

# Adult Social Care Charging Policy

## Appendix 1



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## 1. Introduction

Adult social care provides personal and practical support to people with care and support needs, including older people or people with a disability or a physical or mental illness. People with informal caring responsibilities can also benefit from social care support.

In the London Borough of Hillingdon, the core purpose of adult care and support is to help you to achieve the outcomes that matter to you in your life and to promote your wellbeing. A key aim is to support you to live as independently as possible, for as long as possible.

The Council provide free information and advice, relating to care and support for adults and support for carers, to enable you to make informed choices and take control of your care and support. This includes information about social care on our website at [www.hillingdon.gov.uk/socialcare](http://www.hillingdon.gov.uk/socialcare)

### Adult Social Care vision

Hillingdon Council is committed to its provision of Adult Social Care Services (ASC) and its vision that ***“Care and support will be personalised and will prevent, reduce and delay needs. Residents will be enabled to live independent and fulfilled lives, supported within and by their local networks wherever possible.”***

The ASC vision is underpinned by the Council Strategy 2022-2026, and the Council’s five commitments to residents which can be found here: [www.hillingdon.gov.uk/council-strategy](http://www.hillingdon.gov.uk/council-strategy)

## 2. Purpose of this policy

In England, adult social care is currently means-tested and, unlike the NHS, is not free for everyone, with costs dependent on a person’s level of need and their financial situation. This means that most care and support will be subject to a charge, but you will only be asked to pay what you can afford, this will be done by a fair and transparent financial assessment process.

This Charging for Care and Support Policy outlines how Hillingdon Council calculates any charges it may make to you or a third party following an assessment of your care and support needs. There are rules around whether a financial contribution needs to be made by you towards care and support provided to you whilst living in your own home, which is also known as non-residential care. There are also rules around the contribution you may need to make if you are living in a residential home or nursing home.

These rules follow central government policy designed to make sure that people over the age of 18 are charged in a fair and reasonable way. The policy does not apply to people under the age of 18 years.

Residential	<p>Residential care means care and support is provided to someone in a care home setting. It is for people who need substantial help with their personal care.</p> <p>There are 2 main types of care home:</p> <ul style="list-style-type: none"> <li>• residential - offers personal care, such as help with washing, dressing, going to the toilet and taking medication.</li> <li>• nursing - provides personal care and always have qualified nurses on duty. They can be suitable for people who require frequent medical attention.</li> </ul>
Non-Residential	<p>Non-residential services refer to a range of care and support that is provided in your home or in the community to meet your needs and to help you achieve your identified outcomes. These include:</p> <ul style="list-style-type: none"> <li>• Day opportunities and support in the community;</li> <li>• Transport to and from day care and respite care;</li> <li>• Assistive Technology</li> <li>• Care at home services that provide support with personal care and daily living in your home;</li> <li>• Other services that you may purchase directly, e.g., a personal assistant;</li> <li>• Shared Lives services;</li> <li>• Extra Care services</li> <li>• Supported living services</li> </ul>

### 3. The Legal Framework

A key aim of the policy is to ensure that when you are charged for care and support, that you are charged in accordance with the Care Act 2014 and the associated statutory guidance.

Section 14 of the Care Act 2014 provides the Council with the power to ask you to make a contribution for the cost of your care and support.

Section 17 of the Care Act 2014 allows the Council to carry out a financial assessment to determine the amount you can afford to contribute towards your care and support.

The Council must undertake an assessment as stipulated under the Care Act 2014 for any adult that appears to need care and support. This is regardless of whether the Council thinks you have eligible needs or of your financial circumstances.

Where the Council decides to charge it must follow the Care and Support Charging and Assessment of Resources Regulations 2014 and have regard to the Care and Support Statutory Guidance.

The legal framework provided by the Care Act is aimed at making charging fairer and clearly understood by everyone.

### 4. Principles

The policy adopts the following principles when making decisions on charging.

- You will not be charged more than it is reasonably practicable for you to pay in accordance with the Care Act 2014 legislation.
- Be clear and transparent so you know how much you will be charged. A written record of the financial assessment will be given to you to explain how the assessment has been carried out, what it will be, how often it will be made and the reason for any fluctuations.
- Ensure that the Council charging arrangements reflect the true cost of the services, unless flat rate charges apply.
- Be sustainable for the Council in the long-term.
- Be comprehensive to reduce variation in the way you are assessed and charged.
- Advice on how to claim welfare benefit entitlements will be made available to you and anyone that is a carer.
- Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control.
- Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet your needs.
- Support you, if you are a carer, to look after your own health and wellbeing and to care effectively and safely.
- Have an effective formal appeals and review process, in addition to the complaints process.

