

Thurrock Council Adult Social Care Charging Policy

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Contents

1.	Policy Purpose	3
2.	Legal Framework.....	3
3.	Approach to Charging in Thurrock.....	3
4.	Chargeable Services	4
5.	Charging for Non-Residential Services.....	7
6.	Standard Disregards.....	8
7.	Treatment of Capital other than property.....	9
8.	Disability Related Expenditure.....	10
9.	Charging for Residential Services	13
10.	Deferred Payments Scheme	15
11.	Complaints and Appeals Process.....	16
12.	Payment Methods and Debt Recovery	16

1. Policy Purpose

- 1.1. The purpose of this policy document is to set out how Thurrock Council charges for the provisions of care and support services and the principles that support the council's statutory power and discretion to charge.
- 1.2. For the purpose of this document 'Residential Services' refers to services in a registered care home and 'non-residential services; refers to services in the community, or in a person's home.
- 1.3. In this document, the expression "service user" refers to those individuals who are in receipt of care and support services from the council.
- 1.4. In this document, the expression "capital limit" refers to the capital limit set each year by the Department of Health and Social Care

2. Legal Framework

The following provisions give local authorities powers to charge adult (18 +) in receipt of care and support services:

- The Care Act 2014: Provides a single legal framework for charging for care and support under sections 14 to 17
- The Care and Support (Charging and Assessment of Resources) Regulations 2014
- Care and Support Statutory Guidance Issued under the Care Act 2014, Department of Health – October 2014
- Equality Act 2010
- Mental Health Act 1983

3. Approach to Charging in Thurrock

- 3.1. Thurrock Council has a duty to meet the social care needs of people who meet the statutory eligibility criteria for care and support services, as set out by The Care Act 2014.
- 3.2. The power to charge and to undertake a financial assessment is contained within the Care Act 2014 the associated regulations: Care and Support (Charging and Assessment of Resources) Regulations 2014 and Statutory Guidance: Care and Support Statutory Guidance 2014.
- 3.3. Unlike residential care, charges for non-residential care are discretionary– that is, local authorities do not have to charge. However, central government funding of councils assumes they collect money from these charges and, therefore, the extent to which we do not has to be met from either Council Tax increases, reduced services or other sources of income. By introducing charges, this enables the council to fund services within Adult Social Care.

The government has agreed the principle of asking people for a contribution to the services they receive (although this is not compulsory) provided the charges are reasonable and do not undermine the objectives of social care which are to promote the independence and social inclusion of service users. This means that any charges introduced must have regard to a person's ability to pay and must also include income maximisation (benefits take up) as part of the financial assessment.

- 3.4. For all care services, where it is deemed a charge is applicable (in line with this policy and the means test), the charge will be applied from the first day the service is received despite how long it takes to facilitate a financial assessment.
- 3.5. Each year Thurrock Council agrees its charges under this policy, which sets out how and what we will charge a person in receipt of Adult Social Care (ASC) services. This policy is based around a set of guidance notes provided by the Department of Health and Social Care
- 3.6. Since April 2003 Thurrock Council fully implemented the requirements of the Government's Fairer Charging Policy for Non-Residential Services.

This included:

- offering all adult service users benefit advice, irrespective of whether charges apply or not
 - ensuring financial assessments take full account of Disability Related Expenditure
 - ensuring that any charge does not reduce an adult service user's income below basic Income Support or in the case of residential care the appropriate deductions such as Personal Expense Allowance is applied
- 3.7. Thurrock Council works very closely with the Department of Works and Pensions, which allows Council staff to make benefit applications on behalf of residents and to check benefits in payment, where consent is present. This then allows us to re-assess a client's ability to contribute towards their non-residential services when extra benefits are awarded.
 - 3.8. As a result of The Care Act 2014, changes occurred in Social Care. The requirements and considerations outlined within the Care Act 2014 state that a charging policy should:
 - be person focused
 - encourage and enable those who are able or wish to take up employment, education and training
 - be sustainable for the local authority long-term
 - promote wellbeing and social inclusion
 - apply the charging rate equally
 - support carers

4. Chargeable Services

4.1. The following services are deemed chargeable under this policy:

- in-house and external home care support
- in-house or external day-care services, including transportation to and from said service
- eligible services bought via a Direct Payments
- Supported Living services
- Shared Lives service
- residential placements
- respite stays
- short breaks
- residential educational placements
- interim residential and extra care placements

- 4.2. The rates and maximum charge applicable to the client are detailed below and are subject to change at any time.

