

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

- 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:
 - (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
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