## 5. Chargeable Services

All services, whether residential or non-residential will be chargeable except where the Council is required to arrange care and support free of charge – see section 6. The detail of how to charge is different depending on whether you are receiving care in a care home or your own home or another setting.

## 6. When charges do not apply

There are some circumstances and services which the Council will not charge for. These include:

- Provision of community equipment (including minor adaptations to property up to £1,000).
- Intermediate care and reablement support services must be provided free of charge for up to a maximum of six weeks. The period of reablement you receive is determined by your needs.
- Any services which are provided as part of your aftercare under section 117 of the Mental Health Act 1983.
- If you are suffering from variant Creutzfeldt-Jacob disease for meeting your needs.
- Any services which a local authority is under a duty to provide through other legislation may not be charged for under the Care Act 2014.
- Assessment of needs, financial assessments and the preparation of the care and support plan.
- In the same way as chargeable services, all provision should reflect best value and be clearly linked to specified outcomes.

## 7. The Financial Assessment

If the Council assist with arranging any care services that you need, there will always be a financial assessment to see if you can afford to pay towards the cost of these services.

The financial assessment will look at your:

- Income
- Savings and investments
- Benefits
- Any property that you own or part own - where applicable
- Any other regular income that you receive.

You will be assessed on your own finances which will determine how much you will be expected to contribute towards the cost of the care you receive. It is your responsibility to provide all the information required to complete the financial assessment. The Financial Assessment Team within the Council will aim to complete the financial assessment within 28 days of all required information being received. The completion date is dependent on the Council receiving the information requested.

If you do not want to undergo a financial assessment or refuse to cooperate with the assessment process and you have not contacted the Council regarding any delays, the Council will assume that you have over the £23,250 threshold. You will be charged for the full cost of your care and the Council will consider that you do not require any financial contribution from Hillingdon council until the assessment is completed.

The financial assessment for both residential and non-residential care and support can be undertaken online and can be found here:

[www.hillingdon.gov.uk/financial-assessment/completing](http://www.hillingdon.gov.uk/financial-assessment/completing)

## 8. Examples of how the council work out a contribution

### In your own home

A resident who receives care and support outside a care home will need to pay for their general living costs, such as: food, utilities, daily activities and clothing.

To ensure that a resident can meet their general living costs, when a financial assessment is carried out, they must be left with a weekly minimum income guarantee (MIG) amount, as set out in The Care and Support (Charging and Assessment of Resources) Regulations 2014.

The MIG amount is reviewed each year by the Secretary of State for Health and Social Care.

Examples of the weekly MIG for a single person, in different age groups, are set out below:

Aged 18-24: £160.30

Aged 25 up to pension age: £183.25

Pension age and over: £228.70

The examples are based on the pension credit age group or over receiving the Standard Minimum Income Guarantee (Pension Credit) and the remaining age groups receiving an Income Support Personal Allowance, a Disability Premium and an Enhanced Disability Premium.

### Example 1

A 27-year-old resident lives at home with their family. They receive Employment and Support Allowance (Support Group) and Personal Independence Payment (PIP) Mobility and has £63.51 per week disability related spending. They have been assessed and agreed that a personal budget of £200.00 a week will enable them to purchase their care and support.

<b>Income each week</b>	
Employment Support Allowance (Support Group)	£149.05
PIP Mobility	£ 75.75
<b>Total income</b>	<b>£224.80</b>

Less PIP Mobility	- £ 75.75
Less disability-related spending	- £ 63.51
Less MIG	- £183.25
<b>Total amount ignored</b>	<b>£322.51</b>
The total income less the total amount ignored gives the assessed contribution	- £97.71

They will not be required to make a contribution to their care costs.

They will receive their personal budget allocation of £200.00 a week to purchase their care and support.

## Example 2

A 76-year-old resident living on their own has a State Pension, a private pension and receives Attendance Allowance. They have been assessed to have £36.08 disability related expenses each week and £11.15 housing expenses ignored each week. Their care needs have been assessed and a care manager has agreed that a personal budget of £108.00 a week will enable them to purchase their care and support.