Type	Amount
Maximum weekly contribution	No cap
Cost per hour for home care support	Unit cost value
Cost per day-care / day opportunities session	£10.00
Cost per journey for transportation	£1.95
Cost per hour for Direct Payment service (agency rate) to the service user	£20.58
Cost per hour for Direct Payment service (micro-rate and self-employed rate, non-CQC registered)	£18.93
Cost per hour for Direct Payment service (PA rate)	£13.00
Sitting services, if appropriate	Unit cost value
Supported Living night support	Unit cost value
Concierge services in sheltered accommodation	£40.00 per week
Residential / Respite Services	Unit cost value
Short breaks	Unit cost value
Friendship club meal	£4.00 for a full meal and £2.75 for a light meal
Piggs Corner café	£4.00 for a full meal and £3.00 for a light meal
Shared Lives services	Unit cost value
Residential educational placements	Up to £40.00 per week

- 4.3. Where services are delivered by providers below the previously stated charging levels these will be charged at the hourly or sessional cost – for example, if a homecare provider delivers a service that costs £12.00 per hour, the Service User will therefore be charged at £12.00 per hour.
- 4.4. The calculation of incurred charges is based on 15-minute intervals from the receipt of service. For example, if Mrs X receives 10 minutes of care for medication prompts, she will be charged a 15-minute fee, but if Mrs X received 27 minutes of a care call, a full 30-minute fee would be charged and if Mrs X received 39 minutes, she would be charged a 45-minute fee, and so on. Therefore, Thurrock Council will charge in 15-minute blocks (medication prompt only) based on full cost. If a person is paying a contribution towards their care, they will be charged up to the maximum of their contribution in relation to the care hours given.
- 4.5. In the case of Elizabeth Gardens, as from 1 April 2016 charging only applies to new leaseholders at Elizabeth Gardens for the care they receive as a "block on-call support service". This is a core service charge that covers the provision of 24-hour on-site care staff in an emergency and coverage of the on-site emergency call pull cord, pendant facility and emergency help, which is in every flat. The Service User will be charged up to £40.00 per week. In cases where there are two Service Users residing at the same primary address

this will not be cumulative – for example, 2x £40.00 per week – but will instead be capped at to a maximum charge of £40.00 for the household in accessing this service.

- 4.6. Other "fixed rate" services such as Pendant Alarms or WRVS (Meals on Wheels) are not subject to this Policy neither does the fixed rates charge contribute towards the assessed weekly contribution of the client.
- 4.7. In cases where services are provided directly to Service Users for the benefit of the Carer these services will also be deemed chargeable and subject to the same costs as above.
- 4.8. In the case where a Service User is placed in a residential educational placement, they will be asked to contribute a flat rate charge of £40.00 per week, which is set below the minimum charge calculate by Care Act Guidance. This will enable the service users to engage in activities and courses designed to promote independence and minimise reliance on 24-hour care.
- 4.9. In cases where services are taken via an Individual Service Fund the Service User will be billed their contribution every week in line with the commissioned service and Personal Budget amount. This will therefore prevent any inequity of the application of charges that may be brought about by the choice of service type or frequency that this delivery model may cause.
- 4.10. Thurrock Council excludes some types of service from charging because of legal reasons or by choice. The types of services and situations are listed below but this list is not exhaustive and is subject to change (with the exceptions of services exempted by law) to change at any time and to the discretion of the appropriate budgetary holder:
 - clients receiving after-care services under s.117 of the Mental Health Act 1983
 - an adult suffering from variant Creutzfeldt-Jakob disease
 - up to 6 weeks' transitional reablement
 - information and advice given and assessments carried out by Finance Officers
 - Carers' Services where the Carer is the direct recipient of the service or Carers sitting services where carers criteria are met – for example, a service is received directly by the cared for person but the service was put in place specifically to alleviate the pressure of the caring role
 - Local Area Coordinator input
 - fieldwork services
 - equipment – up to £1,000
- 4.11. The decisions around the non-charging of these services are not in all cases a statutory obligation but an acknowledgement of the need to promote wellbeing, social inclusion and resilience within local communities.
- 4.12. Exceptions to charging may be made as of result of:
 - safeguarding
 - due to market capacity issues where a more restrictive care option would have to be prescribed to meet an outcome and ensure an individual is safe – that is, where a person is in hospital and needs emergency care upon discharge but no homecare is available, so respite care is provided to ensure discharge

