

Health and Social Care Scrutiny Commission

Tuesday 16 May 2023

7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Membership

Councillor Suzanne Abachor (Chair)
Councillor Maria Linforth-Hall (Vice-Chair)
Councillor Naima Ali
Councillor Sam Dalton
Councillor Esme Dobson
Councillor Hamish McCallum
Councillor Charlie Smith

Reserves

Councillor Victor Chamberlain
Councillor Sabina Emmanuel
Councillor Natasha Ennin
Councillor Barrie Hargrove
Councillor Emily Hickson
Councillor David Watson
Councillor Kath Whittam

INFORMATION FOR MEMBERS OF THE PUBLIC

Access to information You have the right to request to inspect copies of minutes and reports on this agenda as well as the background documents used in the preparation of these reports.

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Contact Julie Timbrell on 020 7525 0514 or email: Julie.Timbrell@southwark.gov.uk

Members of the committee are summoned to attend this meeting

Althea Loderick
Chief Executive
Date: 4 May 2023



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7.00 pm

Ground Floor Meeting Room G02A - 160 Tooley Street, London SE1 2QH

Order of Business

Item No.	Title	Page No.
	PART A - OPEN BUSINESS	
1.	APOLOGIES	
	To receive any apologies for absence.	
2.	NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT	
	In special circumstances, an item of business may be added to an agenda within five clear working days of the meeting.	
3.	DISCLOSURE OF INTERESTS AND DISPENSATIONS	
	Members to declare any interests and dispensations in respect of any item of business to be considered at this meeting.	
4.	MINUTES	
	To approve as a correct record the Minutes of the open section of the meeting on ** ***** 2021.	
5.	QUEEN'S OAK NURSING HOME AND ANNUAL CARE HOMES REPORT	1 - 2
6.	IMMUNISATION UPDATE	3 - 15
7.	CARE CONTRIBUTIONS UPDATE BRIEFING	16 - 81

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8.	SCRUTINY MINI REVIEW: CARE CONTRIBUTIONS	82 - 90
9.	SCRUTINY REVIEW: ACCESS TO MEDICAL APPOINTMENTS	
10.	SCRUTINY TOPIC: PARTNERSHIP SOUTHWARK	
11.	WORK PROGRAMME	

DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING.

Date: 4 May 2023

EXCLUSION OF PRESS AND PUBLIC

The following motion should be moved, seconded and approved if the sub-committee wishes to exclude the press and public to deal with reports revealing exempt information:

“That the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraphs 1-7, Access to Information Procedure rules of the Constitution.”

Responses to questions from the Health and Social Care Scrutiny Commission regarding the closure of Queen's Oak Nursing and Annual Care Home Cabinet Report

1. Background

1.1. Members of the Health & Social Care Scrutiny Commission requested an 'informal briefing on Queens Oak nursing home closure' and 'broader information on Care Home quality and provision'.

1.2. The Health & Social Care Scrutiny Commission shared questions (in *italics*) to inform the requested briefing and the responses are set out below.

2. Queens Oak nursing home closure

2.1. *At what point did the Council learn of Excelcare's plans to close down Queen's Oak nursing home?*

The Council was notified of Excelcare's decision to close Queens Oak on 30 September 2022.

2.2. *In the 12 months prior to the home closing down, how many visits / inspections from any of the following external bodies took place at Queen's Oak: Council staff / CQC / Healthwatch / Age UK lay inspectors? Did any of the above bodies pick up that the home was struggling in any way in the 12 months prior to its closure?*

The CQC visited on 24 November 2020 with a rating of 'Good'. The last CQC inspection took place on 29 September 2022 with an overall rating of 'Requires Improvement'; and the same rating in two areas: 'Is the service safe?' and 'Is the service well-led?'

The CQC inspection took place due to 'concerns being raised over the management of medicines'. The CQC report was published on 23 November 2022, after the provider informed of their intention to close. The council was not informed of the inspection by CQC.

Lambeth Council held and managed a block contract with Queens Oak. Southwark Council placements were made on a spot-purchased basis, therefore our Contract Monitoring Officers did not conduct routine monitoring visits.

The Council has not been notified of Healthwatch exercising their right to 'Enter and View' at Queens Oak. The Lay Inspectors scheme has become a visiting service, however we have not been informed of any clients that were supported by the scheme in the home.

2.3. *How many residents were there at Queen's Oak at the time of its closure? How many were funded by Southwark Council and how many were self-funders? How many have now been moved to Camberwell Lodge? Have any residents moved to homes other than Camberwell Lodge?*

At the time of closure there were 69 residents at Queens Oak, funded as follows:

- 35 funded by Southwark Council
- 2 self-funders
- 32 funded by other authorities, who managed the transfers for their clients.

Of our 35 Southwark funded residents, 25 moved to Camberwell Lodge. The remaining 10 Southwark residents moved to the following accommodation:

- 2 moved to Tower Bridge Care Centre
- 2 moved to Anchor Waterside residential home
- 1 moved to Extra Care
- 5 moved to placements out of borough due to personal/family choice (4 N^o) or lack of suitable step-down provision in-borough (1 N^o)

Of the 2 self-funding residents, 1 chose to move to a care home in Lambeth, and Adults' Social Care supported the transfer of the other resident to The Elms in Southwark.

2.4. The health and wellbeing of residents can sometimes improve as a result of moving to a different (better) home and receiving better care. However, there is much evidence that the opposite can also happen i.e. that care home residents, particularly those with dementia, can die as a result of being relocated. This can be due to the stress of the move, the confusion of new surroundings, or the fact that new carers do not know the residents well and do not pick up the signs of e.g. a resident having an infection etc. Will the Council be monitoring if any of the Queen's Oak residents die within e.g. an 8 week period of being moved?

Welfare checks on residents were done by allocated Social Workers the day after individual moves (by phone). Allocated Social Workers were scheduled to conduct follow-ups with residents at 6 weeks and 3 months after closure. As part of follow ups, Social Workers will monitor any deaths, significant changes in needs, or increased interventions from community Mental Health teams.

3. Care Home Quality and Provision

3.1. Back in July 2020 there was a recommendation for an annual cabinet report on Care Homes and this was supported by cabinet, with the report stating this would follow after the completion of the Residential Care Charter. Could you also please provide the completed charter and annual report – or provide an update on this if still in development?

A report was presented to Cabinet on 19 January 2021 as a response to the recommendations from the Health & Social Care Scrutiny Commission about Care Home Quality Assurance. The response related to recommendation 7 said 'The first annual report will follow the report related to the residential care charter.' The residential care charter was approved by Cabinet in February 2022 and the first report is scheduled to be presented to Cabinet in June 2023.

IMMUNISATION UPDATE 2022/23

Public Health Briefing for the Health & Social Care Scrutiny
Commission

To inform the NHS immunisation programme

Southwark Public Health and SEL ICB

March 2023

 @lb_southwark  facebook.com/southwarkcouncil

The COVID-19 pandemic has negatively impacted coverage of most immunisation programmes

INTRODUCTION

The routine UK immunisation schedule¹ aims to provide protection against a range of vaccine-preventable infections, for both children and adults.

COVID-19 has had a negative impact on many immunisation programmes, despite the national advice that routine childhood immunisations should continue throughout lockdown. School closures, physical distancing measures, limitations on gatherings, non-essential use of public transport and working from home have all impacted coverage.

Immunisation programmes are commissioned and delivered by the NHS, and this briefing aims to inform these programmes, by considering coverage and outlining some of the actions that have been taken to improve uptake and address inequalities during 2022/23.

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It will focus on the following immunisation programmes:

- **Pre-school**
 - Hexavalent (given at 8, 12 and 16 weeks old)
 - MMR (given at 1 year and 18 months)
 - Pre-school booster (given at 3 years 4 months)
- **Polio**
 - Booster dose in response to the regional incident
- **School-age**
 - HPV (given in years 8 and 9)
 - Meningococcal groups A, C, W, Y (given in year 9)
- **COVID and flu**
 - Mainly seasonal (given to at risk groups)

1. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1055877/UKHSA-12155-routine-complete-immunisation-schedule_Feb2022.pdf

In Southwark, coverage of some pre-school immunisations is higher than seen across London as a whole

PRE-SCHOOL IMMUNISATIONS

In Southwark, pre-school immunisation coverage is higher than London across most of the immunisation programmes.

- In 2021/22, coverage was 80% or above in Southwark for the pre-school immunisations of MMR, and 6-in-1 (hexavalent).
- Southwark had significantly higher coverage of MMR1 at 2 years, MMR2 at 5 years, 6-in-1 at 1 year, and pre-school booster when compared to London as a whole.
- When compared to London, Southwark also had slightly higher coverage of MMR1 at 5 years, though not significantly.
- Coverage of 6-in-1 (hexavalent) at 2 years is slightly worse than London, though not significantly.
- Coverage of all pre-school immunisations in Southwark remains lower than England.
- Since 2018/19, there has been a decrease in coverage of MMR1 at 2 years, and 6-in-1 at 2 years, with all other pre-school immunisations coverage remaining steady.

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Figure 1: Coverage of pre-school immunisations across Southwark, London, and England, 2021/22

	Southwark	London	England	
MMR one dose at 2 years	83.4%	79.9%	89.2%	Significantly better than London
MMR one dose at 5 years	88.7%	87.8%	93.4%	Better than London, but not significantly
MMR two doses at 5 years	82.0%	74.2%	85.7%	Significantly better than London
6-in-1 at 1 year	88.2%	86.5%	91.8%	Significantly better than London
6-in-1 at 2 years	86.7%	87.2%	93.0%	Worse than London, but not significantly
Pre-school booster	77.5%	71.8%	84.2%	Significantly better than London

There is a programme of work to improve coverage of pre-school immunisations in lower uptake groups

PRE-SCHOOL IMMUNISATIONS

ACTIONS TAKEN

- Improved services and pathways in **asylum seeker and refugee settings** and developed plans to engage with and provide accessible information.
- Focussed on improving uptake in **areas of high deprivation**, by supporting practices, engaging with early years and nurseries and working closely with VCS organisations.
- Co-produced a research and **intervention project with the Latin American community** to understand and address barriers to childhood immunisations.
- Supported **ethnographic research**, for example with Nigerian mothers in Southwark.
- Agreed a local policy for giving the **second dose of MMR at 18 months** in Southwark.
- Created **contractual amendments for GPs** to encourage early delivery of MMR and high uptake.
- Developed and disseminated **best practice guidance and practice level reports**, following visits to practices with low and high uptake.
- Developed greater understanding and **assurance of high risk immunisation programmes**, such as Hepatitis B for high risk babies and BCG following screening for severe combined immunodeficiency.
- Developed a **programme of communications**, including targeting specific age groups (eg nurseries and primary schools), general (eg Council webpages, Southwark Life, E-Newsletter), and specific communities (eg asylum seekers).
- Initiated a **health equity audit on pre-school immunisations** to identify key inequities in access and uptake in Southwark.

All 1 to 9 years olds were invited for a polio vaccine during this campaign and further data will become available

POLIO RESPONSE

In 2022, the discovery of poliovirus in sewage samples in London resulted in a regional response that included offering a polio vaccine to all children aged 1 to 9 years old in London.

For some this would be an additional dose, for others it would bring them up to date with their vaccinations. The campaign ran from late August 2022 to December 2022.

Uptake:

- There were approximately 29,500 children aged between 1 and 9 years old in Southwark during the campaign.
- All 1 to 9 years olds were invited for a polio vaccine by the end of Sept 2022.
- As of September 2022 (near the start of the polio campaign)
 - 88.9% of those aged 5 years old in Southwark had had at least 1 course of polio containing vaccine
 - 73.7% had had the recommended two courses for their age group.
- NHS England will publish data on the uptake of the polio booster in due course. No other data on uptake since the start of the campaign has been published.

Response to the polio incident included actions targeting lower uptake groups and increasing clinic capacity

POLIO RESPONSE

ACTIONS TAKEN

- Increased **capacity in primary care** to deliver the vaccine, with additional clinics and mass vaccination sites.
- Engaged with **under-served communities** to raise awareness including:
 - translated messaging and promoted through community ambassadors
 - worked with asylum seekers and refugees and the Southwark Traveller Action Group
 - promoted through schools, looked after children leads, SEND organisations, early years settings, Homes for Ukraine caseworkers, parents of home-schooled children, holiday food and fun programme and children and family centres
- Delivered a **polio vaccination pop-up in Peckham** during October 2022 half-term.
- Worked with the Health Inclusion Team at GSTT to organise special **polio clinics for those living in initial accommodation centres**, including providing transport to vaccine hubs.
- Ensured all our GPs in Southwark are part of the **Safer Surgeries schemes**, ensuring lack of ID or proof of address, immigration status or language are not barriers to patient registration
- **Southwark Refugees Communities Forum commissioned** to set out programme of action to help local refugee communities engage with the Polio booster campaign in Southwark and increase vaccination uptake.
- **Latin American Women's Rights Service commissioned** to undertake a survey at a mum and baby group for Spanish-speaking women, to understand awareness about campaign and barriers to accessing immunisations.

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Coverage of school-age HPV immunisations in Southwark is higher than across London as a whole

SCHOOL-AGE IMMUNISATIONS

In Southwark, there is significantly higher coverage of school-age HPV immunisations than compared to London as a whole.

- In 2020/21, both male and female HPV dose one vaccine coverage was significantly higher in Southwark compared to London as a whole, with coverage across Southwark standing at around 78% across both immunisation programmes.
- Southwark also had slightly higher coverage of HPV dose one in females than was seen across England as a whole, and significantly higher coverage of HPV dose one in males.
- Coverage of the Meningococcal ACWY vaccine in Southwark in 2020/21 stood at 77%. This is slightly worse than London, but not significantly. It is significantly lower than the 81% seen across England.
- The only published data available is from 2020/21. Anecdotal and unpublished reports suggest COVID-19 has had a negative impact on uptake during 2021/22, thought to be due to lockdown, sickness absence on vaccination days and school closures due to outbreaks.

