



Norfolk County Council

Your guide to charges for home care and other non-residential care services

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Unlike healthcare from the NHS, social care services are rarely free, Norfolk County Council charges people who use their Non-Residential care services, in line with guidance in the Care Act 2014. Paying for care can be complicated.

This guide will help you through the process. It gives information about getting help with paying for care in your own home, as well as advice for people who can pay for themselves.

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What is non-residential care?

If you need support to help you stay independent in your own home, such as help with bathing, eating and managing your medication, or help to do things around your home and in your local community, you could need Non-Residential care.

Non-Residential care covers all the social care services the council provides apart from those that are provided by care homes. It's made up of:

- Home support – this helps people in their own home. It helps with daily activities that people find difficult, like washing, dressing and preparing meals.
- Day care – this gives people with illness or disabilities the opportunity to meet others socially, take part in activities and enjoy some food and a drink in a supportive and safe environment.
- Day services – these help people with learning difficulties or mental health issues get help and support to carry out everyday activities. This includes learning new skills, enjoying hobbies, meeting others, going out on trips and taking part in leisure activities that help make people more independent.

If you need support to live in your own home, our social care staff will talk to you about what you find difficult to do and will assess your needs. With your permission, they will also talk to other people, such as your relatives, other carers, hospital staff, district nurse and your doctor or hospital consultant.

How much will I have to pay for care?

This depends on your financial circumstances. You will need to tell us about your income. You will also need to tell us about any capital you have – this is the savings, bonds and other money or property you own. We can then work out how much you will have to pay towards your care.

The amount we ask you to pay will be based on your own income and capital. This means your wife, husband or partner won't have to pay. If you have any joint savings or income with your partner, such as joint benefit claims, we will count half of this as yours and include it when working out how much you have to pay.

If you have more than £23,250 in savings and investments, including any property that you don't live in, you will have to pay the full cost of your care.

We ignore some types of capital – for example, Japanese Prisoner of War payments and certain types of investment bonds that include life insurance. These won't count when working out how much money you have, but you still need to tell us about them.

If you have less than £23,250, what you will pay is based on both your capital and income. We will give you a financial assessment to work out the maximum weekly amount you need to pay for your care.

When we work out how much you have to pay for your non-residential care, we need to make sure that you are left with a certain level of income to cover your living costs such as food and bills.

This is called the Minimum Income Guarantee (MIG) and the level is set by the Government. We also need to make sure that you have money for things that you need because of your disability and leave you some money for any housing costs that are not already covered by housing benefit.

If your income is below the MIG for your age group, we won't ask you to pay towards the cost of your non-residential care services. See page 6 for more information about MIG.

We have a team of staff who will be able to give you welfare benefit advice and can check if you are getting all the benefits you are entitled to. If you are not getting all the benefits, we can help you make a claim.

If you are getting a service from Norfolk County Council, we can help you fill in a financial assessment form. We will:

- Explain our charging policy and how it will affect you
- Tell you how much you will pay towards the cost of your care
- Answer any questions you have about the amount you must pay towards the cost of your care
- Share any relevant information with the Department for Work and Pensions.

Capital

Capital includes money in bank and building society accounts, stocks, shares, bonds, National Saving Certificates, Premium Bonds, and cash. In some cases, houses, property, and land can also be included.

When working out how much you have to pay, we don't take the value of the house you live in into account. However, if you own or partially own more than one property, we do take the value of these other properties into account.

When we work out how much you will have to pay, we treat some of your capital as income. If you have capital of between £14,250 and £23,250, we add £1 a week to your income for every £250 you have. We call this 'savings income'. We ignore capital of £14,250 or less.

If you have capital of £14,250 or less, you will probably still have to pay something towards your care as we also take your income into account when doing our financial assessment.

Can I avoid paying for care by giving away my money or assets?

The financial assessment is designed so that we don't ask people to pay more for their care than they can afford.

However, as the costs of care can be quite high, we can understand why some people consider giving away their home or money, perhaps to relatives, friends or charities, so that these won't be taken into account in the financial assessment.

Unfortunately, there are serious implications to 'gifting assets' in this way, for both the person giving away the assets and the person receiving them.

Where someone deliberately tries to avoid paying for care and support by reducing their assets - such as money, property, or income – we call this 'deprivation of assets'.

There are lots of different things that can count as a deprivation of assets, such as:

- giving away a lump sum of money
- suddenly spending a lot of money in a way which is unusual for your normal spending
- transferring the title deeds of your property to someone else
- putting money into a trust or tying it up in some other way
- using savings to buy possessions, such as jewelry or a car, which are not included in the financial assessment
- gambling the money away.

We know how important it is for people to give gifts to their family and to plan for the future and there may be a very good reason why someone no longer has an asset. We therefore look very thoroughly at every case. There are two things we look for:

- Whether avoiding paying for care and support was a significant reason for giving away your asset
- Whether you knew at the time that you needed or may need care and support.

