to, or the obtaining of food for, the person, or the preparation of food prior to the point of supply to the person.

4.3 Charging for services provided to carers

In some circumstances we will not charge for support provided to carers to enable them to provide care to a cared-for person. In these circumstances, the following must apply:
- the carer must have been in receipt of a carer’s assessment;
- the assessment must have been considered and a decision reached about whether the carer has needs in relation to the caring responsibilities;
• the assessor should consider whether the needs can be met in whole or in part by the provision of support;
• if so, the assessor should decide whether to provide or secure the provision of support to the carer which will help the carer to provide, or continue to provide, care for the cared-for person.

Once it has been decided to provide support to the carer, the support cannot be charged for. This includes replacement care. For residential respite care which is to support the carer a maximum of eight weeks will be provided in a calendar year

4.4 Charging threshold

The charging threshold for the current year is shown in Appendix 1 Section 2. 2016/17 figures are shown in the examples below.

The charging threshold is the set level of personal income below which a person can receive community care service(s) without needing to pay a contribution or charge towards the cost of the service(s) they receive. The amounts set are linked to the rates set by the UK Government Department of Work and Pensions. These are rates of benefit which provide a top up of weekly income to a guaranteed minimum amount. We will not ask you to pay a charge for services where your income falls below the charging threshold.

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<tr>
<th>Income Support - Personal Allowance</th>
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In order to provide more help to those on low income and to recognise that not all of a user’s income above these rates should be taken in charges, we add a buffer to the income levels above. This buffer is currently set at 25%.

The charging threshold is worked out by adding the buffer (25%) to the appropriate DWP rate(s) for groups of people. Note: all thresholds are rounded up.

For people below state pension qualifying age the **Income Support Personal Allowance** and the **Disability Premium** are added together with the buffer added to the sum of these two rates.
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For people of state pension qualifying age or above the **Pension Credit Guarantee** is used as the basis for the charging threshold calculation with the buffer added.

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### 4.5 Financial assessment and household income

Customers will be asked to complete a financial assessment form.

If a customer does not want to provide financial information for the assessment we will charge the full cost of providing the service. This may mean that we may charge more than we would have done had we carried out a financial assessment.

Customers will be financially re-assessed on an annual basis unless their total package is covered by Free Personal Care, or the services they receive are not subject to a financial assessment. If a customer’s circumstances changes in the mean time they can request a new financial assessment.

**We will consider income from all sources and will take account of net earnings and all social security benefits with the exception of:**

- Mobility component of the Disability Living Allowance/Personal Independence Payment.
- All benefits paid for or on behalf of dependent children e.g. Child benefit
- Tax Credit
- Disability payment in respect of child
- War widows supplementary pension

### 4.6 Earnings

Where a supported person or their partner is in receipt of earned income, when assessing income, we will only take account of net earnings. In addition, we will apply a minimum earnings disregard of the amount shown in Appendix 1 Section 3.
4.7 Compensation payments

Where a person is in receipt of a compensation award, we will establish the breakdown of any payments and consider whether some elements should be included when assessing a supported person’s ability to pay a charge.

4.8 Mortgage payments and housing costs

We will deduct all rent payments made after application of housing benefit by people living in rented accommodation when calculating their available income.

We will deduct all capital and interest payments made by owner-occupiers towards mortgages on their primary residence (usual residence where a person owns more than one property) when calculating their available income.

We will deduct the agreed lodging allowance for people who reside at home with their parent/s. The agreed lodging allowance set for the purposes of this policy is shown in Appendix 1 Section 4.

We will deduct an agreed amount for homeowners with savings under £10,000 to enable them to maintain their property. The agreed maintenance allowance set for the purposes of this policy is shown in Appendix 1 Section 5.

We will deduct payments made by owner occupiers and tenants for council tax, water, sewerage and household insurance for building costs when calculating their available income.

4.9 Partners

The customer and their partner’s income and capital will be taken into account for the provision of services which benefit both, i.e. domestic care tasks.