Figure 2: Coverage of school-age immunisations across Southwark, London, and England, 2020/21

	Southwark	London	England	
HPV one dose (Female)	77.9%	71.0%	76.7%	Significantly better than London
HPV one dose (Male)	78.4%	67.0%	71.0%	Significantly better than London
MenACWY	77.4%	78.6%	80.9%	Worse than London, but not significantly

Work has recently started to provide support to the school immunisation programme

SCHOOL-AGE IMMUNISATIONS

ACTIONS TAKEN

- Worked with providers to **identify schools with lower uptake**, with the aim to support them to address barriers, practical issues and improve uptake.
- Held regular meetings with with the school immunisation provider to **understand and resolve issues** they experience when delivering the programme.
- Regularly **shared information with schools** about the importance of vaccinations and how they can best support the programmes.
- **HPV lesson plans shared with schools**, that had been co-produced with Southwark children and young people.
- Continued to work with the **Young Advisors to co-produce communications** for young people around vaccinations, including HPV and Meningococcal ACWY.
- Organised and delivered **training sessions for community health ambassadors** and faith groups on HPV.
- Attended **primary school coffee mornings** to talk about flu vaccination to parents and school staff.
- Worked with the school immunisation provider to **source community settings for catch up clinics** in the school holidays.

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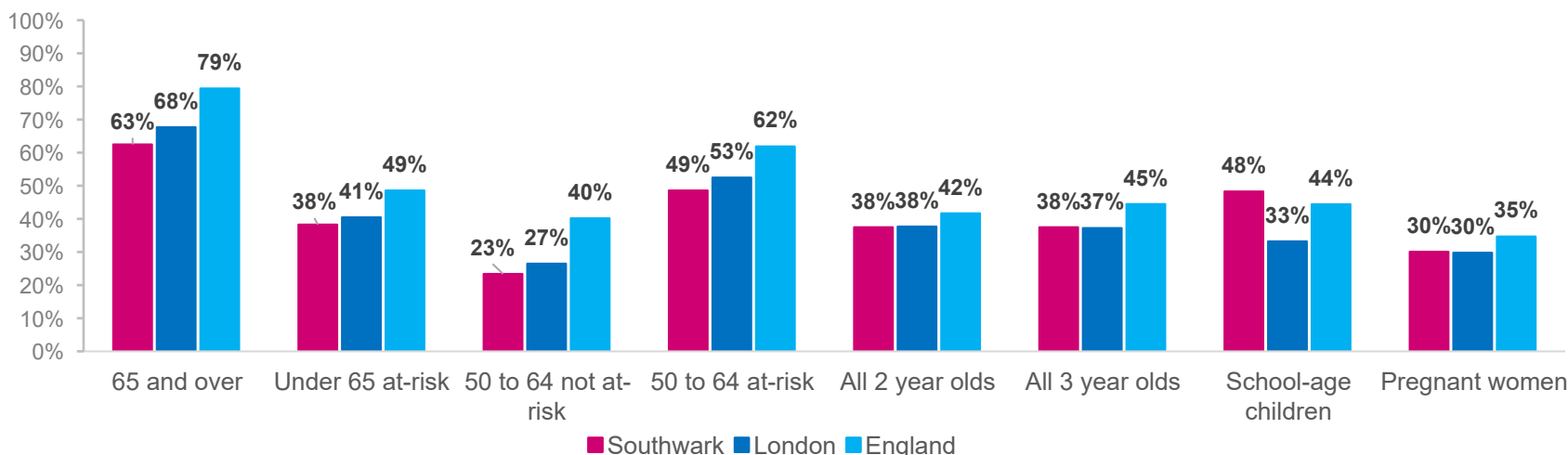
Flu vaccination coverage remains higher in older age groups, and clinically at-risk groups

SEASONAL FLU

Higher flu vaccination coverage is seen in older age groups, and in clinically at-risk groups. Coverage up to the end of January 2023 is broadly comparable to that seen end of January 2022.

- Across the cohorts, flu vaccination levels are slightly below that for London, and remain substantially lower than is seen across England as a whole.
- Coverage in Southwark up to the end of January 2023 is broadly comparable to that seen at the same point in the 2021/22 flu vaccine season, but decreases have been seen in the 50 to 64 *not* at-risk cohort, and the 65 years and over cohort.
- There has also been a notable decrease in coverage across school-age children, standing at 48% in 2022/23 compared to 65% in 2021/22.

Figure 3: Coverage of the flu vaccination across cohorts in Southwark, London, and England, 2022/23



1. Seasonal influenza vaccine uptake in GP patients: 2022 to 2023. UK Health Security Agency. Data to 31 Jan 2023.
 2. Seasonal influenza vaccine uptake in children of a school age: 2022 to 2023. UK Health Security Agency. Data to 31 Jan 2022.

COVID-19 vaccination rates in Southwark are low when compared to England, but comparable to London

COVID-19

- Uptake of the primary course of COVID-19 vaccination among those aged 12+ in Southwark is significantly below England but comparable with the London average.
- An autumn booster was offered during Autumn/Winter 2022-3 to those most at risk from COVID-19. Published data for Southwark is only available for over 50s.
- Uptake of the Autumn booster among over 50s in Southwark is below the London average, and significantly below the England average.
- Data is not regularly published on local uptake by ethnicity, but unpublished local primary care data suggests that uptake for both the primary course and autumn booster in Southwark is lowest for those in Black or Black British ethnic groups, and highest in White ethnic groups.²

Figure 4: Coverage of COVID-19 vaccinations in Southwark by ethnicity, as of March 2023

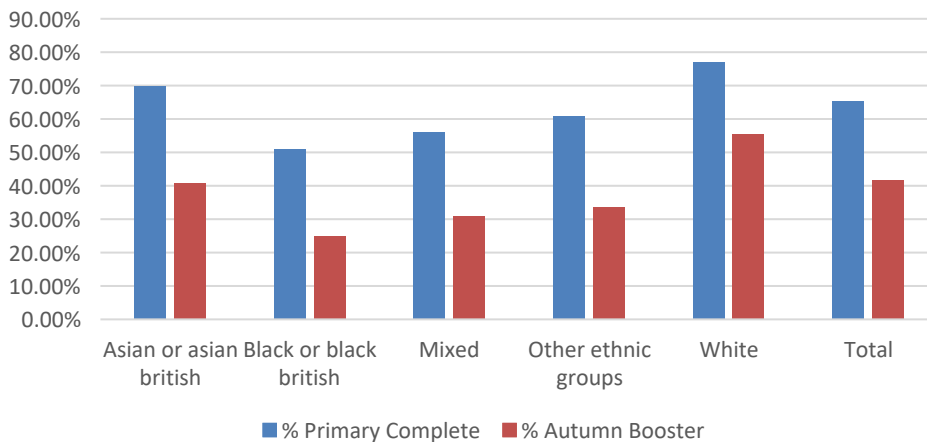


Figure 5: Coverage of COVID-19 vaccinations across Southwark, London, and England, 2022-23

	Southwark	London	England
Primary course 12+	62.2%	64.2%	74.7%
Autumn booster 50+	41.7%	46.5%	64.8%

A programme of engagement and outreach events were undertaken to target those with higher vulnerability

COVID & FLU

ACTIONS TAKEN

- Numerous vaccination **pop ups and outreach events** across the borough, targeting those areas of high deprivation, low uptake and higher vulnerability, including:
 - Health & wellbeing plus vaccination events held at two homeless hostels.
 - Vaccine pop up at Citizen's Advice Cost of Living Roadshow.
 - Health and wellbeing event at InSpire Walworth.
 - Vaccination and health checks offer at Healthwatch Southwark AGM.
- Campaign to **increase flu uptake in 2 & 3 year olds and pregnant women**, including additional invites to parents and targeted messaging for these cohorts.
- Partnered with **local VCS organisations** including Latin American Women's Rights group (LAWRS), Indoamerican Refugee & Migrant Organisation (IRMO), and local faith groups to discuss the importance of covid/flu vaccination, address barriers and support access for marginalised groups.
- Commissioned **Christian and Muslim community organisations**, including Redeemed Assemblies and the Muslim Association of Nigeria, to support with work to engage with faith communities around vaccination.
- Messaging around COVID-19 and flu vaccination shared via the **Southwark Faith Forum**.
- Developed an offer for **free flu vaccination for all council staff**.
- Engagement with **care home and social care staff** to identify and address barriers, including visits to talk about vaccinations with staff.
- General **communications disseminated**, including E-Newsletter articles, Southwark Life, council and ICB webpages and mobile BikeAds.
- Vaccine **training for Community Health Ambassadors**.
- Visits to **warm spaces, TRAs and the Ladies of Virtue Organisation** for Q&As on COVID-19 vaccination.

Programmes of work are planned for 2023/24 to increase coverage, improve access and tackle inequalities

FUTURE WORK

Programmes of work are now in place in the following areas, with a task and finish group associated with each:

1. School aged immunisations - future actions include:

- Visits to schools alongside the school immunisations team to promote recovery of school aged vaccination uptake through engagement with parents and children.
- Strengthening capacity of schools to support the immunisations team by providing training and resources, and ensuring that each school has a dedicated vaccine lead.
- Tailored communications and engagement with faith communities around the HPV vaccine and the nasal spray flu vaccine (which contains gelatine).

2. Pre-school immunisations - future actions include:

- Targeted work with early years settings, schools and parents of young children to encourage complete vaccination prior to starting school through the provision of information and tackling access barriers.
- Review and improve the training for practice staff, and awareness for wider professional groups to encourage vaccination conversations and MECC, for example health visitors.

3. COVID/flu, outreach and the health promotion van - future actions include:

- Reviewing COVID/flu/polio outreach work for winter 2022/3 to understand what worked well and using it to inform future plans.
- Promotion of the spring COVID-19 booster to our most vulnerable groups.

4. Engagement and promoting vaccine confidence - future actions include:

- Building on successes during COVID-19 to develop a co-production forum with the community health ambassadors for creating broader vaccination messaging.
- Launching targeted projects with communities with low uptake to address barriers, for example working with asylum seekers, refugees and those with irregular immigration status to increase trust in healthcare services.

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Approved by:

Sangeeta Leahy

Item No. 6	Classification: Open	Date: 16 May 2023	Decision Taker: Health & Social Care Scrutiny Commission
Report title:		Care Contributions update briefing	
Ward(s) or groups affected:		N/A	
From:		Pauline O'Hare, Director for Adult Social Care	

Additional information as requested at the Health and Safety Scrutiny Commission held 2 February 2023

- 1. A breakdown of the £8.4 million received through care charges by cohort, including working age and pension age, including a breakdown of the amount of money received in income for each year between 2015 and 2022**

Breakdown of payments received from the 4 main client groups

	2019/20 (£)	2020/21 (£)	2021/22 (£)	2022/23 (£) *
Mental Health (Over 65s)	-2,893,035	28,608	-365,762	121,704
Learning Disabilities	1,349,334	1,206,944	1,351,811	1,130,995
Older Peoples Services	6,048,166	5,049,674	6,316,231	6,180,853
Mental Health (18-65)	85,903	49,215	152,155	193,826
Monthly Total	4,590,369	6,334,442	7,454,435	7,185,587

- 2. Norfolk judgement – Challenge to charging, as seen as discriminatory to those who can work and those who can't. In SH v Norfolk County Council [2020] EWHC 3426, the High Court decided that Norfolk's charging policy unlawfully discriminated against severely disabled people in the enjoyment of their benefits income.**

We understand that Southwark Council has been reviewing its own Fairer Contributions Policy in the light of this judgment. Can you tell us where you are up to with this review?

The UK Government requires local authorities to treat income earned through work and income through benefits differently for the purposes of adult social care charging.

Norfolk County Council, in attempting to make its charging policy less generous and to bring its policy in line with minimum income standards, attracted a legal challenge on its application of this UK law and the justification it had given for

changing its policy. The case against Norfolk council contained a number of challenges to its charging policy and also highlighted a potential inequality in the original legislation, which Local Authorities now consider as part of their financial assessment process.

Southwark Council was planning to undertake a full review of our charging policy in 2022/23 in preparation for the UK Government's planned charging reforms. As part of this, we were planning to address this different treatment of income through work and income through benefits, by affirming that we were applying UK law and undertake full equality analysis on the impacts of this application of UK law. Given the delay to the UK Government's charging reforms this policy review is now planned for 2023/24.

3. *Confirm that the council does add 25% to the Minimum Income Guarantee (MIG) and clarify if this is set out in the Fairer Contributions Policy.(or is a government-applied buffer)?*

No, this is not the Council's policy. We work to the UK Government's minimum income guarantee levels.

4. Information and support available to enable disabled people and carers to understand Care Charges and Disability Related Expenditure

The Council has produced leaflets for residents and their carers on charges for residential (Appendix 1) and non-residential services (Appendix 2). The non-residential charging leaflet includes a section on disability related expenditure. In addition, our non-residential financial assessment form (Appendix 3) includes a specific section on disability related expenditure and the kind of costs that can be taken into consideration. We have also produced an easy to read guide to charging, which is currently under review and therefore not available on the website (Appendix 4)

5. A Copy of the Fairer Contributions Policy.

See Appendix 5. The policy is also available on the Council's website at:

<https://www.southwark.gov.uk/social-care-and-support/adult-social-care/arranging-and-paying-for-your-care/adults-with-care-needs/charging/paying-for-your-care-and-support>

Charging and paying for your social care

Residential care

Who this leaflet is for

The information in this leaflet is for adults who receive residential care and support from the council's Adult Social Care services. This includes care and support in a residential care home or nursing home.

How we decide who we support

If you are entitled to receive care and support from the council it is most likely you will need to contribute to the cost of your care. We will complete a financial assessment with you to find out if you need to make a contribution, and if so how much. **If you do not provide information to allow us to complete the financial assessment you will need to pay the full cost of your care.**

A social worker will assess your needs to see whether you are eligible to receive care and support from the council. In order to receive support from the council you must meet the criteria set out in the Care Act 2014. You can find more information about eligibility criteria by going to the following website:

<https://www.southwark.gov.uk/social-care-and-support/adult-social-care/care-and-support-from-the-council/adults-with-care-needs/can-we-help-with-your-care-and-support-needs>

Temporary and permanent care home placements

If your stay is intended to be less than a year and you have a set date to return home, your placement will be treated as temporary. If your home is empty, we will normally make allowances for you to continue to pay certain costs. If you make long term arrangements, your placement will be considered to be permanent. This matters because your charge can differ depending on the type of placement.