<b>Income each week</b>	
State Pension	£128.95
Private pension	£110.10
Attendance Allowance	£108.55
<b>Total income</b>	<b>£347.60</b>
Less the night element of Attendance Allowance	- £ 35.90
Less disability-related spending	- £ 36.08
Less housing costs	- £ 11.15
Less MIG	- £228.70
<b>Total amount ignored</b>	<b>£311.83</b>
The total income less the total amount ignored gives the assessed contribution	£35.77

Weekly personal budget £108.00.

Their contribution is £35.77 per week.

They will receive £72.23 per week from the council, so they have a total of £108.00 to purchase their care.

## In a residential/nursing home

If you are in a care home, the Council deduct a personal expenses allowance of £30.15 a week from your total income, along with a deduction of up to £6.95, if you receive the savings part of Pension Credit.

For the first four weeks of a permanent placement, the Council may consider making an allowance for any additional expenses that you have to pay during this period

## Example of a financial assessment

A resident has been offered a place in a care home whose weekly fees are £650.00 and Adult Social Care agree to fund the care.

The resident receives a retirement pension of £185.00 each week and rental income of £300.00 each week.

<b>Income each week</b>	
State Pension	£185.00
Rental income	£300.00
<b>Total income</b>	<b>£485.00</b>
Less the personal allowance	- £ 30.15
Total amount ignored	<b>£30.15</b>
The total income less the total amount ignored gives the assessed contribution	£454.85

The council will pay the care home the weekly fee of £650.00 per week.

The resident's contribution is £454.85.

This means that the council will contribute £195.15 per week towards the resident's care home fees.

## 9. Mental Capacity

If you lack mental capacity, the Council will still financially assess you to establish if you can contribute towards the cost of your care and support. The Council will work with the person who has the legal authority to make financial decisions on your behalf. For example:

- Enduring Power of Attorney
- Lasting Power of Attorney for Property and Affairs
- Lasting Power of Attorney for Health and Welfare
- Property and Affairs Deputyship under the Court of Protection; or
- Any other person responsible for dealing with that person's affairs (e.g. a person who has been given appointeeship by the Department for Work and Pensions for the purpose of benefit payments).

Where reasonable efforts to identify the person or persons with legal authority to make financial decisions on your behalf have been unsuccessful. The Council will make the necessary arrangements to assume this role for the purposes of financial assessment.

## 10. Capital Limits

The capital limits refer to the levels of capital and/or savings to qualify for Council funded care and support services. If you have capital above the capital limit, you would not qualify for Council-funded care services. The following list gives examples of capital. This list is intended as a guide and is not exhaustive.

- In bank or building society accounts, no allowance is made for deferred expenditure

- In National Savings bank accounts
- In PEP or ISA accounts
- In save-as-you-earn (SAYE) schemes
- In cash
- As Bonds or National Savings Certificates
- As stocks, shares, trust funds and investments; invested in property, building and land (rental income will be included); and which someone else is holding on your behalf.

When determining the classification and/or treatment of an asset in the financial assessment, the Council will consider each individual asset that you own on its merits, guided by relevant legislation, regulations and statutory guidance where appropriate.

The value and treatment of capital will be based on the guidelines set by the Department of Health and Social Care. For 2024 to 2025, the upper limit is currently £23,250 and the lower limit is £14,250.

**The Council will ignore:**

- The mobility part of Disability Living Allowance or Personal Independence Payment
- War Pension or War Widow's Pension
- Payments to veterans, under the War Pension Scheme, are fully disregarded, with the exception of payments of Constant Attendance Allowance, which will be taken into account
- Payments you may receive under the War Pension Scheme who is not a veteran (e.g. surviving family members) only the first £10 per week is disregarded
- War Widow's special payment
- Child Benefit and Child Tax Credit
- The part of Attendance Allowance, Disability Living Allowance (care part) or Personal Independence Payment (daily living part) that covers your care at night
- Working Tax Credit
- Disabled Person's Tax Credit
- Maternity Allowance
- Payments you receive from a charity
- The savings part of Pension Credit
- Earned income from paid employment

The Council will require evidence of your income and capital and cannot accept redacted or amended documents.