Where services are only provided to one member of the household, the following will apply:

<table>
<thead>
<tr>
<th>Ownership of income/capital</th>
<th>Treatment of Income/capital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solely owned by Individual</td>
<td>We will take this into account subject to normal disregards</td>
</tr>
<tr>
<td>Solely owned by Partner</td>
<td>We will not routinely take this into account as part of financial assessment.</td>
</tr>
<tr>
<td>Jointly owned</td>
<td>We will normally consider the individual to be in possession of an equal share of any joint financial resources.</td>
</tr>
<tr>
<td>Social security benefits paid to one member of a couple at couple’s rates, (for example, pension credit, income support etc.)</td>
<td>We will consider what proportion of such income is “reasonable” to consider as part of the individual’s means. It is for the local authority to decide what a reasonable proportion is.</td>
</tr>
</tbody>
</table>

4.10 Disability related expenditure
Disability related expenditure is the additional daily living costs of living with an illness or disability. Information relating to disability related expenditure will be included in the customer’s assessment of need and subject to approval by the appropriate Executive Manager.

Additional costs may relate to, but will not be restricted to:

- additional heating requirements
- purchase, maintenance and repair of disability related equipment
- specialist dietary requirement
- specialist clothing
- help with cleaning and other domestic tasks

4.11 Income maximisation and benefit take-up

We will advise and draw customer’s attention to sources of advice and help concerning their entitlement to receive state and other benefits.

4.12 Capital and tariff income

There are no upper capital limits at which someone is refused a service. We will take into account available capital such as savings held in a bank, building society, post office or other savings account, bonds, stocks and shares, value of PEPs, ISAs, etc.

The value of a supported person’s home is not taken into account for the purposes of this policy. Neither are any business assets or money held in trust but any weekly income received from them is counted. For example, if part of a person’s home is rented out some of the rent received as weekly income is counted. We will disregard capital below the amount shown in Appendix 1 Section 6. £1 per £500 of capital above this amount will be counted as a source of income for the purposes of this policy.

Where a person has capital in excess of the disregarded capital amount and is in receipt of income support, we will not treat the excess as a source of income as this exercise will have been carried out by the Department of Work and Pensions with an appropriate adjustment to the amount of Income Support paid to the supported person.

Capital income tariff does not take into account the interest received on cash held in saving accounts. The savings themselves and any interest received are included in the overall total of capital assets held at the time that the financial assessment is carried out. Capital tariff rates seek to take all this into consideration by establishing a weekly income.

4.13 Tapering arrangements

A taper is a method for dealing with income available to the service user that is over the threshold figure. We will disregard a percentage of the income above the threshold amount. Charges will be based on the remainder. The income percentage to be disregarded is shown in Appendix 1 Section 7.

4.14 Discharge from hospital

We will not charge people 65 years of age and over on the day of discharge from hospital for 42 days from the date of discharge for any new, intermediate or additional services if
they have been in NHS in-patient care for more than one day (24 hours) for treatment, assessment or rehabilitation, or had surgery as an NHS day case.

This does not apply in cases where admission to hospital is on a regular basis or a frequent basis as part of regular treatment or ongoing care arrangements. Only new, intermediate or additional services provided after a person comes out of hospital will be free for a limited period. Services that were in place pre-admission and continue after discharge will continue to be chargeable.

4.15 Temporary or emergency admission to hospital or care home

If a customer was receiving community based services before a temporary admission to hospital or care home, we will not charge for services while they are away from home. The exception to this is the Community Alarm charge, where the service will continue to be charged for until the unit has been returned to the service provider.

The customer would be required to meet any cost for residential services if they are admitted to residential care.

There may be times when increased care has to be provided at short notice and thus the financial assessment is not updated at the same time. Under these circumstances payments will begin from the date of the service increase.

4.16 Cases of hardship and non payment of charges

Where a supported person has difficulty in meeting the approved cost of the service due to their financial circumstances, we will consider abating or waiving the charge. If there are other reasons of hardship, that are not financial, charges may also be abated or waived. A decision to abate or waive the charge will be made by the Director of Community Health and Social Care, following consideration by the Executive Manager of Social Work at a case review. Any decision to waive all or part of the weekly charge must be reviewed annually at the time of financial re-assessment.

Shetland Islands Council will pursue all assessed charges not paid by people assessed as being able to pay, through the Corporate Council Debt Recovery procedure.