Who can get financial support

Once your needs have been identified we will carry out a financial assessment to work out what you need to pay towards the cost of your care. You will not be asked to pay more than you can afford. If you do not qualify for help from us, we will provide you with information and advice and tell you about other help available to you.

If you have eligible needs and meet the capital and income requirements (see below) you will be entitled to financial support to pay for care.

Capital limits

The first stage in a financial assessment involves looking at how much money or other assets you have. Collectively, this is called Capital. If you have capital valued at over £23,250 you will not be entitled to financial support from the Council and you will need to make your own arrangements with the care home. We will still assist you with this process by providing you with information, sourcing a care home and telling you the things you need to take into account.

If your capital gets near to or falls below £23,250, you will need to apply for financial assistance. You are advised to make contact four months before your capital drops below the limit, as it can take this long to assess (or reassess) your eligibility for care services and to conduct a financial assessment. If you make contact after your capital drops below the limit, we will not put your capital back up to the limit. Once your capital drops below the capital limit, you will still need to make a contribution towards your care.

If your total amount of capital is valued at under £14,250, it is ignored for financial assessment purposes. We still need to know how much capital you have even if it is under £14,250. Please note that you will still be assessed to pay towards your care based on the amount of income you have.

Disposing of your savings, capital or income

If you have disposed of savings, capital or income in order to avoid or reduce your charge for care, we can by law still treat you as having that asset, or in some cases ask the recipient of the asset to make payment instead.

This means that you may be charged up to the full cost of your care. We reserve the right to take civil legal action against anyone who has disposed of their asset or received the asset.

Disposing of assets can include, but is not limited to:

- Transferring the title deeds of a property to another person or into a trust
- Spending money on a valuable possession such as jewellery or art
- Making large or unusual gifts to relatives
- Paying off a debt that is not due to be paid by you

When deciding whether you have deprived yourself of assets in order to avoid or reduce care home charges, we will take into account your circumstances.

This includes:

- The reason for the disposal
- The date it took place
- Whether the person could reasonably foresee the need to move into a care home

It will be for the person to prove that they no longer own the asset and to satisfy the council that the disposal of the asset was not done to avoid or reduce care charges.

Paying for residential or nursing care services where we arrange your placement

If following a social care assessment we agree that residential care is needed to support you, we will help you find suitable accommodation.

Nursing Care

If you get Funded Nursing Care, the NHS pays the contribution directly to the care home.

Third Party payments

If the accommodation you choose costs more than the amount we usually pay for someone with similar care needs, a third party (or more than one) will be asked to pay the difference. This additional payment is usually referred to as a Top Up arrangement or a Third Party Top Up. This will require entering into a legal agreement, and failure to fund could put your placement at risk.

You are not allowed to top up your own care fees, except in very limited circumstances. For more information, please see further information about top up payments which is included within this pack.

Using your property to help pay for care

If you own or partly own your property and if that property is being considered in your financial assessment, you will be responsible for the full cost of your care (after any disregard, such as the 12 week property disregard described on page 8).

If you do not want to sell your property or are unable to sell your property straight away we offer a Deferred Payments scheme to help you pay for your care.

This is a loan from us, using your home as security. They are different to conventional loans and you do not receive a lump sum of money when you join the scheme. We pay part of your care bills for as long as necessary. You will need to repay all of the funds paid on your behalf.

Please be aware that interest is charged from the start of the loan

Before you can get financial support under this scheme a social care worker will need to assess your eligibility for the service. We will also need to carry out a financial assessment of your ability to contribute towards your care. You will still need to make a contribution towards your care costs. We will lend you the weekly fee (less any NHS contribution) less your charge. The money borrowed under the Deferred Payment Agreement is then repaid when the money tied up in your home is released or if you find another source of funds to pay back the debt.

Deferred Payment Scheme

You can apply to join this scheme if you do not want to sell your home during your lifetime. You are able to rent out your home to generate income to help pay your care fees, but you must tell us before you do this as there are some conditions to be met. You will be expected to use most of the rental income to help pay your ongoing care fees, which means the amount we lend you under the scheme is reduced. Please be advised that tenancies must be made under an Assured Shorthold Tenancy.

Please note there are certain conditions which must be met before you can join the Deferred Payment Scheme. We will tell you if you qualify when we have completed a financial assessment. Nobody is entitled to join the scheme if we cannot register a legal charge with HM Land Registry.

Important information to note before applying for funding assistance

Please ensure you seek independent legal and financial advice before applying for funding assistance from the council under the deferred payment scheme. The council is not responsible for any fees you incur as a result of obtaining this advice.

Interest is charged on a daily rate and is compounded monthly. The rate changes every January and July and is based on the cost of government borrowing. If you join one of the schemes, we will notify you of the interest rates whenever they are due to change.

If you use either of these schemes then Attendance Allowance or the care element of DLA or the daily living element of PIP can become payable again.

How we calculate your contribution

The Financial Assessment

We will need to confirm your income, outgoings and assets (including savings). We ask for evidence such as bank statements, pension payslips and letters from the Department for Work and Pensions (DWP) or Jobcentre Plus to support your assessment.

It is important that we get correct information as soon as possible. Any delay can result in you being required to pay the full cost of your care. Once we receive the information we need, we will make any adjustments needed.

When completing a financial assessment, we will make sure you are left with the statutory Personal Expenses Allowance which is **£24.90** per week.

The capital we take into account includes the value of your share in buildings and land in this country and abroad. In certain circumstances the value of your main home (if you own it) will be disregarded.

Capital - including savings, shares and premium bonds

The amount of capital we take into account is added together:

- If the total amount of your capital is less than **£14,250**, your capital will not affect your financial assessment
- If your capital is valued at more than **£14,250**, but less than **£23,250**, the national charging rules allow the council to include £1 per week for every £250 of savings you have above £14,250 - but less than £23,250 - when it works out the weekly contribution you will have to pay towards the cost of your care. This is called tariff income
- If your capital is valued above **£23,250**, you will need to pay the full cost of your care.

Tariff Income is meant to represent an amount a resident with capital over a certain limit should pay towards their care, not the interest earning capacity of that capital.

An example – Thomas

Thomas is 71 and has savings of £15,000. This is £750 above the £14,250 limit – or 3 x the £250 levels of savings.

So the council will include £3.00 per week as income when working out Thomas' assessed charge.

The income we take into account when working out your charge includes:

- Most state benefits, including the State Retirement Pension
- Widowed parent's allowance
- Occupational (works) personal pensions or retirement annuity contracts (see below)
- Most annuity incomes
- Property rental income (we do make some allowances so that you can pay any tax on the income and keep the property maintained)
- Other income not specifically disregarded by regulations

Occupational (works) or personal pensions or retirement annuity contracts

If you move into a care home without your partner, spouse or civil partner and if they are not better off claiming benefits in their own right, you can choose to pass on half of your occupational pension, personal pension or retirement annuity to them. If you do so, we will disregard that amount from your assessment when working out your charge. We are only able to disregard exactly 50% of this income and not more or less than this amount. We are unable to disregard any other income (such as State Retirement Pension) for these purposes.

Income not included:

Most charitable or voluntary payments

- Child Tax Credits
- Guardians allowance
- Christmas Bonus and Winter Fuel Payments
- Disability Living Allowance (Mobility Component)
- Personal Independence Payment (Mobility Component)
- Gallantry awards
- War Disablement Pensions
- War Widows supplementary payments

Income we include in part:

- War widow's or widower's pensions
- The Savings Credit element of Pension Credit (we only take into account amounts above £5.75 per week)

How the charge is worked out:

- We add up the amount of income we can take into account (this includes Tariff Income described above)
- We deduct certain household allowances (in limited circumstances)
- We deduct certain allowances on rental income you receive
- We deduct Personal Expenses Allowance of £24.90
- We deduct up to £5.75 per week if you have savings credit

The amount that is left over is your Maximum Assessed Contribution

The value of your home (if you own it)

The value of your share of your main home will not normally be taken into account for the first 12 weeks of your permanent placement in a care home. This period is called the 12 week property disregard. The disregard may not apply in certain circumstances. For instance, it does not apply where you have already been paying the full cost of your care for more than 12 weeks or for property that you own but were not living in prior to going into care.

Additionally, the value of your property will continue to be ignored for as long as it is occupied by:

- Your partner / a relative or a member of your family who is aged 60 or over, or who is incapacitated (someone who receives an incapacity or disability benefit or would qualify for such benefits) or who is a child under 18 who you are required to maintain.

In these circumstances, it must be clearly evidenced that the relative was living at your home before residential care was considered and you did not foresee the need for a move to residential accommodation when they moved in.

If your main residence is or becomes unoccupied or is occupied by someone who is not listed above the value of your share of that property will normally be taken into account when we work out your charge. You may need to contact your insurance provider to check that your policy still covers a vacant property.

If your total assets, **excluding** the value of your home, are more than £23,250, you will have to pay the full cost of your care home placement.

When the financial assessment has been completed, we will tell you in writing how we worked out your charge and you will be advised on what you can do if you think the charge is wrong.

What to do if you think your charge is wrong

We calculate your charges based on information in the Care Act 2014, *Care and Support Statutory Guidelines*, and charging regulations. The rules behind calculating charges can sometimes be complex, so if you feel your charge is incorrect, please call the charging team on 0800 358 0228 or email us at ChargingTeam.AdultSocialCare@southwark.gov.uk.

Your initial financial assessment

Your very first financial assessment will be conducted by the charging team, you will need to return the financial assessment form to them. When you return the form you will need to provide documentary evidence to support your claim. Please note that if you are unable to supply evidence, and if we cannot obtain evidence elsewhere (for instance from the DWP), then you will be charged for the full cost of your care.

Annual reassessment

Each year we reassess the amount you will have to pay and let you know of any change to your charge. This is a good time to check your assessment and see if your details are up to date.

Changes in circumstances

You must tell us of any changes to your circumstances that may affect your charge. This includes changes to your income, savings or other capital. If your property is being disregarded, we need to know of any changes that will affect that disregard. For instance, if the property is being disregarded because your spouse is living there and your spouse subsequently leaves the property, this will affect your disregard and we must therefore be told about it. If you are unsure, please let us know anyway.

Reviews

You can ask us to review your financial assessment at any time by writing to the charging team giving reasons for your request.

Please note that if we have applied a Tariff Income in your financial assessment, we will usually only review the tariff income amount once a year unless there are special circumstances, such as an unavoidable expense you have incurred.

What care home fees cover

Care home fees should cover all the normal things a care home would be expected to provide, including your meals, laundry and heating. The care home should not ask you for more money, except to pay for any extras you may choose, such as buying

newspapers, going for outings or hairdressing.

Please note that if you go into hospital while in residential care, you will normally be expected to continue paying towards your placement. We will be paying to keep your room available to you in your absence, so you will need to continue contributing towards that fee, even while in hospital. Your charges will continue for as long as your room is kept open for you. If you are getting Attendance Allowance or the care element of DLA or the daily living element of PIP because you are self-funding, these will stop after 28 days in hospital.

State Benefits and care home accommodation

Going into a care home, whether temporarily or permanently, may affect your entitlement to certain state benefits. You should seek advice to ensure you, your partner or your carer are claiming all the benefits you / they are entitled to.

If you pay for your care home yourself

If you lived with a partner before you moved into permanent residential care, your state benefits will be reassessed as though you were both single. Both you and your partner will need to claim benefits in your own rights, as single people, even if you are still married, were living together as a couple or in a civil partnership.

If you pay the full cost of your accommodation without help from us or if you receive help under the Deferred Payment Scheme or the Letter of Undertaking Scheme, then your benefits will be paid at the same rates as if you were still living at home but as a single person. You should let the DWP or Jobcentre Plus know of your change of address and circumstances. If you were not already getting one of the benefits listed below, you should apply for them as soon as possible:

- Attendance Allowance (for those who are over pension age if not getting either of the below benefits) Disability Living Allowance (care component) - please note that you cannot make new claims for DLA, so if you were not already receiving

DLA or PIP (see below), then you should apply for PIP.

- Personal Independence Payment (daily living component)
- The mobility element of DLA and PIP can be paid even if we are paying care costs.

If you do not pay for the full cost of your care

If we pay towards your placement (regardless of whether the placement is temporary or permanent), Attendance Allowance, Disability Living Allowance (Care Component) and Personal Independence Payment (Daily Living Component) will all stop. They will also stop being paid 28 days after a hospital stay, a care home placement, or a combination of hospital and care home placement. If the DWP are not informed of your change in circumstances, these benefits will be overpaid and you will be expected to return the overpaid amounts.

If these benefits stop being paid, it may lead to a reduction in the amount of Income Support, Employment Support Allowance, Pension Credit or Universal Credit you receive. If this happens, your charge for care will also reduce.

If your carer is paid Carer's Allowance

If someone who looks after you is paid Carer's Allowance or the Carer's Premium of some means tested benefits, they should inform the relevant benefits office of your move to a care home. Their own entitlement to benefits may be affected if you lose Attendance Allowance, Disability Living Allowance or Personal Independence Payment, or if they stop being your carer (except for temporary periods).

If you give half your Occupational (works) pension, personal pension or retirement annuity contract to your spouse

If this is given to your spouse and if they get means tested benefits in their own right (such as Income Support, Employment Support Allowance, Pension Credit, Universal Credit, Housing Benefit or Council Tax reduction), they may wish to seek independent advice as their benefit entitlement will be affected. The DWP must be informed of this

extra income if they are in receipt of a means tested benefit.

If you rent as a tenant

Permanent admission to a care home may lead to immediate loss of entitlement to housing benefit or the housing costs element of Universal Credit. If your move to a care home is temporary and you intend to return to live in your home (and if it is not being sublet in your absence), you may continue to be entitled to help with your housing costs for some or all of your absence. You should speak to your local district or borough council for advice on housing benefit and to the DWP about universal credit.

Useful Contacts

If you require further information about how to pay your assessed charges, contact the Collections Team on 020 7525 1111 or by email at collections@southwark.gov.uk.

If you have questions about the financial assessment or the amount you are asked to pay, contact the Charging Team on 0800 358 0228 or by email at ChargingTeam.AdultSocialCare@southwark.gov.uk.