## **11. Deprivation of Capital**

The term "Deprivation of Assets" refers to cases where you may have deliberately tried to avoid paying for your care and support costs through depriving yourself of assets - either capital or income. Where it is deemed that you have deliberately deprived yourself of a capital asset the Council may treat you as possessing the asset, and it

will be included in any financial assessment. The Council will, in instances where they believe deprivation has occurred, follow the Care Act 2014 statutory guidance.

## **12. Changes in an individual's financial circumstances**

The amount you need to financially contribute towards your care will usually increase every April, in line with the annual increase in state benefits and pensions. The Council will review the amount you have to contribute every April and will notify you in writing of any change to your contribution. However, if you experience any changes in your circumstances before April, for example your income or capital increases or decreases, you must tell the Council about the change immediately, so that the Council can review your contribution. The Council reserves the right to backdate any changes in your circumstances to the date the change occurred, which could result in you being billed for backdated charges.

## **13. Living Expenses - Residential Care**

If you are living in a care home, then you are entitled to a Personal Expenses Allowance (PEA) of £30.15 a week (2024-25.) This amount has been set by the Department for Health and Social Care and is reviewed annually. The PEA is deducted from the assessed charge. The PEA is to cover the cost of items such as newspapers or toiletries and should not be spent on care or support.

## **14. Treatment of property - Residential**

The financial assessment will take into account the value of any property that you own 12 weeks after you go into the home permanently. The Council will always ignore the value of your home for the first 12 weeks of a permanent stay, if the capital is under £23,250 – this is called the 12-week property disregard. However, this does not apply if you have previously funded your own care fees.

If you are eligible for the 12-week property disregard, the Council will need to carry out a financial assessment to work out your contribution for this period, from your income and capital under £23,250. If you are a property owner and you do not have capital above the capital limit for funding set by the Department of Health and Social care, currently £23,250, you can apply for a 12-week property disregard. However, this is only applicable if you have the needs of a certain level which means that you are eligible for residential/nursing care and your needs cannot be met in the community.

If eligible, this means that for the first 12 weeks of your stay at the care home, the Council will ignore the value of your property. However, you will have to pay a financial contribution in this 12-week period based on a financial assessment of your income and capital between £14,250 and £23,250. The 12-week property disregard does not apply to second homes.

If the property is sold within this 12-week period, the disregard ceases to have effect from the date of sale and the proceeds will be counted as capital. Following the sale,

if you have more than £23,250 in capital, you will be expected to fund your care privately with the relevant care home, from the date the property was sold.

## 15. Deferred Payment Agreement

If you cannot pay the full cost of your long-term care, either because your property has not yet been sold, or because you do not want to sell your property, the council can enter into a deferred payment agreement with the you.

In accordance with the Care Act 2014, and effective from 1 April 2015, the Department of Health and Social Care requires all local authorities in England to offer a standard universal deferred payment agreement scheme to those who are eligible. This replaces any previous discretionary powers.

A deferred payment agreement is an arrangement with the Council that will enable you to use the value of your homes to help pay for your care. In accordance with the Care Act 2014, and effective from 1 April 2015, the Department of Health and Social Care requires all local authorities in England to offer a standard universal deferred payment agreement scheme to you if you are eligible.

This replaces any previous discretionary powers. A deferred payment agreement is an arrangement with the Council that will enable you to use the value of your home to help pay for your care home costs. If you are eligible, the Council will work out how much you can afford to pay each week towards the cost of your care home fees, based upon your income and available capital. The Council will then pay the difference between your 'assessed weekly contribution' and the actual cost of the care home. You will still have to make a weekly contribution, to Hillingdon Council, based on your income and available capital. The Council will send you monthly bills for the contribution that they have assessed you as having to pay.

The part that the Council pays on your behalf is the 'deferred payment' amount. Any deferred payments build up as a debt and will be secured against your property using a legal charge. This debt is repaid when your house is sold or when your residential setting ends. A deferred payment agreement means that you should not have to sell your home, in your lifetime, to pay for your care home bills.

The deferred payment agreement only becomes active when a legal charge has been placed on your property to secure the Council's interest. You will only be charged the full cost of your care until the legal charge has been confirmed. Once confirmed, the Council will reassess you based on your income and capital.