The above will always be subject to senior management agreement on a case-by-case basis and will require an exemption form.

5. Charging for Non-Residential Services

- 5.1. Thurrock Council exercises its discretion under the Care Act 2014, to charge for non-residential services.
- 5.2. For service users who require non-residential care and support services, a Minimum Income Guarantee (MIG) is set and reviewed by central government. The purpose of the MIG is to ensure that any charge the service user is assessed to contribute leaves them with the MIG, which is attended to reflect standard living costs dependant on a service user's individual circumstances.
- 5.3. The financial assessment of a service user receiving non-residential services, will exclude the value of the property they occupy as their main home. This exclusion does not apply where the service user has a secondary property, or they are not residing in their main home to receive care.
- 5.4. When assessing Disability Related Expenditure (DRE), the council will comply with section 6 of this document.

Income

- 5.5. The following are only common examples and if detailed advice regarding any particular type of income should be required, please contact the Customer Finance Team. Again this list is not exhaustive.

Examples of income normally taken fully into account:

- most Social Security benefits, including those the service user may not yet be receiving
 - occupational or other private pensions, but see partly disregarded below
 - income from annuities, although special rules apply to home income plans
 - income from some disregarded capital
 - income from an insurance policy, except mortgage protection policies
 - income from property rental
 - trust fund income from certain types of trusts
 - notional income which an individual may have a right to receive but choose not to
 - couples' assessments
- 5.6. If the person being assessed is part of a couple and in receipt of a joint benefit claim, they will be assessed on that basis, however if they are not in receipt of a joint benefit claim we will complete two financial assessments and use the one which is more favourable to the individual. If the person being assessed is one of a couple, but only chooses to tell us about one partner's income, we will work out the charge using the single person's allowance, rather than that for a couple.
 - 5.7. The reason for this is that if the individual is classed as a couple, married or un-married in the same household, the Department of Works and Pension will not allow separate claims. So as the benefit is a benefit which is jointly awarded, both parties are equally entitled to the benefit, regardless of who claimed it. The DWP letters now actually state that the claim is a joint and now list both claimants.
 - 5.8. Therefore, all joint income will be included, and if one person is receiving care, we will either assess based on what a Pension Credit couple need to live on or divide the joint

income by two and assess the client on their half of the joint income and leave the partner with the other half for them to live on.

6. Standard Disregards

- 6.1. The standard daily living amounts that we use to work out an individual's charge are based on the amounts for basic living set each year by the Department for Work and Pensions. These are called Income Support for people up to the age of 59, Employment and Support Allowance and Pension Credit for people aged 60 or over. The amount of allowance used depends on personal factors such as age, disability, and family make-up.
- 6.2. We also make sure that our charges leave the individual with the allowed Minimum income guarantee for non-residential services. Please see Department of Health website for the MIG rates for further guidance.
- 6.3. We also allow for any housing costs the individual has, such as rent or mortgage payments, Council Tax or service charges. If the person is applying as one of a couple, we would allow half of any joint expenses.
- 6.4. We work very closely with the Department for Work and Pensions, and where the individual has agreed that we can do so; we will preview any benefits they are in receipt of to make the assessment process easier for them. This will also enable us to advise them on additional benefits they may be entitled to claim and we will assist them to claim these when we visit.