The Director of Community Health and Social Care can recommend a debt for write-off once all normal Council Debt Recovery procedures have been followed. Write-off of debt for non-residential services can only be considered on the following grounds:

- Financial reasons – the customer has died and has left no estate or has absconded
- Social grounds – to pursue the debt would be at the detriment of the customer’s well-being

Where an individual in receipt of traditional community care services disputes the level of charges, and does not pay whilst the dispute is being settled, we will not withdraw or reduce the service.

4.17 Incorrect Financial Assessment

Where we have been given the correct financial information by the customer, or his/her representative, and have calculated the charge wrongly, we will reimburse the full amount
of any over-charge. We will seek to recover any amount by which they have been under-charged.

If any under-charge results from the customer, or their representative, providing us with incorrect financial information, we will seek to recover any amount by which they have been under-charged. If a customer, or their representative, provides us with incorrect financial information and this results in their being over-charged, we will refund the amount by which they have been over-charged.

4.18 Direct payments

Where a person is eligible for a charge towards their support the direct payment can be made on a “net” or a “gross” basis, i.e. the charge can be removed prior to the provision of the monthly direct payment or following the provision of the monthly payment.

4.19 Information for customers on Care and Support Charges

Customers will be given information about contributions at the time of assessment and charges will be applied from the first date the service is received, unless the customer is the age of 65 years and over and are being discharged from hospital. They will then have a period of 42 days where they will not be expected to contribute.

4.20 Changes to charge rates

All charges will be reviewed regularly. Details of any changes to expected contributions will be published.

4.21 Care and Support Charge appeals and reviews

Customers not satisfied with the calculation or outcome of their financial assessment will be encouraged to discuss their concern with staff involved in the assessment process or the member of care staff working with them. This would normally be their key worker.

Customers who remain dissatisfied will be entitled to pursue their complaint through the Department's complaint procedure.


This policy as outlined above will remain extant until updated as required.
Appendix 1

Details of values to be used in conjunction with the Care and Support Charging Policy for 2016-19

Section 1: Table of Charges

<table>
<thead>
<tr>
<th>Community Care Services</th>
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<tbody>
<tr>
<td>SUPPORTED LIVING CHARGE (From April 2016) Charge per week (i)</td>
<td>56.00</td>
</tr>
<tr>
<td>PERSONAL CARE CHARGE (Under 65s) (From April 2016) Charge per hour (i)</td>
<td>17.53</td>
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<tr>
<td>DOMESTIC HOME CARE CHARGE (From April 2016) Charge per hour (i)</td>
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<tr>
<td>DAY CARE (From April 2016) Attendance Charge per day (i)</td>
<td>5.00</td>
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<tr>
<td>Meal Charge per meal</td>
<td>6.00</td>
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<tr>
<td>MEALS ON WHEELS (From April 2015) Charge per meal</td>
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<td>COMMUNITY ALARM RESPONSE SERVICE (From April 2016) Charge per week</td>
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(i)These services are means tested - taper levels and discretions are set out in the Care and Support Charging Policy. Charge is based on estimated increase to Disability Living Allowance Mid Rate Care Component and Standard Rate Personal Independence Payment (PIP).
Section 2: Charging threshold

We will not ask you to pay a charge for services where your income falls below the charging threshold shown below.

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How this is calculated:

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**Section 3**
The Minimum Earnings disregard is £20

**Section 4**
The agreed Lodgings allowance is £59.54

**Section 5**
The agreed property maintenance allowance is £59.54

**Section 6**
Capital rules
Capital below £10,000 will be disregarded. £1 per £500 of capital above £10,000 will be counted as a source of income for the purposes of this policy.

Where a person has capital in excess of this amount £10,000 and is in receipt of income support, the excess will not be treated as a source of income as this exercise will have been carried out by the Department of Work and Pensions with an appropriate adjustment to the amount of Income Support paid to the supported person.

**Section 7**
Tapering arrangements are as follows:
30% of the income above the threshold amount will be disregarded. Charges will be based on the remaining 70%.

These figures will be updated on a yearly basis and/or where new guidance is provided by the Coalition of Scottish Local Authorities (COSLA).