Deferred payment agreements will suit some people's circumstances better than others and not everyone will be eligible. You should be eligible for a deferred payment agreement if you are in or moving into a residential or nursing care home on a long-term basis and:

- You have been assessed by adult social care as needing that care
- You own your own home, and it is not occupied by a spouse or dependent relative

- You have capital, including savings and investments, of less than £23,250
- This will be established through a means tested financial assessment

Permission may be refused in certain circumstances e.g. where there is insufficient security or a lack of engagement with the Deferred Payment Scheme process.

Once you enter into a deferred payment agreement, interest will apply from the start date of the agreement to any deferred amount. Interest will be compounded on a daily basis. The interest rate is based upon the cost of government borrowing and is expected to change every six months; on the 1 January and 1 July each year. The Council will send you regular statements to show the amount of care charges deferred and the amount of interest payable.

A one-off administration fee is required to cover the Council's costs in setting up the agreement. More information regarding the deferred payment scheme and the application form for the scheme can be found at:  
[www.hillingdon.gov.uk/financialassessment](http://www.hillingdon.gov.uk/financialassessment)

While payments are being deferred, you can rent out your property but the rental income you receive, less some expenses, will be included in your financial assessment for your contribution towards care fees.

From 1 April 2015, the 12-week property disregard no longer applies if you have been paying your own care fees in a residential or nursing setting but later need financial help from the council because most of your savings have been used up. The council will expect you to start contributing towards the cost of fees from the value of your property straight away.

This is because, according to the government, you should have had time to sell your property (or make other arrangements such as securing a bridging loan or renting the property out) whilst paying your own care home fees and would have been able to foresee that your money was running low. The 12-week property disregard is designed to protect people from unexpected changes in circumstances. However, if you own more than one home or have a financial interest in more than one home, you may not qualify for a property disregard.

If you are already in receipt of Attendance Allowance, Disability Living Allowance (care component), Severe Disablement Premium or Pension Credit or the daily living component of the Personal Independence Payment, you may continue to receive these benefits. They will be included in your financial assessment. If you are not in receipt of these benefits, you can claim Attendance Allowance, if you are over state pension age or Personal Independence Payment if you are under state pension age. Again, they will be included in your financial assessment. You or your legal representative are responsible for notifying the Department for Work and Pensions of any changes in your circumstances.

It is advisable that you speak to a financial adviser or seek advice from an independent organisation before entering into any financial agreements. Please note that you may be charged for independent financial advice.

## 16. Top Up Payments

If you are eligible to receive help from the Council, in relation to paying for care home fees, and it has been agreed that a place in one of our contracted homes will not meet your needs; the Council will help you find somewhere more suitable.

### Third party top up

If you choose a home, which costs more than the amount the authority can pay, a third party can agree to pay the difference.

This extra cost is in addition to your client contribution and is referred to as a 'third party top up.' The top up must be paid directly to the home by someone else other than yourself who is receiving the care.

Your chosen third party will need to sign an agreement called a third party top up contract with the local authority. If they fail to pay the top up directly to the home, the Council may ask you to move to another home within local authority rates.

Very rarely, charities or benevolent societies may help you with any shortfall. This will depend on you meeting their conditions for help. You will need to source this assistance independently.

### Self-Top up

You can choose to make a 'top up' payment yourself in the following circumstances:

- Where you are subject to a 12-week property disregard
- Where you have a deferred payment agreement in place with the council
- Where you are receiving accommodation provided under S117 for mental health aftercare

## 17. Charging for Non-Residential Care and Support

There are rules around whether a financial contribution needs to be made by you towards care and support provided to you whilst living in your own home, this is also known as non-residential care. Non-residential care means all support and care that you receive whilst living at home, for example, home care, day care, outreach, respite care, support provided by a personal assistant and supported housing/living.

The amount that you will have to pay towards your care services will be calculated by a means tested financial assessment. If you have capital assets of more than £23,250, you will pay the actual cost of the care and support you receive. Capital assets are savings, stocks and shares, and other investments, not including the value of the house in which you live.

If you own or part own a property, other than the main or only home in which you live, the value of that property will be included in your financial assessment based on the percentage of ownership.

Please note that if you are in the UK under a sponsorship, the person who arranged for you to live in this country will be liable to pay the full cost of your care service.