The following income will always be disregarded:

- service user's earnings
 - earnings replacement payments paid by Critical Illness Policies
 - the mobility component of disability living allowance / personal independence payment
 - the night element of the care component of Disability Living Allowance and Attendance Allowance if no night care provided by Social Services
 - War Disablement Pension, Armed Forces Compensation Scheme and War Widows Pension as per local scheme – however, any Constant Attendance Allowance paid will be included
- 6.5. From 10 April 2017 payments to veterans under the War Pension Scheme are fully disregarded in the financial assessment for social care charging with the exception of payments of Constant Attendance Allowance which may be taken into account.
 - 6.6. For anyone receiving payments under the War Pension Scheme who is not a veteran – for example, surviving family members – only the first £10 per week is disregarded
 - all income from a charitable or voluntary source and income derived from personal injury trust funds will be wholly disregarded from 9 April 2007
 - Savings Credit element of Pension Credit
 - Working Tax Credit
 - Child Tax Credit
 - all of a partner's income is also ignored if a single assessment is more appropriate

- 6.7. No one will be left with less than the basic income support after paying for services. This basic level includes premiums appropriate to the user but not the severe disability premium.
- 6.8. In instances where a Service User needs to be supported to access or engage in employment further disregards and deductions may be considered. In these circumstances the appropriateness of these deductions will be considered by the Assessing Officer in conjunction with a Care Professional and on a case-by-case basis to assess the reasonableness of the deductions. These decisions will be reviewed each year and the acceptance of these deductions in one year does not automatically mean they will be accepted upon review.
- 6.9. After all subsequent deductions have been applied 100% of assessable income will be taken into consideration within the financial assessment.

7. Treatment of Capital other than property

- 7.1. The rules under which we assess an individual's capital are often misunderstood. The fact is that a service user will normally be expected to fully fund their care if their capital exceeds a certain amount (£23,250 reviewed yearly by the Department of Health) but even if it is below that amount it may be taken into account and deemed to provide an income as described below. However, if the service user's capital is between the upper limit and the lower capital limit they will be deemed as being able to make a contribution known as "Tariff Income" from this. If capital is below a lower threshold (£14,250 from 7 April 2014) we will entirely disregard it in the financial assessment as explained below.
- 7.2. For assessment purposes, capital includes bank, building society and PO Savings accounts as well as Premium Bonds, stocks and shares and many other types of assets or investments. This list is not to be deemed exhaustive.

Capital parameters and thresholds

- 7.3. The Government has undertaken to increase these amounts at least annually and from April 2015 the various capital thresholds are as shown below.

Capital above £23,250

- 7.4. We will assess the individual as liable to pay for the full cost of your care.

Capital between £14,250 and £23,250

- 7.5. We use a sliding scale of tariff income to calculate a person's deemed income from capital in this range. We consider that every £250 of capital, or part thereof, exceeding £14,250 will produce an extra deemed income of £1 per week. For example, for 2015/16 an individual's deemed income from total capital of £15,250 would be £4 per week (calculated as £15,250 less £14,250 = £1,000 / 250). This deemed income is additional to any other income the person may have and will be included as part of the financial assessment.

Capital below £14,250

- 7.6. An individual's capital will be disregarded but their income will be taken into account as part of the financial assessment so the service user will be asked to contribute towards the cost of their care.

Disposal of capital

- 7.7. Individuals thinking about giving away or otherwise disposing of their capital should note that depending on the circumstances, the council may continue to financially assess them as if they still possessed it. This is called "notional capital" and it is suggested that the individual discusses their intentions with the Customer Finance Team before proceeding.