Disablement Association (for adults with physical disabilities)

Tel no: 020 7358 7744

Website: <https://www.sdail.org> (*Internet Explorer not supported - use different browser*)

Southwark Wellbeing Hub (for adults with a mental illness)

Tel no: 020 3751 9684

Website: www.together-uk.org/southwark-wellbeing-hub

Lewisham and Southwark Age UK (for older people)

Tel no: 020 7701 9700

Website: <https://www.ageuk.org.uk/lewishamandsouthwark>

Southwark Information and Advice Team (for adults with special educational needs and disabilities)

Tel no: 020 7525 3104

Website: <https://localoffer.southwark.gov.uk> (*Internet Explorer not supported*)

Citizens Advice Southwark

Tel no: 0344 499 4134

Address: 8 Market Place, London SE16 3UQ

Website: <https://www.citizensadvice.org.uk>

Money Helper (formerly called Money Advice Service)

Tel no: 0800 138 7777

Typetalk: 18001 0800 915 4622

Open: Monday to Friday, 8am to 6pm

Website: <https://www.moneyhelper.org.uk/en>

Department for Work and Pensions

Advice and contact details for the Pension Service and Jobcentre Plus

<https://www.gov.uk/government/organisations/department-for-work-pensions>

Charging and paying for your social care

Non-Residential care

Who this is for

The information in this leaflet is for adults who receive non-residential care and support from the council's Adult Social Care services.

Examples of non-residential care include (but are not limited to) –

- [Home care](#) (also known as domiciliary care) includes support around the home with tasks, personal care and/or any other activity that enables you to maintain both your independence and quality of life.
- Care and Support in Extra Care Housing.
- Day care services.
- [Telecare services](#) (sensors and pendent alarms that can be fitted in your home.

These sensors can alert your family or emergency services if you are hurt and/or fall).

Do I receive non-residential care & support?	
I receive care and support and -	
Live in my own home	✓
Live in Extra-Care/Flexi-Care accommodation	✓
Live in shared living accommodation	✓
Live in a nursing home	✗
Live in residential Care home	✗
If you live in a nursing or residential care home you should read our 'Charging and Paying for Your Social Care, Residential Care' leaflet	

Services that need to be paid for (chargeable services)

The below table provides examples of care and support that must be paid for, and care and support that is free –

Chargeable Non-Residential services	Free services
Homecare Extra Care Shared lives accommodation Supported accommodation Day care services Telecare Transport	Information and advice Needs Assessments and Care and Support Planning Services of the following advocates- <ul style="list-style-type: none"> ▪ Independent Advocates ▪ Independent Mental Capacity Advocates ▪ Independent Mental Health Advocates Services provided to Carers Minor Equipment and gadgets to help you in your home (up to value of £1,000)

We also do not charge for the following care and support:

- **Rehabilitation and reablement** support if you are in hospital or at home and require support to:
 - help recover from illness or injury at home so that you do not go into hospital unless you really need to
 - settle back into living in your home if you have recently left hospital
 - improve functionality, remain independent, safe and well at home and prevent the need for you to require longer term care

Rehabilitation and reablement support generally lasts up to six weeks but may be ended earlier or even in some circumstances extended. You can find more information on the council's [Rehabilitation and reablement](#) webpages.

- **Aftercare services.** If you have been detained in hospital under the Mental Health Act for treatment or sent to hospital by a court or from prison we will not charge you for Aftercare services related to your mental disorder when you are discharged. However, we will charge you for the cost of meeting needs which arise from your physical health or for reasons unrelated to your mental disorder if we assess that these needs must be met. You can find more information on Aftercare services in our [s117 Aftercare](#) leaflet

Calculating the Cost of meeting your care and support needs

Personal budget

If we assess that you have [Care Act Eligible needs](#) that the Local Authority needs to meet we will develop a [Care and Support plan](#) with you.

We will use your Care and Support Plan to understand how much it will cost to meet your needs. The cost of meeting your needs is called a personal budget.

How a personal budget is paid for depends on your financial or personal circumstances. If you have sufficient capital, you will need to pay for all of the cost of your personal budget. Most people, however, are assessed by the council as only having to pay for part of their personal budget with the Council covering the rest of the cost. In some circumstances, the council pays the total amount of your personal budget.

Your personal budget amount will change over time. This is because –

- We may not be able to immediately provide you with an accurate personal budget. We will only be able to provide you with our best guess of how much it will cost to meet your needs. This best guess is called an indicative budget. We may not be able to provide you with an exact personal budget until we -
 - Identify available and suitable care and support providers to meet your specific needs
 - Agree with the care and support provider how much support you need and how much this will cost
 - Determine how much you should pay towards the cost of your personal budget
- Your needs may change over time. If your needs worsen you may need additional care. If your needs reduce we may be able to purchase less care.
- The providers of care services may increase or lower the cost of the services they provide.
- Alternative means for meeting your needs may become available, for example –
 - Suitable free services may become available
 - We may arrange for you to access equipment or gadgets which mean you are able to manage your needs without additional support
 - An alternative provider may offer more cost effective services
 - Your carer may take on additional responsibilities
- Your contribution towards the personal budget changes.

Arranging and purchasing your care and support

Council purchased care

The council has expertise in purchasing care and support and long standing relationships with providers of care and support services. Because of this many people ask us to arrange and purchase care and support on their behalf.

If you decide that you would like the council to arrange your care and support we will arrange and pay for your care and support upfront. If we assess that you must pay for some or all of the care and support you receive we will invoice you on a 4 weekly basis. You can pay your contribution using a range of methods (see ***Paying your Contribution***).

Direct payments

You may decide that you (or a trusted party acting on your behalf) would prefer to arrange and pay for your own care and support.

We can pay you the value of your personal budget through a Direct Payment. If for example we calculate that it will cost £500 a week to meet your care needs (your personal budget), we will make a direct payment to you of £500 per week less the value of your contribution (see **Paying your Contribution**). If your contribution is £30 per week, we will pay £470 and you will pay £30.

If you opt for a direct payment we will create a pre-paid card account for you and credit our payments to this account. You can then use your pre-paid card to purchase services.

You are responsible for paying your contribution to the care provider. If you fall behind in your contributions we may terminate your direct payment.

Mixed option (council purchased care and direct payments)

If you decide that you would like us to purchase some of the services you need, but you would like a direct payment to arrange certain care and support this is also possible. If we assess that you must contribute towards your personal budget we will pay you the direct payment minus

Direct payments

Direct payments can be paid to you or someone you consent to manage the payment on your behalf (a family member, friend, carer or even some care providers). We will not be able to provide you with a direct payment in some circumstances (for example, you are an offender and subject to court orders or you have been detained under mental health legislation). We can advise you on this

Direct Payments can be used to pay for services to meet your eligible needs, such as care and support to help you live in your own home, to employ a personal assistant to help you with activities, or short breaks and leisure activities.

Direct Payments cannot be used to pay for household bills, residential care, health services, gambling or anything illegal.

Mixed Option Personal Budgets

You have a personal budget of £500 per week. We assess that you must contribute £30 towards your personal budget.

You arrange care that costs £200 per week. You pay for this using a direct payment. Because you must pay £30 towards your personal budget we make a weekly payment of £170 to you. You top this payment up by £30 per week to bring the total payment to the provider up to £200 per week.

Meanwhile the council arranges and pays for care that costs £300 per week using the remainder of your personal budget.

your contribution (as with the above example, if your contribution is £30 per week, we will pay £470 to you).

Third Party Managed Service

A third party managed service may benefit you if you want the benefits of receiving a direct payment but you do not want to take on all the responsibilities of administering the account. If you opt for a third party managed service we will make the direct payment to a Third party who will manage the account on your behalf.

Using your direct payment

If you purchase care and support using a direct payment you must keep up to date records of the services you purchase. On occasion we will ask you to provide proof that you are using the direct payment to purchase the care and support set out in your care and support plan.

If you are not using your direct payment to pay for appropriate services we may terminate your direct payments and opt to arrange/purchase care on your behalf. We may also refer any misuse of direct payments to the council's Anti-Fraud and Internal Audit Service to investigate, this could result in the council taking legal action against you to recover any misused funds.

Self Funders

If you are responsible for fully funding your care and support we can still support you in identifying care providers and negotiating care packages on your behalf. Alternatively you can make your own arrangements. We do not need to be involved at all if you prefer.

If we arrange care and support on your behalf you will need to pay an arrangement fee of £200 for the service. You will need to pay another arrangement fee if we need to arrange new services for you at a later date as a result of a significant change in your circumstances.

You will need to pay for your own care and support if you have access to capital in excess of the upper capital limit (currently £23,250). Over time the value of your capital may fall below the upper capital limit. If the value of your capital falls below this threshold we can assess your income to determine how much the council should pay for meeting your needs and how much you must contribute.

You are responsible for letting us know when the value of your capital has fallen to close to the upper capital limit of £23,250. The sooner you let us know the sooner we can arrange to assess how much we can pay towards meeting your care and support. We will only pay towards the cost of meeting your care and support at the point we complete the financial assessment with you. If you approach us when your capital falls below the capital limit (for example you approach us when the value of your capital falls to £15,000) we will not consider how much we would have paid for your care if you had approached us earlier.

For more information see *Income and Capital*.

Calculating how much you will need to pay for your care and support

Financial assessment

You must complete a financial assessment to determine if you need to pay for some or all of your assessed care and support.

You should complete the financial assessment as soon as possible. This is to ensure that you know if you need to contribute to meeting the costs of your care and support, and if so, how much you must pay. If we are unable to calculate your contribution in a timely fashion we will backdate any money that you owe us to the time that you first received the care and support. This may mean that you are owed money for costs going back weeks or months.

We will ask you to complete a full financial assessment if it appears that you may not have to pay for any of your care and support or you may be required to make a contribution.

If it is likely that you will need to pay for all of your care and support (because your income and capital clearly exceeds the thresholds set by the government) we may conduct a light touch assessment with you. This is so that we do not ask you unnecessary additional questions and have on record information about your finances that we do not need to have.

You will need to pay for all of your care and support if you do not complete a financial assessment or if we cannot complete a light touch financial assessment with you.

It is important that you provide accurate information about your income and capital so that we are able to correctly calculate if – and how much – you must pay for your

assessed care and support. We will increase your charges retrospectively if we learn that we have undercharged you because –

- You provided us with incorrect information.
- Your circumstances change and you do not tell us.
- You gave your assets to other parties in order that the assets are not included in your financial assessment. For example you transfer the title deeds of your property to a family member or make significant financial gift or purchase for a friend.

Capital and Income

Capital refers to most types of savings and investments. For the purpose of the financial assessment for non-residential care the home you live in is not counted as capital. However, other properties and land that you own will be included.

Income refers to money that comes to you on a regular basis, for example benefits and pensions. If you earn a wage/salary, this is not included as income in your financial assessment. Any wages you earn are yours to keep.

You will need to fully fund the care and support that you need if you own capital in excess of £23,250 (the upper capital limit. This figure is set by the government).

It is likely that you will need to contribute towards the cost of your care and support if the value of the capital that you own is less than £23,250. We will consider your income levels to determine how much you must contribute. We will also apply a tariff income of £1 for every £250 worth of capital you own between £14,250 (the lower capital limit threshold, also set by the government) and £23,250. We won't apply a tariff income if you own capital worth less than the lower capital limit, but will still assess your income.

Examples of income and capital

Capital includes (but is not limited to):

- Property (but not the home you live in).
- Bank, building society and post office savings
- Savings certificates
- Stocks, bonds and shares
- Premium bonds
- Trust funds
- ISAs

Income includes (but is not limited to):

- Employment and Support Allowance
- Universal Credit
- Attendance Allowance
- Disability Living Allowance (care)
- Personal Independence Payment (daily living)
- Pension Credit
- State Retirement pension
- Severe Disablement Allowance
- Rental income from property

The below table provides an example of how we calculate the tariff income:

You receive benefits of £100 per week (your income), and own capital worth £16,000. This means that you own capital of £1,750 above the lower capital limit of £14,250.

Value of capital in excess of the lower capital limit		Tariff charge
£250		£1
£250		£1
£250		£1
£250	equal to	£1
£250		£1
£250		£1
£250		£1
Total £1,750		£7

We will apply a tariff charge of £7 against your capital, giving you an income of £107 per week.

When considering your income we will not include income from the following sources in your financial assessment –

<ul style="list-style-type: none"> ▪ Wages ▪ Savings Credit of Pension Credit ▪ Working Tax Credits ▪ Child Tax Credits and Child Benefit ▪ Disability Living Allowance (mobility) ▪ Personal Independence Payment (mobility) 	<ul style="list-style-type: none"> ▪ Armed forces Independence Payment (mobility component) ▪ War Disablement Pensions ▪ War Reparations Payments (the first £10 is disregarded) ▪ War Widows Supplementary payments ▪ Certain charitable and voluntary payments ▪ Christmas bonus and Winter Fuel Payments
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Protected income – the Minimum Income Guarantee

You will always be left with a certain level of income. This figure is referred to as the Minimum Income Guarantee. The Minimum Income Guarantee is the amount that the government says you can live on.

How much you are left with depends on your circumstances and could range anywhere between £72.40 per week and £232.25 per week if you are single and have no children.

Your Minimum Income Guarantee is calculated using figures provided by the Department of Health and Social Care and takes account of:

- Your age
- What benefits you get or could get
- If you are single or part of a couple
- If you live alone or with somebody else
- If you get, or could get, certain premiums in your state benefits such as Enhanced Disability Premium and Carers Premium
- If you care for a child who lives with you

Disability related expenditure

Disability related expenditure refers to the additional money that you need to spend on items/services that are specifically related to your disability. For example your electricity costs are higher because you charge an electric scooter, you pay someone for domestic tasks that you are unable to do yourself, or you need to buy specific foods/supplements due to your dietary requirements.

You will need to provide information about your Disability Related Expenditure (if you have any) in your financial assessment. How we calculate your Disability Related Expenditure depends on the need/cost in question:

Cost	Such as	How we calculate it
Regular ongoing costs	Domestic help or window cleaning	These costs are converted to weekly amounts, and usually allowed in full. Some expenses may be capped if cheaper alternatives are available.
One-off equipment purchases	Wheelchairs, disability aids, adaptations to your home	We will spread the cost of the equipment over its expected lifetime. If the equipment is expected to last one year, we will spread the allowance over 52 weeks (one year). So if the equipment cost £520 we will allow £10 per week in the financial assessment ($£520 \div 52 \text{ weeks} = £10 \text{ per week}$). If cheaper alternatives are available we will only make an allowance for the lower cost.