If your savings and investments are below £14,250 and your income is at or below the basic Income Support or Pension Credit level, you may not have to contribute towards your care cost. If your income is above the basic Income Support or Pension Credit level, you may be assessed to contribute towards the care and support you receive.

## **18. Living Expenses - Non-Residential**

If you receive care and support outside a care home you will need to pay for your general living costs, such as: food, utilities, daily activities and clothing. To ensure that you can meet your general living costs, when a financial assessment is carried out, you must be left with a weekly minimum income guarantee (MIG) amount, as set out in The Care and Support (Charging and Assessment of Resources) Regulations 2014. The MIG amount is reviewed each year by the Secretary of State for Health and Social Care.

## **19. Housing costs**

If you pay a mortgage, service charge, rent (net of housing benefit) or council tax, ground rent and maintenance charges for Lease Holders (unless these costs are part of ordinary weekly expenditure). The Council will take these from your income before they work out your contribution. Your rent and council tax payments are the amounts you have to pay after any related benefits have been taken off your income.

If more than one person lives in the household the costs will be apportioned.

## **20. Disability Related Expenses**

If you receive Attendance Allowance, Disability Living Allowance (care part) or Personal Independence Payment (daily living part) and you have any extra spending due to your disability or being frail, the Council may be able to include the expenditure in your financial assessment. The Council will need to ask you how these extra costs relate to your disability or being frail and will ask for proof of your spending on these items in the form of receipts, bills and invoices covering a three-month consecutive period.

### **The Council may make allowances for:**

- Specialist washing powders or laundry
- Extra costs of bedding
- Special dietary needs
- Special clothing or footwear

- Extra heating costs
- The reasonable cost of basic garden maintenance
- The reasonable cost of cleaning or domestic help
- Private chiropody (foot care) services
- Buying disability-related equipment privately
- Transport costs

**Please note this list is not exhaustive.**

## **21. Operation of the Council's Charging Policy**

Any charge will start from the day that service commences.

If you are assessed as able to contribute to your services, you will be required to make a financial contribution up to the whole amount of the personal budget/cost of your care subject to your financial assessment.

Where you receive support from two paid carers at the same time, you will be expected to pay the full charge of both carers up to your maximum contribution as calculated in the financial assessment. This is called a double up service.

There will be a minimum charge of 30 mins per home care call with charges made per minute thereafter. There will be no maximum charge: you will pay up to the value of your personal budget/cost of care subject to your financial assessment.

If your Care Provider increases the cost of your care service(s), your contribution may also increase from the start date of the change. The changes may take place retrospectively. You will be notified through the monthly invoice.

Home care calls will still be charged unless cancellation has been made directly with the care provider. The provider requires you to provide them with 24hrs notice to cancel or they will still impose a charge.

If you do not agree with the level of care you have been invoiced for, the first step is to contact the care provider to seek a resolution. If this fails, then you can register a formal complaint with the council. Full payment is expected while an invoice is being disputed. Credits will generate if any actuals are amended by the provider

Care charges will still apply for someone residing in a placement and admitted to hospital providing their room within the care/nursing home remains allocated to them.

## **22. Transport Costs**

The Council may choose to charge for some eligible elements of transport services, if this is the case, you will need to also pay your assessed care charges over and above this flat rate.

## **23. Charging for Technology Enabled Care**

If you are receiving technology enabled care (TEC) as a form of preventative support, you may be charged a weekly fee based on the level of TEC being used to cover the costs of monitoring and any response service.

Where TEC is included in your care package, the costs of monitoring and any response service may form part of your financial assessment.

## **24. Charging for the arrangement of care for full cost paying residents**

There may be occasions when a resident funding their own care in their own home asks the council to arrange their care. This could be for a variety of reasons such as the person finding the system too difficult to navigate or wishing to take advantage of the local authority's knowledge of the local market of care and support services.

If you are funding your own care, you can ask for support from the council to meet your needs, this support will include the provision of information and advice on different options.

Where the council agree to support you in meeting your needs in your own home, an arrangement fee will be charged.