8. Disability Related Expenditure

- 8.1. For Non-Residential Care as a part of the assessment process extra allowances will be made if the client has additional expenses that are directly related to a medically diagnosed health problem. This information must be disclosed to the Officer upon the commencement of the initial assessment or in writing, otherwise within 14 days of the commencement of the initial assessment.
- 8.2. The Assessing Officer can request evidence of any expenditure disclosed and the individual being assessed will then be required to supply invoices or receipts to evidence/substantiate these additional expenses before they can be included in the calculations.
- 8.3. It is not the duty of the Assessing Officer to list or detail any previously disclosed Disability Related Expenditure (DRE) from previous assessments upon visiting the individual. It is the individual's duty to bring to the attention of the Assessing Officer such expenses at the assessment or within the time scale detailed above so that they are fully aware of these. A list of DRE from previous assessments is available on written request from the individual or their representative.
- 8.4. The following list details accepted forms of DRE, but this list is not an exhaustive list and anything outside of what is covered below is within the discretion of each Assessing Officer and may not be included in subsequent assessments:
- the costs of privately arranged care services, including respite care in the home, will only be allowed if an occupational therapist or care manager believes it to be an integral part of care – the allowable cost will only be subject to the net cost of the Council providing the service
 - additional expenditure – for example, for incontinence or specialist soap powders – will be allowed subject to confirmation that this is a necessary expenditure
 - the extra costs of a special diet may be allowed where this is in relation to medical need, confirmed by a specialist or consultant
 - the cost of special or additional clothing, shoes or bedding may be allowed where this has been shown to be necessary
 - the reasonable cost of essential basic garden maintenance may be allowed for service users who are unable to perform this task for themselves
 - basic cleaning will be an allowable cost for individuals identified as unable to undertake this task and where the local authority does not provide the service
 - the purchase, maintenance and repair of necessary disability-related equipment may be allowable, though it may be necessary to verify why the equipment has not been provided through other appropriate sources

8.5. Allowable Disability Related Expenditure will be for services deemed necessary as a result of disability or for health and safety reasons. Costs arising simply from a matter of personal choice, where a reasonable alternative is available at lesser charge, will not normally be allowed

8.6. DRE Examples

Example 1

Mr Jones is 84 years-old and lives alone in a Council owned property. His daughter claims Carers Allowance to care for him. At present he is receiving 4 hours of care per week, which should cost £75.72 per week. However, when we look at whether Mr Jones can afford to pay this, we discover that he can only afford to pay **£18.80**.

This is worked out as follows.

Weekly income for Mr Jones:

- State Retirement Pension of £186.00 per week
- Attendance Allowance of £68.10 per week
- Pension Credit (Guaranteed Component) of £5.05 per week
- Pension Credit (Savings component) of £6.91 per week, which is ignored for non-residential services

Mr Jones also has total savings of £15,000.00 in several different accounts, which means a tariff income of £4.00 per week is taken on these savings.

This gives Mr Jones a total assessable income per week of **£263.15**.

This is deducted from Minimum Income Guarantee of **£214.35** per week. Mr Jones is also in receipt of full housing and council tax benefit so there are no additional deductions for housing costs. But due to Mr Jones's poor health he does have additional Disability Related Expenditure.

At present Mr Jones is paying a private company £20.00 per week to complete his housework and laundry as he is not able to do this himself. Additionally, he is paying £10.00 per week in taxi fares to and from the local shops in order to pick up the things he needs, as he cannot access public transport safely. Total DRE per week **£30.00**.

These expenses are then taken off Mr Jones's accessible income leaving **£18.80** per week, which he will have to contribute towards the cost of his care.

Example 2

Mrs Smith is 80 years-old and lives in a privately owned property with her husband who is 84 years old. Mrs Smith has 7 hours of care a week, which could cost her £132.51 per week, and after looking at her and her husband's combined income and savings Mrs Smith weekly charge will be **£14.32**.

This is worked out as follows.

Weekly income for Mrs Smith:

- State retirement pension of £96.00 per week

- Attendance allowance of £68.10 per week
- Pension credit (Guarantee) of £54.55 per week

Weekly income for Mr Smith:

- State retirement pension of £156.30 per week

Mr and Mrs Smith have joint savings that total £2,600, so as this is below £14,000, the amount does not affect the assessment. They also receive full council tax benefit because they are in receipt of guaranteed pension credit.

This gives Mr and Mrs Smith a joint total assessable income per week of **£374.95**.