Cost	Such as	How we calculate it
Utility costs	Gas, electricity and water charges above what is considered 'normal' usage.	<p>Electricity and gas costs</p> <p>We compare how much you spend over a whole year with the average cost for your type of property. If you spend more than the average cost we will allow the difference between what you spend and the average cost.</p> <p>Water charges</p> <p>Excess water costs, perhaps because you have to do more loads of laundry, can be taken into account if you are on a metered water connection. If you are on a metered connection, this means you pay for water you use and the amount you spend can go up or down. We will compare how much you are charged with the average for your household and allow the difference between the two.</p> <p>If you are not on a meter, you are charged a standard amount and the amount of water you use does not affect how much you pay. Normal water costs are an everyday expense and are not allowed as disability related costs.</p> <p>If there is more than one adult receiving care living in the same property, the excess amount is usually shared equally between each adult. If there is a cheaper tariff available to you, the council will calculate the excess based on the cheaper tariff and not on what you are paying.</p>
Future costs	Plans to replace a piece of equipment at some point in the future	<p>An example of a future cost is if you want to replace your wheelchair next year, you have not incurred any costs yet, so nothing can be allowed in your financial assessment.</p> <p>We will not make an allowance for future costs (items or services that have not yet been paid for) unless there are exceptional circumstances. These costs will only be allowed as part of the appeals process.</p>

Paying your contribution

We recommend that you pay your contributions by **direct debit** (this is often the preferred and easiest method of payment), however you can also pay using the following methods:

- **Debit or credit card** either over the phone or online at our website. Please see the back of your invoices for information on how to pay.
- **Standing order** which you set up with your bank. You are responsible for changing the amount of your standing order if your charge changes. This method of payment is not recommended unless you have online banking and are being charged the same amount each month.
- A **swipe card** is similar to a gas or electric card or key. You must contact us to request this method of payment. We can only agree to this method if you meet certain criteria (for example you must have a Post Office account).
- **Cheque** payments should be crossed and made payable to Southwark Council.

Useful contacts

If you require further information about how to pay your assessed charges, contact the **Collections Team** on **020 7525 1111** or by email at collections@southwark.gov.uk.

If you have questions about the financial assessment process or the amount you are asked to pay, contact the **Charging Team** on **0800 358 0228** or by email at ChargingTeam.adultsocialcare@southwark.gov.uk.

The below table includes the details of independent financial advisors or organisations that you might find helpful.

Organisation	Contact details
Age UK	Tel: 020 7701 9700 Website: https://www.ageuk.org.uk/lewishamandsouthwark/
The Money Advice Service (now called Money Helper)	Tel no: 0800 138 7777 Typetalk: 18001 0800 915 4622 Website: https://www.moneyhelper.org.uk/en
Citizens Advice Southwark	Tel: 0344 499 4134 Website: https://www.citizensadvice.org.uk/southwark/
Southwark Disablement Association (for adults with physical disabilities)	Tel no: 020 7358 7744 Website: www.sdail.org
Southwark Wellbeing Hub (for adults with a mental illness)	Tel no: 020 3751 9684 Website: https://www.together-uk.org/southwark-wellbeing-hub/directory
Society of Later Life Advisors	Tel no: 0333 2020 454 Website: https://societyoflaterlifeadvisers.co.uk/
Southwark Information and Advice Team (for adults with special educational needs and disabilities)	Tel no: 020 7525 3104 Website: https://localoffer.southwark.gov.uk
Department for Work and Pensions	Website: https://www.gov.uk/government/organisations/department-for-work-pensions

FINANCIAL ASSESSMENT FORM

RESIDENTIAL CARE

Mosaic ID

Office use only

FINANCIAL ASSESSMENT FORM

COMMUNITY SUPPORT SERVICES

We will use the information provided on this form to calculate your contribution towards the cost of your care and support needs. It is in your best interests to complete this form so that we can take your financial circumstances into account.

If you choose not to complete this form we will assume you are willing to pay the full cost and not receive any subsidy towards the amount.

Do you need help with this form?

- We can answer your questions on the telephone
- We can send you a copy of the form in large print
- We can visit you at home and help you fill in the form

FREEPHONE NUMBER 0800 358 0228

Are you completing this form for yourself? (if you are go to section 2 below), Or

Are you completing this form on behalf of someone else? (please complete section 1 first)

1. I AM COMPLETING THIS FORM ON BEHALF OF SOMEONE ELSE

My relationship to the client

Lasting/enduring power of attorney

Appointee

Deputy

Please provide evidence if you

have one of these legal positions

If your position is not one of the above please give details

Surname

First name

Title Mr Mrs Ms Other

(please tick one)

Address

Postcode

Tel no.

Email

You should now complete the rest of this form answering the questions as if you are the client.

CONFIDENTIAL

2. ABOUT YOU (THE SERVICE USER)

Surname First name Title Mr Mrs Ms Other Date of birth

(please tick one)

(day/month/year)

National Insurance Number Address Postcode Tel no. Email

Some people do not have to pay a contribution because of the type of illness/disability they have

Do you suffer from Creutzfeldt Jacob Disease (CJD)? Yes No

Are any services being provided under Section 117 of the Mental Health Act? Yes No

Do you live alone? Yes No

If you don't live alone, please tell us who you live with

Name Relationship to you (e.g. partner, son, daughter)

We may need to contact you for further information

3. ABOUT YOUR INCOME

3a. IF YOU DO NOT WANT TO DECLARE YOUR INCOME

Please fill in this section if you do not want to give details of your income and assets and so you agree to pay the full cost of the service. If you choose to sign below you will not have to give us your details but you may lose out financially as your contribution will not be based on your own circumstances.

Your signature Date Witness signature Date

If you have signed above you do not need to fill in the rest of this form and please return it now to;

Charging Team

Adult Social Care

PO BOX 10906

Nottingham, NG6 6EN

Email: ChargingTeam.AdultSocialCare@southwark.gov.uk

Otherwise please continue

3b. YOUR INCOME AND STATE BENEFITS

Please let us know about any of the state benefits listed below that you receive. If you receive any benefit as a couple (for example Pension Credit), halve the amount and write it in the space below. For example if you and your partner get £130 per week, put £65 in each of the spaces headed "How much?" and then put "1" in the "How often" space.

Type of Benefit	How Much		How Often
	Yours	Your Partner	Every week/month/year
Pension Credit Guarantee Credit	£	£	Every
Pension Credit Savings Credit	£	£	Every
Severe Disability Premium	£	£	Every
State Retirement Pension	£	£	Every
Income Support	£	£	Every
Unemployment Benefit	£	£	Every
Incapacity Benefit	£	£	Every
Employment Support Allowance	£	£	Every
Attendance Allowance	£	£	Every
Industrial Injury Benefit	£	£	Every
Reduced Earnings Allowance	£	£	Every
Industrial Diseases Benefit	£	£	Every
Disabled Persons Tax Credit	£	£	Every
Disability Living Allowance (Care Component)	£	£	Every
Disability Living Allowance (Mobility Component)	£	£	Every
Invalid Care Allowance	£	£	Every
Industrial Injuries Disablement	£	£	Every
Personal Independence Payment	£	£	Every
Fostering Payments	£	£	Every
War Widows Pension	£	£	Every
Statutory Maternity Pay	£	£	Every
Maternity Allowance	£	£	Every
Guardian's Allowance	£	£	Every
Child Benefit	£	£	Every
One Parent Benefit	£	£	Every
Housing Benefit	£	£	Every

3b. YOUR INCOME AND STATE BENEFITS (CONTINUED)

Type of Benefit	How Much		How Often
	Yours	Your Partner	Every week/month/year
Council Tax Benefit	£	£	Every
Widows Benefit	£	£	Every
Working Families Tax Credit	£	£	Every
War Pension	£	£	Every
Community Care Trust	£	£	Every
Social Fund	£	£	Every
Other	£	£	Every

If you have applied for any of these benefits recently, but are not receiving them, please tell us about this below

Are any debts or loans deducted from your benefits before you get them?

(e.g. court order, debts, loan repayment, previous over payment)

Yes

No

If yes tell us about them and how much is deducted and how often

3c. OTHER INCOME

Please let us know about any other income you have

If you receive income in both you and your partner's name, halve the amount and write in the space below.

If you have a job you do not need to tell us about income from your job. This is because we do not take it into account.

Type of income	How Much		How Often
	Yours	Your Partner	Every week/month/year
Income from an insurance policy	£	£	Every
Income from renting rooms or a property or land you own	£	£	Every
Income from a personal or company pension	£	£	Every
Income from a trust	£	£	Every
Income from the independent living fund	£	£	Every
Other income			
<input type="text"/>	£	£	Every
<input type="text"/>	£	£	Every
<input type="text"/>	£	£	Every

4. YOUR CAPITAL AND SAVINGS

Savings include any cash you have; any savings kept, for example, in a bank, a building society or post office account as well as money held in premium bonds, National Savings certificates, stocks and shares.

4a. BANK/POST OFFICE/BUILDING SOCIETY/SAVINGS

Name of bank, building society etc	Amount	Held in your name only or jointly
<input type="text"/>	£	Own / Joint
<input type="text"/>	£	Own / Joint
<input type="text"/>	£	Own / Joint
<input type="text"/>	£	Own / Joint

We may need to contact you about this at a later date to obtain further information

4b. PROPERTY

The value of your home will not affect your contribution. However if you own other land or property we need to know about this.

Do you own any land or property in this country or abroad other than the home you live in?

Yes No

If yes address of the property

Value £ Held in your name only or jointly

4c. OTHER SAVINGS, INVESTMENTS AND CAPITAL INCLUDING MONEY HELD IN TRUST

Description	Value	Held in your name only or jointly
<input type="text"/>	£	Own / Joint
<input type="text"/>	£	Own / Joint
<input type="text"/>	£	Own / Joint
<input type="text"/>	£	Own / Joint

(attach sheet if necessary)

5. YOUR SPENDING**5a. YOUR RENT OR MORTGAGE**

If you rent your home	How much	How often Every week/month/year
Your total rent	£	Every
Less housing benefit you receive	£	Every
Amount you have to pay	£	Every

If you are buying your home	How much	How often Every week/month/year
Your total mortgage and service charges	£	Every
Less income support you receive towards your mortgage and service charges	£	Every
Amount you have to pay	£	Every

5b. YOUR COUNCIL TAX

	How much	How often Every week/month/year
Your council tax	£	Every
Less council tax benefit you receive	£	Every
Amount you have to pay	£	Every

5c. THE EXTRA COST OF BEING DISABLED

Please supply evidence or receipts for these expenses

Extra costs you have to pay because of your disability	How much	How often Every week/month/year
Medicines or treatment	£	Every
Special foods / diet	£	Every
Laundry costs (inc costs of any special washing powders)	£	Every
Bedding (for example because of incontinence)	£	Every
Clothing or footwear (for example items that need to be specially made or costs of additional wear and tear)	£	Every
Extra heating costs	£	Every
Privately arranged cleaning, domestic or personal help (inc window cleaning)	£	Every
Purchases, maintenance or repair of any special equipment or aids	£	Every
Help with the garden	£	Every
Respite care	£	Every
Transport costs (over and above the amount of any mobility component of Disability Living Allowance you receive)	£	Every
Other – please explain		

5d. SPECIAL CIRCUMSTANCES

If you have any special circumstances that might affect your contribution, or your ability to pay it, please tell us below about them. Tell us for example about any debts that affect how much money you have at your disposal.

6. PAYING FOR YOUR CARE

Once your financial assessment form has been processed you may be required to contribute towards the cost of your care. If this is the case we will notify you in writing.

We can offer a variety of payment methods to suit your circumstances.

To discuss payment options further, you can phone 020 7525 1111

Please turn the page and sign the form

7. DECLARATION

The details supplied on this form will be used to calculate your contribution and will be kept on file. You may wish to keep a copy for your records. Please read carefully and sign the declaration below.

- I understand why I have completed this form and do not want an advocate to further assist.
- I declare having read this form or having had this form read to me, that the information is true to the best of my knowledge and belief.
- I authorise the council to make any necessary enquiries to verify the information on this form. I authorise the council to verify the information I have given with other sections within the council, other councils and Benefits Authorities.
- I authorise the council to approach the Benefits Authorities on my behalf to obtain information as an ongoing arrangement.
- I will let Southwark Council Adult Social Care know if my financial circumstances change and I understand that I may be asked for more information from time to time.
- I will pay the Southwark Council the amount I am assessed as owing. If I cannot afford to pay I will inform the council who will consider my circumstances.

It is important that you are aware that Southwark Council undertakes local data matching on a regular basis and additionally participates in the Audit Commission's National Fraud Initiative. This means we may use the information you have provided, and also share this with the Audit Commission and credit reference agencies for the purpose of the prevention and detection of fraud. For further information please see <https://www.southwark.gov.uk/council-and-democracy/anti-fraud-work-including-anti-tax-evasion-and-national-fraud-initiative>

Your signature

Date

The information you provide will be used fairly and lawfully and Southwark Council will not knowingly do anything which may lead to a breach of the Data Protection Act 1998.

Please return this signed and completed form to

Charging Team
Southwark Council
PO Box 10906
Nottingham, NG6 6EN

Email: ChargingTeam.AdultSocialCare@southwark.gov.uk

CHECKLIST

Please use this checklist to ensure you have filled out the form and to remind you to return evidence to support your claim for funding from the council.

- 1) I have completed all relevant sections
- 2) I have provided copies of all relevant documents to support my claim
- 3) I have included full information of income and capital, including shares, NS&I investments (including Premium Bonds), etc.
- 4) The form has been duly signed and witnessed
- 5) I have enclosed my Power of Attorney or Deputyship (if applicable)
- 6) I have saved a copy of this form for my own records

INFORMATION FOR SERVICE USERS**Financial Advice**

We frequently ask our clients to seek independent financial or legal advice. Some organisations provide free, impartial advice, whereas others charge. If you need advice, here are some organisations you can approach.