The arrangement fee will only cover the following costs incurred by the council

A Set Up Fee of £485 payable at the start of services, this cost will cover:

- Identifying providers of care and support
- Negotiating rates and times with individual providers for care to be delivered
- Putting the appropriate contracts in place
- Setting up methods of payment for resident pay for their services (e.g.: direct debit)
- Paying resident's care and support providers
- Dealing with any queries relating to resident's services
- Monitoring resident's services to ensure they are receiving the agreed support from their providers
- Invoicing resident for the cost of their care and our administration fees, and collecting this money from resident

An Annual Arrangement Fee of £263 payable each year thereafter, this cost will cover:

- Paying the resident's care and support providers
- Dealing with any queries relating to the resident's services
- Monitoring the resident's services to ensure they are receiving the agreed support from their providers
- Invoicing the resident for the cost of their care and our administration fees, and collecting this money from the resident

If you are in residential care and are responsible for funding your own care, the council will not arrange your care unless you lack capacity or there are other reasons that require the involvement of the council.

## 25. Safeguarding

Under the Care Act 2014 the Council has a duty to safeguard adults at risk of abuse or neglect, which includes financial abuse. In these situations, in accordance with the Council's Safeguarding procedures the Council may need to share information with the Office of the Public Guardian or the Department of Work and Pensions on any state benefits you receive.

## 26. Debt Recovery and Fraud

The Council will calculate the amount you must pay towards your care and support using government legislation and guidance. If you are financially assessed to pay for all or part of your care costs, you have a liability to ensure payments are made to Hillingdon Council on time.

Following your financial assessment, you will be sent an invoice for your contributions. Further invoices will be sent to you every four to five weeks. The invoice will set out clearly the period covered and the amount you need to pay. Where possible, the council will collect charges for care and support via a direct debit straight from your bank account. Alternatively, you can pay in one of the following ways:

- via the council website by visiting [www.hillingdon.gov.uk/social-care-charges](http://www.hillingdon.gov.uk/social-care-charges) and following the online instructions
- via a standing order straight from your bank account
- using our automated telephone payment line – 01895 556699
- by bank transfer, cheque or cash payment at a bank

If you are in receipt of a direct payment, the charge will be deducted directly from the direct payment which will then be paid net of the charge.

Hillingdon's most cost-effective and efficient method of invoicing is via email. You are encouraged to provide an email address for billing and communication purposes, which will help facilitate timely payment of care charges.

If you do not pay your charges for care and support, the council we will firstly try to establish the reason for non-payment and take the appropriate action to resolve any problems that have prevented payment.

After all initial avenues of recovery have been explored the council will commence the debt recovery process. The debt recovery process includes digital debt collection campaigns, letters, telephone calls and face to face visits to attempt to resolve the issue. After all available avenues of recovery have been explored, legal action will be considered. Any court action will be via the County Court, legal costs and interest may accrue, as a result of any court action taken.

Where you have appointed an attorney or deputy to make financial decisions with you or for you, the attorney or deputy is required to consider and engage with any debt recovery on your behalf. A referral to our Safeguarding Team may be made, if it is thought that your legal representative is not acting in your best interests.

Where it is deemed that you are lacking capacity and have no attorney or deputy and have substantial debts, then an application to the Court of Protection for a deputy is required.

Where you may have difficulty in understanding the options available to you, the Council will consider the need for independent advocacy in accordance with Statutory Guidance.

If you have any difficulty in making payments, you must contact the Corporate Collections Team without delay. Their telephone number is 01895 250345. Please do not ignore your liability to pay for the care and support arranged for you. The Council will seek to protect public money from fraud, misuse, or deprivation of assets and will take robust action to recover any monies lost because of such unlawful activities.

## **27. Appeals**

If you think the contribution is wrong, you can request an appeals form. The request must be made to the Financial Assessment Team within 28 days from the date of your financial assessment notification letter. You can email the Financial Assessment Team: [financialassessment@hillingdon.gov.uk](mailto:financialassessment@hillingdon.gov.uk) or call 01895 250207 or 01895 556278 or 01895 250882.

## **28. Complaints**

If you think that you have not been dealt with properly and you want to make a complaint or comment, you should first speak to the member of staff you are in contact with or their manager. If you cannot settle the problem with them, you can contact the council's complaints department by: Telephone: 01895 277800  
Web address: [www.hillingdon.gov.uk/complaints](http://www.hillingdon.gov.uk/complaints)

## **29. Reviewing the Policy**

This policy will be reviewed regularly. This will consider learning from complaints, compliments and concerns, from anyone that uses the Councils services and their families. Fees and financial levels are correct at the time of publication.