We would then deduct the Minimum Income Guarantee for a couple of **£327.30** leaving an excess of **£47.65** per week for charging purposes, but as Mrs Smith is the only one of the couple having care, we would divide this by 2 and her excess income in the financial assessment will be **£23.82** per week.

Due to Mrs Smith's poor health, she does have additional Disability Related Expenditure of a Chiropodist at £30 every 6 weeks and incontinence needs causing extra washing each week at £4.50, so the weekly DRE will be £9.50 meaning the weekly assessed charge will be **£14.32**.

Example 3

Mr Brown is 19 years-old and lives at home with his parents. His mother is his full-time carer, with private carers providing additional care twice daily for 30 minutes per time. Mr Brown receives a Direct Payment for this, and his contribution is assessed in the same way as service user who is receiving a Council commissioned service.

Mr Brown is receiving Employment Support Allowance (ESA) in the support group category as he is unable to work and is no longer in his 13-week assessment period. He also receives Personal Independence Payments Care and Mobility components at the highest rate. When working out the financial contribution we would count:

- ESA = **£171.30**
- Personal Independence Payments High-Rate Care Component of £101.75, we would only count the middle rate of £68.10 disregarding the difference between the middle and highest rate as he does not receive any night-time services = **£68.10**
- we disregard fully the Personal Independence Payments Allowance Mobility Component

Mr Brown has no savings. Any savings below £14,000 would be disregarded.

The Minimum Income Guarantee amount Mr Brown should be living on is **£150.25** per week

He has disability related expenses of:

- chiropodist £25 per month = £5.76
- additional daily laundry due to incontinence problems = £10.50
- taxi fares £10.00 weekly (not counted as client receives mobility component)

The total DRE is **£16.26**.

Excess income of **£89.15** minus DRE of **£16.26** = contribution of **£72.89** per week towards the direct payment.

9. Charging for Residential Services

9.1. The following services are chargeable:

- standard residential
- respite stays
- short breaks
- high dependency
- dementia care
- nursing
- Collins House
- interim bed

As the council is contracted to pay the care home for your stay in residential and respite care, you will still need to pay your assessed charge for any time you are in hospital. This is because the council has to pay for your place in the care home even if you are in hospital.

9.2. An individual's financial resource consists of their income and their capital assets. We regard income as something paid in respect of a period and which forms part of a series of payments (whether you receive them regularly). For assessment purposes we normally take your income fully into account, except as shown below.

9.3. The following are only common examples and if you need detailed advice regarding any particular type of income, please contact the Customer Finance Team.

Examples of income normally taken fully into account:

- most Social Security benefits, including those the individual may not yet be receiving
- occupational or other private pensions, but see partly disregarded below)
- income from Annuities, although special rules apply to home income plans)
- income from some disregarded capital
- income from an insurance policy, except mortgage protection policies)
- income from property rental
- trust fund income from certain types of trusts
- notional income which the individual has a right to receive but chooses not to

Examples of partly disregarded income:

- income from some disregarded capital
- half of the person's occupational pension, unless the spouse/partner is in a care home, or they are in receipt of a means tested benefit and the DWP (Department of Works and Pension) have disregarded this as an income

Examples of fully disregarded income:

- Attendance Allowance or Disability Living Allowance / Personal Independence Payment (Care and Mobility)
- Income Support home commitments payments for temporary residents
- Pension Credit home commitments payments for temporary residents

- some charitable and voluntary payments received by or for you
- most payments related to children for example Child Tax Credit, Child Benefit
- some Social Security payments such as Christmas Bonus and Winter Fuel