Citizens Advice Bureau (free advice)

<https://www.citizensadvice.org.uk/>

Telephone - 0344 499 4134

Age UK (free advice)

<https://www.ageuk.org.uk/lewishamandsouthwark/>

Telephone - 0800 678 1602

Open Monday to Friday 9:30am to 5pm

Step Change (for free debt advice)

<https://www.stepchange.org/>

Telephone – 0800 138 1111

Society for Later Life Advisors

(Charges may apply)

<https://societyoflaterlifeadvisers.co.uk/>

Telephone - 0333 2020 454

Further information is available in our Charging Leaflet. If you have not received a copy, please request one by calling 0800 358 0228.

Paying for your care and support





This page explains how we work out how much you could pay for your care.



Click here to download a leaflet about organisations providing independent advice: [Independent Financial Advisors](#)



Financial assessments

To find out if you need pay for your care, we will carry out a **financial assessment**.










We will work out what you can afford to pay by finding out:









- how much it costs to provide care and support to meet your needs



- what your **personal expenses allowance** or **guaranteed minimum income** is.

	<p>The government sets the personal expenses allowance.</p>
	<p>This allowance is the money everyone needs to spend on other things every week.</p>
	<p>If you give us information about your money quickly,</p>
	<p>we can decide what you need to pay quickly too.</p>
	<p>Working out what you need to pay</p>
	<p>So that you only pay for the care you can afford, the charge is based on your income.</p>
	<p>The financial assessment tells us:</p> <ul style="list-style-type: none"> • your income • your capital <p>We explain these terms on the next page.</p>

	<ul style="list-style-type: none"> any costs you have because of your disability.
	<p>Income</p> <p>Your income includes benefits such as:</p> <ul style="list-style-type: none"> Personal Independence Payments
	<ul style="list-style-type: none"> Attendance Allowance
	<ul style="list-style-type: none"> Income Support.
	<p>If you have a job, we do not include your salary in the financial assessment.</p>
	<p>Capital</p> <p>Your capital includes: Property – houses, flats and offices</p>



- stocks and shares



- premium bonds



- savings



- land.









You will have to pay the total cost of your care and support if your **capital** is more than **£23,250**.








You will have to pay towards your care and support if your **capital** is from **£23,250** to **£14,250**.



To work out your income we add a tariff of **£1** for every **£250** of capital you have that is **more than £14,250**.

	<p>We do not add a tariff of £1 if your capital is less than £14,250.</p>
	<p>Here is an example of how we work out the tariff:</p>
	<ul style="list-style-type: none"> Your benefits are £100 per week
	<ul style="list-style-type: none"> Your capital is worth £16,000.
	<ul style="list-style-type: none"> So your capital is £1,750 more than £14,250.
	<p>This means your tariff will be £7 giving you an income of £107 per week.</p>

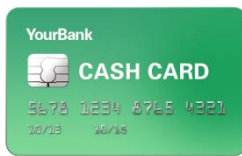
	<p>Other care and support</p> <p>You will not pay for other types of care and support, such as home care, if your income is less than the Minimum Income Guarantee.</p>
	<p>If your income is more than the Minimum Income Guarantee you will pay for your care and support.</p>
	<p>You will not pay for your care and support if your weekly charge is less than £3.</p>
	<p>Financial assessments are carried out,</p>
	<p>using the guidelines in the Care Act 2014 Statutory Guidance.</p>



Paying for care and support

If you have to pay for your care and support you can use:

- a cheque.



- a swipe card.



You can use **deferred payments** if you get care and support at a care home.



The best and easiest way to pay for your care and support is Direct Debit.



Deferred payments



If you move into a care home or a nursing care home, and you qualify for **deferred payments** you can pay the costs later on.



For more information go to the [Deferred payments](#) page.



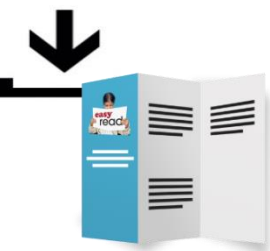
Reviewing what you pay

We will carry out a **financial assessment** every year to check that you are paying the right money.



If your income or savings change, you should tell us as soon as possible.

Useful information








Click this link to download our leaflet about paying for care and support:

[Fairer contributions policy summary and FAQ](#)



Get in touch

	<p>If you have questions about the financial assessments, you can.</p>
	<p>Call 0800 358 0228</p>
	<p>or email ChargingTeam.adultsocialcare@southwark.gov.uk</p>
	<p>We use the income we collect to carry on providing services for people with support needs,</p>
	<p>so it is important that your payments are made on time.</p>
	<p>Call 020 7525 1111 for information about making payments</p>
	<p>Email collections@southwark.gov.uk .</p>

Fairer Contributions Policy

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1. Introduction

Southwark Council has a responsibility to ensure that adults in our local community who are unable to achieve everyday outcomes by way of a physical impairment, mental impairment, or illness, are able to achieve the outcomes that matter to them in life.

To ensure that we can afford to meet the needs of adults who receive support from adult social care, we will work with the individual to work out how much they can afford to contribute towards the costs of meeting their care and support needs.

Our aim is to complete a financial assessment with all service users. Where a financial assessment is not possible or disproportionate, we aim to complete a light touch financial assessment. If we are unable to complete a full financial assessment or light touch financial assessment, we will usually ask the adult to pay for the full cost of their care (see section 6 for details of how adults without mental capacity might be affected).

Following an assessment, if the value of their capital does not exceed the upper capital limit¹, we will ask them to contribute to the cost of their care, provided that they have sufficient income. To ensure that the adult only pays what they can afford, we will assess their charge based on their individual circumstances.

When calculating what they can afford, we will consider:

- how much it costs to provide care and support to meet their needs. We will never charge more than the cost that we incur in meeting their assessed needs,
- what income they have access to.

If the adult owns capital in excess of the upper capital limit, we will ask them to meet the full cost of their care needs until the value of their capital reduces under the upper capital limit. This is subject to the deprivation rule (see section 5.7 for details).

2. Scope

This policy applies to adults with care and support needs, with the exception of adults:

- with Creutzfeldt-Jacob Disease,
- in receipt of aftercare services provided under section 117 of the Mental Health Act².

We do not charge carers for the provision of services to meet their eligible needs.

All parts of this policy apply equally to charges for residential care services and non-residential care services, unless stated otherwise.

3. Legislation and Key Documents

- The Care Act 2014 & associated regulations
- Care and Support Statutory Guidance Issued under the Care Act 2014 (DOH)
- The Mental Capacity Act 2005
- The Mental Health Act 1983
- The Equalities Act 2010
- Regulation of Investigatory Powers Act 2000

¹ For a definition of Upper Capital Limit, see Chapter 8 (Charging and Financial Assessment) of Care Act Statutory guidance

<https://www.gov.uk/government/publications/care-act-statutory-guidance>

² See Top-Up policy for details of where a top-up charge may apply.

- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Welfare Reform Act 2012
- Data Protection Act 2018 (which incorporates the General Data Protection Regulation)

4. Definitions

Most of the terms in this document are explained in their own section. Further explanation is provided below for some terms that require a clear explanation of what they mean.

Adult	A person over the age of 18 who is in receipt of adult social care services and for whom this policy applies.
Arrangement fee	This is a fee that is charged to adults who are responsible for the full cost of their care services and have asked the council to arrange their care. This fee is not payable for residential care, but if there is a deferred payment agreement in place, additional fees may be payable under that scheme. These other fees are explained in the deferred payment agreement policy.
Deferred Payment Agreement	A contract the adult with care and support needs (or their legal representative) signs with the council, which gives the council the ability to secure a legal charge on property, and provides terms and conditions of the deferred payment scheme.
Deferred Payment Scheme	A national scheme whereby people can delay paying for their care and support, or part of it, until a later date, provided they meet the eligibility for the scheme.
Deprivation of income or capital	This term is used when an adult has 'deprived' themselves of an asset in order to reduce their liability to pay for care. Where deprivation occurs, the council will treat the adult as if they still had the asset, or in some circumstances, may pursue the person who received the asset.
Financial assessment	This is a means-test to determine how much the adult should contribute towards their care. Financial assessments are worked out as a weekly amount.
Light touch assessment	A light touch (financial) assessment is a mini assessment that takes place in cases where the council does not need to complete a full financial assessment. More information is provided in section 5.7.
Notional income or notional capital	Income or capital that the adult could claim if they applied for it. The notional capital rule is also applied in cases where deprivation has occurred.

5. Approach to fairer contributions

5.1 Charging principles

Our approach to charging for care and support is guided by the following principles –

We will:

- not charge adults with care needs more than we can reasonably expect them to pay,
- apply a robust and consistent approach to assessing contributions,
- have transparent processes, and clearly explain financial assessment implications,

- employ a person centred approach, and place the adult's wellbeing at the forefront of the process,
- incentivise employment, education and training,
- employ a sustainable approach.

5.2 Information and Advice

We will publish information on our approach to assessing and charging adult's with care and support needs, including clear information or signposting on:

- money management
- benefits entitlement
- why and how we carry out financial assessments, including charging implications
- requesting support to meet eligible needs even when the adult must pay for their own care (including information on any costs incurred as part of this process)
- advice and support available to people making their own care arrangements
- income/capital we will include in the assessment, and capital/income we will disregard
- how we calculate the contribution, including information on protected and available income
- services that are chargeable
- methods of payment, including information on deferred payments and top-up charges
- independent financial advice
- care caps
- safeguarding and financial abuse

We will make information on our approach to charging available online and will be available in community languages and in accessible formats on request. We will also signpost individuals to independent financial advisors where independent advice is appropriate.

Social care staff conducting assessments must ensure that the adult with care needs (and those supporting them during the assessment) are adequately informed about the financial assessment process, and charging implications.

5.3 Charges for care

5.3.1 Services charged for

We charge for care related services, including (but not limited to) –

- | | |
|---|---|
| ▪ Telecare | ▪ Respite care |
| ▪ Homecare | ▪ Transport |
| ▪ Meals at home/day centres | ▪ Community Support |
| ▪ Day centre attendance | ▪ Services purchased via a Direct Payment |
| ▪ Long term residential home placements | ▪ Long term nursing home placements |

We review the cost of services annually in order to ensure that the services are sustainable and offer good value for money. In some cases, changes to the cost of services provided will affect how much the adult is expected to contribute towards their care services.

There is a presumption that any adult care services not referred to above, or those that may develop in the future will be chargeable under this policy unless:

- Southwark Council has chosen to exercise its discretion not to charge, or
- Where that service is exempt under statute.

Where an adult going into a care home chooses accommodation that costs more than the council will fund, a Top Up will normally apply. In limited circumstances, the adult can pay their own top up, but

normally the top up is paid for by a third party, such as a relative. Please see our Top Up policy for more information.

5.3.2 Arrangement fee for self-funders

Adults who are responsible for the full cost of their care services in the community and who ask the council to arrange their care will be charged an arrangement fee of £200. This fee is initially payable when services begin and where there is a significant change of circumstances.

The fee is charged to cover administrative costs involved in making arrangements for self-funders. The fee is payable even if the adult receives care for part of the year.

This fee was introduced on 01 April 2020. Adults who were self-funding their care prior to this date will not be asked to pay any retrospective fees, but will be charged the fee where there is a significant change of circumstances.

The arrangement fee will not be applied in cases where the adult is only in receipt of the Telecare alarm service, as charging this fee would be disproportionate to the level of service. Should the adult begin to receive other chargeable services at a later date, and if the adult continues to be responsible for the full cost of their care, the arrangement fee will be payable from the date that the additional services began.

Examples of when the fee will apply to existing adults

We would apply the arrangement fee for an existing service user in circumstances such as:

- Moving from single handed to double handed care,
- Increase in care package significantly such as from one hour per day to four hours per day
- Service user previously only in receipt of an alarm service, is allocated a personal budget to meet their needs.

Arrangement fees are payable irrespective of the adults mental capacity. Arrangement fees cannot be deferred and are payable upon presentation of an invoice.

5.3.3 Services not charged for

We will not charge for the following services –

- Aids and minor adaptations that cost under £1000,
- Up to 6 weeks of Intermediate or Reablement care services,
- Care and support to meet the needs of adults with Creutzfeldt-Jakob disease,
- After care services provided under section 117 of the mental health act 1983³,
- Services the NHS is under a duty to provide (including Continuing Healthcare and the NHS contribution to Registered Nursing care),
- Services we are under a duty to provide under other legislation,
- Assessment of needs and care planning.

5.4 Identifying the need to carry out a financial assessment

Where an adult is in receipt of one or more chargeable care service, we will usually offer a full financial assessment to work out the person's ability to contribute. In some circumstances we may carry out a 'light touch' assessment instead, which will normally happen in the following circumstances:

- when the adult chooses not to disclose their full financial details but would like us to meet their care needs,
- when we charge a small / nominal amount for a service which the adult is clearly able to meet and carrying out a financial assessment would be disproportionate,

³ We do not charge for core services, but where a top-up applies the adult may be charged accordingly. See Top Up guidance for more information.

- where the adult is in receipt of particular state benefits which demonstrates that they would not be able to contribute towards their care and support costs.

We will notify adults of the outcome of their financial assessment or light touch financial assessment. If we have completed a light touch financial assessment, we will offer them the opportunity to complete a full financial assessment.

If we have been unable to complete both a full financial assessment and a light touch financial assessment, we will assess the adult as having the ability to pay for the full cost of their care and support and will charge them on this basis.

If the service user subsequently chooses to engage with the council, we will review their case if based on the evidence that they present.

5.5 Capital and the financial assessment

5.5.1 Determining which capital to assess

We will follow statutory guidance⁴ which provides information on types of capital that should be:

- treated as income instead of as capital, or
- be included in full in the financial assessment, or
- be partially disregarded, or
- be fully disregarded, or
- be disregarded for a fixed period of time.

Some types of capital are treated differently depending on the adult's care setting. For example, an adult who lives in the property that they own will have the property disregarded (ignored) in a financial assessment, but if that adult goes into residential care, that property may be included.

5.5.2 Ownership of capital

If there are concerns about the ownership of the capital, we will seek documentary evidence to verify who the capital belongs to. For jointly owned capital (such as a joint bank account or a jointly owned property), we will split the total value in equal shares between the joint owners (unless there is evidence that they own an unequal share).