- 9.4. **How we treat your income in your financial assessment** – We add together all the different types of income which the person receives, excluding any amounts which we disregard or partly disregard. We then deduct a fixed amount known as the Personal Expense Allowance (PEA) and if appropriate a variable Savings Credit allowance. What's left is the financially assessed contribution which the individual will be expected to pay for your care. The DoH revises PEA annually and it is currently £28.25 per week.
- 9.5. **General** – We cannot normally make an individual sell a property without a Court Order, but we may regard the individual's financial interest in a property or other dwelling as a capital asset that can be used to help pay for the cost of your care and we will assess you accordingly.
- 9.6. **How your property affects your residential financial assessment** – A check will be made with the Land Registry, which records the details of any property where the individual lives, owns or jointly owns or has previously owned. We may also ask the person to supply further details regarding any transfers or other disposals and what happened to the capital released by those transactions. In certain circumstances we may regard the individual as having disposed of their property in order to avoid paying the full cost of your care and will financially assess the person as though they still owned it.
- 9.7. **Temporary residents** – In most cases we will disregard from a financial assessment the value of the individual's financial interest in any dwelling or property which the person normally occupies as their home. However, we normally will take into account that person's interest in any other dwelling or properties or any income they are entitled to receive from them.
- 9.8. **'Right to Buy' properties** – Many people have bought their homes from their local council, often at a substantial discount which reflected the rent they had previously paid. Under the Housing Act 1985, they are required to retain the legal title for at least three years or risk having to repay some of that discount. In many families, adult sons or daughters assisted their parents by obtaining and paying a mortgage but this does not mean that they automatically became the legal owners, they may however have a beneficial interest.
- 9.9. **Permanent residents** – Unless we disregard a property for one of the following reasons, we normally will expect the individual to use their property to help pay for their care in a residential care home. However, if the person is a joint owner with their spouse or another party or parties, we normally will take into account only the value of the individual's share, which we may have professionally valued.
- 9.10. **Permanent residents** – examples of when we disregard property – If the person is a permanent resident, we will disregard their financial interest held in the property in the financial assessment for as long as the property is occupied in whole or part by:
- the person's partner or former partner (except if they are estranged/separated or divorced)
 - a lone parent who is the person's estranged or divorced partner and has retained the family home by virtue of a court order or as part of a divorce settlement
 - a relative or member of the person's family who is either:

- aged 60 or older
- aged 16 or less and is a child whom you are liable to maintain
- incapacitated (usually taken to mean receiving a disability benefit)

9.11. Equity Release, Home Reversion and Home Income Plans – If the person has borrowed money with a loan secured on their property, they may have done so by arranging either an Equity Release or a Home Reversion loan. The number and range of financial products and lenders is extensive and if the individual has entered into one of these arrangements, they must provide us with full details of this.

9.12. Twelve Week Property Disregard

General – If the person has less than the upper threshold (£23,250) in non-property capital and savings, we may be able to disregard the value of a property or dwelling within the UK which the person normally occupies and owns or jointly owns for the first 12 weeks of their permanent placement in a care home.

For this scheme, "dwelling" includes static caravans and other prefabricated structures on "mobile home" parks but not touring caravans or property abroad.

How it works

During the twelve-week period we will assist the individual by helping to fund their placement up to the amount we would normally pay for someone with their assessed care needs and includes the amount they will be assessed to pay as a financial contribution based on their income and non-property capital to which they are entitled. If the person has agreed to pay their chosen home a fee higher than our agreed rate charges the individual or someone on their behalf must pay the difference in addition to their financially assessed contribution (refer to the Council's Choice of Accommodation and Top-Ups Policy).

What happens at the end of the Twelve Week Disregard

At the end of the twelve-week period we will take the individual's property or dwelling into account, and they will normally be liable for the full cost of their care from that point until further notice.

What happens if the property is sold in less than Twelve Weeks

We will consider the individual to be liable for the full cost of their care from the date on which the sale is legally completed.

10. Deferred Payments Scheme

10.1. A person who enters residential care on a permanent basis may be eligible to access the Authority's Deferred Payment Scheme. If the property has not been sold by then we may be able to offer the individual a Deferred Payment Agreement to assist them with the cost of their care, subject to placing a Legal Charge on their property to secure the Council's financial interests. A person will be required to pay a contribution towards their care based on their income even if they have a Deferred Payment in place which will be accounted for towards the full cost of care.