If the adult is the legal owner of a property, but they do not have rights to any proceeds from the sale (i.e. they are not the beneficial owner), then we will not treat the property as capital. This is subject to the deprivation rule (see section 5.10)

In all circumstances, if there is doubt as to the true ownership of capital, then we will request evidence. In cases where a bank account is in joint names only for ease of administration of the adult's money, all of the capital in that account will be treated as being owned by the adult.

5.5.3 Determining the value of the capital

The adult or their representative is responsible for providing accurate information on the amount and types of capital they hold. In some cases, we can determine the value of capital by checking with National Savings and Investments (NS&I), or by checking property prices online.

Capital which is not immediately available to the adult, for example National Savings Bank investment accounts, will be taken into account at its face value. The amount included in the financial assessment may need to be adjusted when the capital becomes available or where the value is confirmed. If the adult chooses not to realise the capital (i.e. they reinvest it), the value will be reassessed at regular intervals, usually annually.

If the value of the capital is not immediately obvious, we will value it based on either the current market value, or the surrender value of the property (whichever is highest) minus –

⁴ Care and Support Statutory guidance, Annex B – Treatment of capital

- 10% of the value if there are actual expenses involved in selling the asset, and
- any outstanding debts secured against the asset (for example a mortgage).

If there is a valuation dispute, we will seek a precise valuation from a professional valuer except where it is clear that the value will not take the total value of their capital above the upper capital threshold. It will not be necessary to obtain a precise valuation if the adult and the council agree that the net value of the capital exceeds the upper capital limit, or falls below the lower capital limit.

We will follow statutory guidance⁵ on how to deal with assets held abroad.

5.6 Income and Expenses

5.6.1 Determining which income to assess

We will follow statutory guidance⁶ which provides information on types of income that should be:

- treated as capital instead of as income, or
- be included in full in the financial assessment, or
- be partially disregarded, or
- be fully disregarded, or
- be disregarded for a fixed period of time.

Where an adult is in a care home and has a spouse or civil partner who is not living in the same care home and is paying half of the value of their occupational pension, personal pension or retirement annuity to their spouse or civil partner, the council will disregard this payment. The council can only disregard 50%. Advice will be given to the adult to confirm that if the spouse or civil partner is on means-tested benefits; their benefit entitlement will be affected by this payment. This allowance does not apply to state retirement pensions.

We will help the adult maximise their income by highlighting any benefits they are eligible to claim. All eligible benefits can be included in the adult's financial assessment. See 5.8 Notional Income and Capital for more information on how the council treats potential income as notional income.

5.6.2 Allowances in financial assessments

Apart from allowances made in respect of protected income (see 5.9.3 below), we will make some allowances based on the adult's circumstances. Broadly, there are two types of allowances we can make:

Housing costs (for adults living in the community)

Some household costs that the adult incurs can be allowed in the financial assessment. Examples are:

- Council Tax that they pay (i.e. Council Tax net of Council Tax Reduction)
- Rent (net of any Housing Benefit). If the adult lives in a communal setting and has lighting or heating included in rental charges, these elements are not allowed for as they form part of normal daily living costs
- Mortgage repayments
- Service charges
- Ground rent

Housing costs (for adults in residential care)

The same housing costs above can be allowed for adults in residential care. In addition, we will allow nominal gas / electric costs if the property is left vacant. For long term placements, we allow housing costs for the first 6 weeks of the placement. For short term placements, we allow housing costs for the duration of the placement.

⁵ Care and Support Statutory guidance, Annex B – Treatment of capital, Paragraphs 20 to 22

⁶ Care and Support Statutory guidance, Annex C – Treatment of income

Housing costs that we allow are reduced if the property is occupied by a non-dependent. The amount allowed will be the cost divided by the number of non-dependent adults living in the property.

If the adult owns the property and it is left vacant after they enter residential care, housing costs can continue to be allowed after the first 6 weeks if requested by the adult. If the adult does not own the property, it is assumed that the property should be vacated and so further housing costs will not normally be allowed.

Disability Related Expenses

A disability related expense (DRE) is an expense that the service user incurs as a result of having a disability. Whilst there is not a defined list of these, statutory guidance does provide some examples. Generally, expenses that are considered to be normal costs of daily living will not be considered as a disability expense. Expenses will also not normally be allowed if the council is already meeting the particular need of the adult that the expense relates to.

If the adult claims expenses of more than £20 per week, then this will trigger a review by a senior team member to ensure fairness and consistency.

When a full DRE assessment is done, the way expenses are calculated differs depending on the nature of the expense. This is explained below:

- **Regular ongoing costs** – these costs are converted to weekly amounts, and usually allowed in full. Some expenses may be capped if cheaper alternatives are available to the adult.
- **One-off equipment purchases** – these costs are allowed over the expected lifetime of the equipment. For example, if a piece of equipment is expected to last one year, we will spread the allowance we make in the assessment over one year (52 weeks). Therefore, if the cost of the equipment was £520, the council would allow £10 per week in the financial assessment ($£520 \div 52 \text{ weeks} = £10 \text{ per week}$). If cheaper alternatives are available, the council will only make an allowance for the lower cost.
- **Extra heating costs** – Normal gas and electricity usage is not considered a disability related expense in a financial assessment as these are normal costs of living. If the adult has high heating costs because of a disability, the council will make an allowance for the extra cost. This is worked out by comparing the adult's annual gas / electricity costs, and comparing with the average for that type of property. The difference between the two will be allowed in equal weekly amounts. If there is more than one adult receiving care living in the same property, the excess amount is shared equally between each adult. If the adult has a cheaper tariff available to them, the council will calculate the excess based on the cheaper tariff and not on what the adult is paying.
- **Extra water costs** – normal water charges are not considered to be disability related as they are normal costs of living. If the adult has a metered connection and has high water charges because of a disability, the council will make an allowance for the difference between what they pay and the average cost.
- **Future costs** – the council will not make an allowance for any future costs (items or services that have not yet been paid for) unless there are exceptional circumstances that warrant making such an allowance. These costs will only be allowed as part of the appeals process.

5.7 Light touch financial assessments

Conducting a light touch financial assessment usually involves gathering data from various different sources, such as from the DWP. If there is sufficient information available from these sources, then this information is put together to calculate a light touch financial assessment. Light touch financial assessments are calculated in the same way as a full financial assessment.

Usually, a light-touch financial assessment will be possible if:

- the adult has already told the council that they have more capital than the upper capital limit
- the adult does not have recourse to public funds
- the adult is in receipt of means-tested benefits.

Apart from the DWP, other sources of information that the council can use are shown below. This list is not exhaustive and other sources may be used from time to time.

- Housing department
- Housing benefits and council tax records
- Electoral register (open version only)
- HM Land Registry
- Any previous financial assessments or social care records

When a light touch assessment has been completed, the council will let the adult know that they can request a full financial assessment at any time. There are evidence requirements for a full financial assessment and the adult will need to provide evidence to support the whole length of their claim (i.e. backdated evidence if the adult asks for a backdated financial assessment).

The council does not have any right to approach banking institutions, investment firms or private / work pension providers for information to complete a light touch assessment. Therefore, if the adult does not get a means-tested benefit, the likelihood of the council being able to complete a light touch assessment is reduced.

5.8 Notional income and capital

We will consider notional income or capital when conducting financial assessments. These may include:

- income that is due, but has not been received;
- income or capital available on application;
- income or capital the individual has deliberately deprived themselves of to reduce the amount they are liable to pay for their care (see section 5.10);
- a person of retirement age has a pension plan, but has not purchased an annuity or arranged a draw down of the maximum annuity that would be available.

We will not treat the following sources of income as notional income –

Figure 1⁷

- | |
|---|
| <ul style="list-style-type: none"> A. Income payable under a discretionary trust, B. Income payable under a trust derived from a payment made as a result of a personal injury where the income would be available but has not yet been applied for, C. Income from capital resulting from an award of damages for personal injury that is administered by a court, D. Occupational pension which is not being paid because: <ul style="list-style-type: none"> (i) The trustees or managers of the scheme have suspended or ceased payments due to an insufficiency of resources; or (ii) The trustees or managers of the scheme have insufficient resources available to them to meet the scheme's liabilities in full. E. Working Tax credit |
|---|

Notional income is treated as if it were actual income. Notional income will be calculated from the date it could be expected to be acquired if an application were made. If we include notional capital in the adult's financial assessment, we will reduce the sum of the notional capital weekly, by the difference between the weekly:

- charge the adult is paying for their care, and
- the rate the adult would have paid if the notional income were not applied.

We follow statutory guidance on the treatment of capital. Examples⁸ of how we will treat notional capital and income are outlined below:

Example of notional income

⁷ Care and Support Statutory guidance, Annex C – Treatment of income

⁸ Care and Support Statutory guidance, Annex C – Notional income

Andrew is 70 and is living in a care home. He has not been receiving his occupational pension to which he would have been entitled to from age 65. After contacting his former employer, they state Andrew will be paid the entire pension due from age 65. The local authority can therefore apply notional income from age 65.

Example of notional capital

Hayley is receiving care and support in a care home. She is assessed as having notional capital of £20,000 plus actual capital of £6,000. This means her assets are above the upper capital limit and she needs to pay the full cost of her care and support at £400 per week.

The notional capital should therefore be reduced by the difference between the sum Hayley is paying (£400) and would have paid without the notional capital (£100).

If she did not have the notional capital it would not affect her ability to pay. This is as she has an income of £120.40 and a personal allowance of £24.40 per week and would therefore be assessed as being able to pay £100.

5.9 Deprivation of assets and savings

If the adult claims that they no longer have an asset or income they must demonstrate that they no longer have ownership of the asset. When considering whether the adult deliberately deprived themselves of the asset, we will consider the following –

Figure 2

Deprivation of assets	Deprivation of income
<ul style="list-style-type: none"> ▪ Was avoiding charges for receiving care and support a significant motivation? ▪ Did the individual have a reasonable expectation of having to contribute to the costs of their care and support? ▪ Does the timing of the disposal raise suspicions? 	<ul style="list-style-type: none"> ▪ Was the income in fact the individuals? ▪ What was the purpose of the disposal? ▪ Does the timing of the disposal raise suspicions?

If we suspect that the individual has deliberately deprived themselves of assets we will investigate further. We may charge the adult as if they still possessed the asset, or seek to recover the debt from the third party who benefited from the transaction. The third party will be liable to pay the difference between what we would have charged had deprivation not occurred, and what we did charge.

If the adult has converted the capital into another asset of lesser value, we will treat them as notionally possessing the difference between the value of the new resource, and the asset they deprived themselves of.

5.10 Determining the adult's financial contribution to their care costs

5.10.1 Capital limits

For financial assessment purposes, there are two capital limits. There is an upper capital limit and a lower capital limit. In the financial assessment, these are treated as follows:

- If the adult has more than the upper capital limit they must pay for the services in full,
- If the adult has less than the lower capital limit then capital will not make any difference in the outcome of the financial assessment (i.e. the capital is disregarded),
- If the adult has capital between the lower and upper limit, the tariff income rule will apply (see 5.11.2).

If the adult's capital exceeds the upper capital limit and they ask us to make arrangements to meet their needs, we will charge them towards the cost of putting the arrangements in place. This administrative charge does not apply to care home placements. See section 5.3.3 for more information on this charge.

5.10.2 Tariff income rule

Tariff Income is a notional income which is added to income from other sources before working out the weekly charge. Tariff Income is meant to represent an amount a resident with capital over a certain limit should pay towards their care, not the interest earning capacity of that capital.

It is calculated by taking the actual amount of capital the service user has, then deducting the value of the lower capital limit and dividing the result by 250. The final result is then rounded up to the nearest £1.

Example of tariff income

Nora has £16,455 and the lower capital limit is £14,250; their tariff income would be £9. The calculation is shown below:

- $£16,455 - £14,250 = £2,205$
- $£2,205 \div 250 = £8.82$
- $£8.82$ rounded up to nearest £1 = £9

5.10.3 Protected Income

When assessing how much the adult can contribute towards the costs of their care and support, we will leave the adult with a minimum protected amount to spend as they choose. The amount of protected income is set by the government.

Personal Expenses Allowance (PEA) for adults who reside in care homes

The PEA rate is determined by the Department of Health and communicated in documents called Local Authority Circulars⁹. The amount of PEA is set, but may be adjusted in certain circumstances. We follow statutory guidance¹⁰ on how to treat and adjust PEA in financial assessments.

Minimum Income Guarantee (MIG) for adults whose needs are being met outside a care home

MIG rates are determined by the Department of Health and communicated in documents called Local Authority Circulars. There are a number of different rates that will be applied, depending on the adults' circumstances. The Local Authority circular tells councils how to work out the amount of MIG to allow in financial assessments.

Disposable Income Allowance (DIA)

This allowance applies where there is a deferred payment agreement in place to pay for care home fees (see 5.10.5 for more information on deferred payment agreements and eligibility criteria). The adult can choose to retain up to £144 per week from their income.

5.10.4 'No charge' rule

We will not charge where the outcome of a financial assessment means that the adult should pay less than £5 per week.

Example of the No Charge rule

⁹ Local authority circulars can be found at:

<https://www.gov.uk/government/collections/local-authority-circulars>

¹⁰ Care and Support Statutory guidance – Annex C

Sophie has had a financial assessment to determine how much she should contribute towards her care. The outcome of the assessment means that she has been assessed to pay £4.78 per week. As this amount is lower than £5 per week, she will not be charged.

In the following year, Sophie has a financial reassessment. The outcome of that assessment is that she is assessed to pay £5.52 per week. As this amount is higher than the £5 limit, she will be charged £5.52 per week.

5.10.5 Payment options

Adults can choose to pay their contribution using a range of methods (including swipe cards, cheques etc.). The preferred method of payment is Direct Debit.

In some circumstances, the adult can defer their charges to pay for care home fees. This is called a Deferred Payment Agreement. See the Deferred Payment Agreement Policy for more information on deferred payments.

5.10.6 Backdated contributions

We will usually aim to complete financial assessments within 10 working days. It may take significantly longer to complete a financial assessment. For example:

- there have been delays determining the value of the adult's capital,
- we have had to apply to the Court of Protection to address capacity concerns,
- the adult delayed providing the required evidence.

Where we have been unable to establish the adult's contribution in a timely fashion, in most cases we will backdate the adult's contributions to the date we would otherwise have charged

5.11 Financial assessment outcomes

We will provide the adult (and where appropriate also their advocate, appropriate individual, or other nominated parties) with a copy of their financial assessment within 10 working days of its completion. We will also clearly communicate:

- how the assessment has been carried out,
- the amount that the adult must contribute, and how often,
- the reasons behind any fluctuations in their payments (if relevant).

6 Mental Capacity

If the adult lacks mental capacity, they may still be assessed as being able to contribute towards their care. Where possible, we will work with someone who has the legal authority to make financial decisions on behalf of the adult who lacks capacity.

If there is no such person, we will recommend that an application is made for either a DWP Appointeeship or a Court of Protection appointed Deputy. In some cases it could be the Council that acts in one or both of these capacities.

See section **5.11.6** for information on backdating assessed contributions if we cannot complete a financial assessment straight away.

7. Reviews

We will review the adult's financial assessment at least annually, or

- in response to changing circumstances (for instance the adult inherits significant capital, or they no longer have a dependent child),
- if the adult requests a review.

8. Debt Recovery

If the adult has accrued a debt for care fees, we will consider County Court proceedings to recover the debt if all other reasonable avenues have been explored.

Other reasonable avenues could include the use of securing the debt against the adult's property if they own it, by utilising the deferred payment scheme.

All efforts to recover the debt will be guided by *Appendix D: Annex D - Recovery of debts*.

Southwark Council will give adults 28 days to pay any invoices or statements of account presented to them. If these invoices are not paid (and are not under dispute), then the adult will be sent a reminder letter or will be phoned by a council debt officer. Debts still outstanding after a further 14 days will be referred for legal action.

9. Appeals and complaints

If the adult has concerns that their contribution is too high, we will advise them of their right of appeal, and provide them with information and advice on our appeals process (including which forms and supporting documentation must be submitted in order to process the appeal).

Appeals will be administered by a senior officer within the team as a review. Following careful consideration of the adult's submission, they will make a recommendation on the outcome of the review.

If the adult disagrees with the outcome of the senior officer's review, then they can request that a manager looks at the case again.

If the adult is still unhappy following a review by the manager, we will direct them to Southwark Council's Complaints policy. Complaints are subject to the procedure as set out in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

10. Related Policies

This policy should be read alongside the following documents -

- Top up Guidance
- Deferred Payments Agreement Policy

Document control

Approval date		Last amended	
Last reviewed		Version	3.0
Scheduled review date			

Care Contributions questions:

1. In the table of figures on page 1 of the Care Contributions update briefing, where it says “Monthly Total”, should that actually be “Annual Total”?
2. In the same table, to which of the four categories of resident do physically disabled adults aged 18-65 belong? There is one category for older people and two categories for mental health so the only other option is Learning Disabilities. Are there no physically disabled adults aged 18-65 who do not have learning disabilities?
3. The main question though is ... at the February meeting, Pauline said that the Fairer Contributions Policy had been brought in in 2015 and there was no reason why charges would have increased in the last two years, as families of service users at Bede House have been reporting. However, apparently there was a revised approach which was implemented in April 2021 (Cabinet paper dated 24 March 2020), so could she explain more about this and why this has resulted in charges being made which were never made before or in charges increasing significantly?
4. There was a question asked previously but it might have got lost so its repeated here: “The national statistic for care charges being taken to the Ombudsman is that approximately 70% of cases are overturned. Can you confirm what the statistic is for Southwark and can you confirm what the cost to the Council is of such challenges being taken to the Ombudsman?”
5. Finally, are there plans to further increase the charges in the next budget year?

Care Contributions Scrutiny Review Report

**Health and Social Care Scrutiny
Commission**

April 2023

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Summary of recommendations

Recommendation one

Raise the Minimum Income Guarantee increase the government mandated buffer of 25% with an additional local buffer of 25% to a total of 50%?and provide an impact assessment to understand cost to the council and benefit to disabled people and carers.

Recommendation two

Provide better information, advice and support to enable disabled people and carers to understand care contributions generally, and their right to have adequate Disability Related Expenditure taken into account in financial assessments.

Recommendation three

Take steps to reduce the adverse impact of care contributions on the incomes of people reaching pension age, both disabled people and their carers. In particular take action to mitigate the steep increases that can be incurred once a) a disabled person reaches pension age and their employment related pension becomes assessed b) carers facing reductions in income as they reach pension age and lose Care Allowances and income from paid work.

Recommendation four

Cabinet revisit the Fairer Contributions Policy Cabinet agreed in 2015, and revised in 2020.

Introduction

Disabled people are eligible for a personal budget from their local authority, which they use to pay for care and support appropriate to their needs. However, clients are also asked to contribute financially towards this. 'Fairer contribution' is the Council's framework for assessing what people should contribute towards the cost of their care, taking into account all their income and assets, as well as any expenses they have linked to their disabilities. Contributions are means-tested and based on income (including benefits but not employment).

Local Authorities provide and fund social care services under Section 9 of the Care Act 2014. This legislation also provides Local Authorities with a duty to complete an assessment of an adult's needs for care and support and a power to make a charge. Councils do however have the scope to vary charges, and the Act specifies that people will only be asked to pay what they can afford.

Southwark Council adopted the Fairer Contributions Policy in 2015, which outlines the way the Council financially assess recipients of social care services and ensure this is affordable. In March 2020 cabinet amended the Adult Social Care Fairer Contributions Policy and this revised approach was implemented in April 2021.

The Commission heard there was considerable consultation prior to both policies being adopted, however the impact of the cost of living crisis has happened following the last major change. Disabled people and older carers have been particularly hard hit by increases to energy and food costs, and the squeeze on incomes.

Officers told the Commission that the number of people requiring support to manage their social care needs is increasing year on year. Whilst unpaid carers continue to provide support across the country, the financial cost for Local Authorities to meet the social care needs of their residents continues to increase.

The Council spends close to £130m on Adult Social Care, while the projected income from charging for services is £8m.

The Commission decided to hold a one off session to investigate care contributions following a meeting hosted by Bede House bringing together councillors and carers of people supported at the Bede Centre. At the meeting, many carers and service users raised their concerns about the impact that the care contribution charges were having on them and the people they care for.

Contributors to the review

The Commission received the following evidence at the meeting held on 2 February:

- Bede House provided a briefing on care charges for councillors and a report of a meeting hosted on 20 October 2022. This was an afternoon for clients with learning disabilities and their carers to meet local councillors. 11 relatives or carers and 5 Bede clients met with 3 local councillors and the London Assembly member for Lambeth and Southwark.

- Two carers received moral support from Mencap to tell their stories to the Commission. Alan Burnham presented to the meeting. He is the brother of a client that has attended Bede House for some years. Mary Kumar provided a written statement. She is full-time carer for her adult daughter, who also attends Bede House.
- Pauline O'Hare, Director Adult Social Care, provided a briefings and presented.
- Southwark Disablement Association – David Stock, CEO provided a briefing and presented.

Cost of living crisis, care contributions and the cumulative impact on disabled people and their carers

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)¹.

The government raises the MIG annually to reflect inflation, however Bede House highlighted recent increases have been below the actual inflation rate. The MIG increased by 3% this year, but this is much lower than the current rate of inflation, which is at 9.9%.

The Commission heard that the cost of living crisis is impacting disabled people particularly hard, as a higher proportion of their living costs will go on basics such as energy and food. These have seen the largest inflationary rises.

This is backed up by documents produced by the Council to support the budget process and ensure that people living with disadvantage are not unfairly impacted by future changes to the allocation of resources². A Public Health document looking at the impact of the cost of living crisis on disabled people found that:

- Deaf and disabled Londoners were twice as likely as the average Londoner to be going without essentials (16% v 8%).

¹ <https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2023-to-2024/social-care-charging-for-care-and-support-loc>

² Cost of Living Crisis: Impacts across protected characteristics. Public Health Division Children & Adults Department January 2022, Page 7 Disabled people.

- Among Southwark respondents to the 2019 Survey for London, fuel poverty was higher than average for people with disabilities, indicating that they are at greater risk of fuel poverty during the cost of living crisis.
- Between July and August 2022, Citizens Advice Southwark saw an increase in the proportion of their clients who had long-term health conditions from 25% to 40%.
- Previous financial crises have had disproportionate negative impacts on people with mental health conditions. Nationally, 44% of adults with mental health problems who fell behind on bills either considered or attempted suicide during COVID-19.
- Money worries can lead to people feeling lonely or isolated. Amongst Southwark respondents to the 2019 Survey for London, just over 1 in 4 people reporting a long-term mental health condition also said that they felt lonely often, compared to 1 in 11 Southwark respondents overall. (2)

Although care contribution assessments are for individuals, many disabled people live in families where income is pooled and any care contributions come out of a shared household budget. The Commission heard that the cost of living is placing a general strain on household budgets, which mean that the care contributions cannot be absorbed without carers cutting back on essentials.

Officers told the commission that the MIG figure is reviewed at least annually to ensure that any adjustments to the sum are reflected in our charging practices. The Council currently increases the MIG amount by 25%³. The CEO of Southwark Disablement Association highlighted that the 25% uplift to the MIG was decided prior to the more recent cost of living increase and proposed the MIG is increased by 50%, which the Commission agree with.

Recommendation one

Raise the Minimum Income Guarantee increase the government mandated buffer of 25% with an additional local buffer of 25% to a total of 50%?and provide an impact assessment to understand cost to the council and benefit to disabled people and carers..

Financial assessments and Disability Related Expenditure (DRE)

The carers who gave evidence all stressed the additional cost that disabled people incur because of their conditions. For example people with learning difficulties often require food that is easy to prepare; there may be extra energy costs associated with electrical equipment to charge scooters; or keep warm; or to undertake more laundry

³ This needs a reference – request sent to Director of Adult Social Care

because of incontinence. Officers told the commission that Disability Related Expenditure (DRE) ought to be deducted during the assessment process to ensure that each person has the Minimum Income Guarantee.

The carers who gave evidence did not think these expenses had been taken into account. Members who attended the Bede House event also heard from families where DRE did not seem to have been factored into the assessment. Many of the complaints from Bede House clients and carers centred on the assessment process. The Bede House reported that people with learning disabilities, and their carers, did not understand how the care charges had been worked out and complained that the charging letters did not provide a clear breakdown.

The Commission asked officers, and undertook desktop research, to establish the information, advice and advocacy available to ensure disabled people and their carers could claim all the DRE that is due and obtain a fair assessment. The exercise did not provide adequate reassurance that this is sufficient - a leaflet did not provide much explanation of DRE, website links were broken, and the organisations providing advice were hard to find.

Concern was also raised by Bede House that DRE is being increasingly narrowed by local authorities and averages around £5 per week, which they said does not reflect the scale of additional costs that disabled people face.

Bede House clients and their carers also complained about a disjointed and confusing assessment process. Some were not aware that the forms they were asked to fill in were to undertake a financial assessment for charges, and complained about a lack of transparency. Other people said they were receiving notices for backdated payments to pay for charges that they did not know about, and there was concern they would fall into debt or face a visit from bailiffs.

This year the council's budget process set out an intention to increase the income raised through more efficient collection of contributions from service users towards the cost of their care, and notes that this could have a negative impact on some disabled service users⁴. This highlights the importance of minimising this risk and ensuring that service users and their families are assessed fairly, that their Disability Related Expenditure is fully accounted for, and families have a well-managed assessment process.

Recommendation two

Provide better information, advice and support to enable disabled people and carers to understand care contributions generally, and their right to have adequate Disability Related Expenditure taken into account in financial assessments.

Pensioners and care charges

4

The Commission heard that increases in care contributions have adversely impacted pensioners in particular, both disabled pensioners and carers who are pensioners.

Disabled people's contribution to their care is means-tested and based on some but not all income; benefits are included but not income from employment. However pensions are assessed, including work based pensions. In some cases receiving a pension can tip people over an assessment threshold with £5 in extra income week leading to a significant increase in charges, per week. The Commission heard that when one disabled person reached state pension age he was required to pay over £470 in contributions, when previously none had been incurred. Such steep charges were very difficult to manage and the Commission recommended that steps are taken to mitigate these sharp increases.

Carers who were also pensioners were another cohort of concern. On reaching pension age some carers reported losing their Care Allowance (on receipt of the state pension), losing income from paid employment, alongside facing a reduced capacity to care and their own age related health needs. The cumulative impact of this was causing hardship. One family told the Commission that care contributions meant that they could not afford to adequately heat and light their home, which was impacting in their health and wellbeing.

Recommendation three

Take steps to reduce the adverse impact of care charges on the incomes of people reaching pension age, both disabled people and their carers. In particular take action to mitigate the steep increases that can be incurred once a) a disabled person reaches pension age and their state and employment related pension becomes assessed b) carers facing reductions in income as they reach pension age and lose Care Allowances and income from paid work.

Conclusion

The implementation of changes made to the "Adult Social Care Fairer Contributions Policy" in April 2021 may well explain why families of users of Bede House only started to get upset around this time. In addition the impact of the cost of living crisis could well be pushing families over the edge when they face steep, unexpected or unaffordable care contributions bills, because of a change in circumstances.

There is a risk that this situation could get worse, without measures to mitigate the impact of increased collection of care contributions, once the more efficient collection of contributions set out in the budget takes place.

Disabled people and their carers are raising significant concerns with the both process and in some cases real hardship at the amount of care contributions levied. Disabled people are one of the most disadvantaged groups in our community. Carers are often also pensioners who have given much of their lives to caring and deserve both an understanding of their increasing vulnerability as they age, and also a system that is as fair and well managed as possible, in recognition of the unpaid contribution carers are making to the community.

At the same time the Commission recognises that the Council is facing an increasing need for care provision, rising inflation and no extra resources. The Council therefore has to allocate resources judiciously, and protect those most in need.

The Commission believe that the recommendations outlined in the report will go some way to protecting those residents on some of the lowest incomes in Southwark. The Commission also recommend that the Fairer Contributions policy is more thoroughly reviewed.

Recommendation four

Cabinet revisit the Fairer Contributions Policy Cabinet agreed in 2015, and revised in 2020.

Health & Social Care Scrutiny Commission

MUNICIPAL YEAR 2022-23

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