11. Complaints and Appeals Process

11.1. If the person or their representative disagrees with the results of the assessment carried out to determine their contribution towards the cost of non-residential or residential services, the person must first register an appeal. This should be done preferably in writing and within the 14 days of the assessment taking place, though if the person is unable to do this, an appeal can be taken over the telephone and the nature of the appeal noted. The address for this is:

Customer Finance Department (Appeals)
Thurrock Council
Civic Offices
New Road
Grays
RM17 6TJ

Once this appeal has been noted it will go through to a Two-Stage Appeals process as described below:

Stage 1 – The assessment and all other relevant documentation will be passed to a second Assessment Officer who will check the information gathered at the initial assessment, the Disability Related Expenditure and the calculations made on this information in relation to this charging policy. If the individual or their representative does not present all relevant information relied upon at the assessment this will not be considered as an appeal, but as a reassessment of their circumstances. After the Assessing Officer has come to a decision about the appeal or reassessment they will write to the person or their representative to inform them of the outcome within 14 working days.

Stage 2 – If person or their representative remains dissatisfied with the first stage of the appeal there is the opportunity to lodge a formal complaint and the person will be signposted to Thurrock Borough Council's Complaints procedure.

All complaints and feedback regarding adult social care are recorded and processed in accordance with the statutory complaints procedure. Service users and their families and/or carers can make a complaint or provide their feedback by:

- writing to Complaints Manager at Adult Social Care
Thurrock Council
Freepost ABG 1611
- emailing ascfeedback@thurrock.gov.uk or
complaints@thurrock.gov.uk
- phoning 01375 652 643

12. Payment Methods and Debt Recovery

12.1. If a person is assessed as having to contribute towards the cost of their service, they will first receive written notification of how much this charge is, and when it is to commence. Also enclosed in this letter will be a breakdown of how this charge was calculated by the assessing officer if it is appropriate to do so.

- 12.2. An invoice will then be raised and sent through to the person or their representative at least four weeks after the date the person first became liable for charges so as to account for any variations in the amount or type of services received. The invoice will state the period being charged for as well as the amount of units received of varying service types and the cost for this four-week period to the person receiving the service.
- 12.3. If the person receiving the service does not agree with the amount of service that was delivered during this period, then they are to contact the telephone number on the invoice and this will be investigated and should be settled before the invoice is paid by the client.
- 12.4. Upon receiving the invoice for non-residential services, the individual has 28 days to pay this by any one of the Methods of Payment detailed below.

12.5. **Methods of payment:**

- via the internet – log onto www.billpayment.gov.uk or alternatively access the Thurrock Council website www.thurrock.gov.uk
- via the automated payment line
- via phone – the individual or their representative can pay with their certain credit and debit cards using the phone number and times for making payments on the invoice
- Standing Order, Post Office, PayPoint, BACS:

Financial Services
PO Box 1
Civic Offices
New Road
Grays
RM17 6LT

The individual should ensure that their unique account number and invoice number are stated on the payment slip. If the person requires a receipt, they must return the whole of the invoice intact with their payment. Individuals **should not send cash by post** unless it is registered.

- via Standing Order Mandate payments will be made directly from a bank account – the person can phone 01375 652 678 to request the form
- Post Office Giro – details of the giro account number and how to pay by this method will be on the overleaf of the invoice – the usual Post Office fee is payable for this service

12.6. Failure to Pay

Should an invoice not be paid within the initial 28-day period a red reminder invoice will automatically be issued to the individual or their representative giving them a further 28 days to settle the account.

If the account is not settled in this additional 28-day period then the Council will institute debt recovery proceedings. These proceedings include the use of a debt recovery agency and/or Court action against the individual or their legal representative should it be deemed necessary.

If the individual is legally represented details of their solicitor should be submitted once recovery is instituted.

12.7. Deprivation of Capital

Where a Service User has deliberately deprived himself/herself of a capital asset Thurrock Council may treat the Service User as possessing the asset and it will be included in any financial assessment.

Thurrock Council will, in instances where they believe deprivation has occurred, follow the procedure set out in Annex E and Annexe D of the Care and Support Statutory Guidance.