If we have evidence that it's more likely than not that you have deliberately reduced your assets to avoid paying for your care, we can either include the assets you no longer have in the financial assessment or claim care costs from the person who now owns the asset.

If you're thinking about gifting any assets, particularly transfer of a property, please seek legal advice to make sure it's done properly.

Income

Income includes state benefits such as the state retirement pension, Employment and Support Allowance, Pension Credit, annuities, and occupational pensions.

It is important that you apply for all the benefits you are entitled to get, to help you pay for everything you need, including your care. We can help you claim benefits.

We take most income into account. However, there are some types of income that we completely ignore and others where we only take a part of the income into account.

We ignore the first £10 per week of the following:

- War Widows and War Widowers pension
- Survivors Guaranteed Income Payments from the Armed Forces Compensation Scheme (SGIP)
- Civilian War Injury pension.
- Payments to victims of National Socialist persecution (paid under German or Austrian law).

We also ignore:

- War Disablement Pension (except Constant Attendance Allowance)
- Disability Living Allowance / Personal Independence Payment - Mobility component
- War Widows Special Payments – introduced in April 1990 for ‘pre-1973 War Widows’
- Christmas bonuses
- Charitable and voluntary payments that are paid regularly

Minimum income guarantee

We make sure you have a minimum income guarantee (MIG) every week to pay your day-to-day living needs such as heating, lighting, water, food and anything else you need for your home. The MIG from April 2023 is:

- £228.70 per week up for people over State Pension age
- £199.67 a week for people aged 18 to State Pension age

We also need to make sure you can pay for any rent or council tax that is not already covered by your housing benefit or council tax support. We will leave you money on top of the MIG to pay for these.

If you have **less than £23,250** in savings and investments, and your weekly income is **less than the minimum income guarantee (MIG) for your age group**, we will not ask you to pay towards the cost of your care service.

Disability related expenses (DRE)

Disability related expenses (DRE) are extra costs you might have which are directly related to your illness or disability.

Once we have looked at your basic costs, we then take into account the amount you spend on disability related expenses. If you have disability related expenses, it reduces the amount we ask you to pay towards your care.

Disability related expenses must be directly related to people's disability or illness and be more than the average cost that a person without a disability or illness spends on the same item.

You can claim something as a disability related expense if:

- You are in receipt of a disability benefit such as Disability Living Allowance – care, Personal Independence Payments – daily living or Attendance Allowance.
- It's something that is necessary to you. This means it's not a choice and your day-to-day life would be negatively affected if you did not pay for the expense.
- The costs are reasonable. This means if it costs more than the amount an average household would pay for the same item
- It is directly related to your disability, medical condition, or care need.
- The cost cannot be met by any other means, such as being included in your Personal Budget or via grant.

You can't claim for things that the NHS pay for such as wheelchairs, specially made boots/shoes or podiatry for people with diabetes, peripheral arterial disease, and rheumatoid arthritis, etc. If you need these things, please speak to your GP.

Here is some more information about what we can include as disability related expenses and the type of proof we need to see:

- Basic cleaning or domestic help that is not included in your care plan and where you have no one who can help you for free.
- Basic garden maintenance that is not included in your care plan.
- Special or additional clothing or footwear you need because of your illness or disability. This would need to cost more than average cost of clothing or footwear. We cannot include this if it's something that the NHS provides.

- Community alarms.
- Some special equipment and repair or maintenance of equipment if this is not available from NHS or Adult Social Services.
- Utility costs (electricity, water, gas, or other fuel) above the national household average for your household's income.
- Incontinence items not paid for by, or available from, the NHS. We may ask you prove that you have had an evaluation from the NHS Continence Clinic.
- Internet access for blind, partially sighted people or people who live alone and are socially isolated. We may have to ask Adult Social Service to confirm that you need this.
- Any other items that you need, with reasonable costs, that directly relate to your illness or disability, for example:
 - Specialist washing powder or laundry costs
 - Chiropody/podiatry not provided by the NHS
 - Special food to meet your dietary needs that cost above the national average for food
 - Service animals, including genuine companion animals – limited to reasonable basic insurance, yearly vaccinations, and flea/worm treatment costs.
 - Mobile phone, laptop, and tablets - special equipment, software, or apps only

How and when do I pay you?

When we have worked out how much you need to pay for your care, we will send invoices to you or the person who helps you with your finances. The first bill may be a large one as it will be backdated to the date you started to have the care. After that, we will send you invoices every four weeks. We will tell you how much you must pay.

A simple way to pay is to ask the Department for Work and Pensions (DWP) to pay your pension and other benefits directly into your bank account. You can then arrange a direct debit from your bank account to pay us. We can send you this form. Payment will usually be every four weeks. You will continue to receive invoices if you choose to pay by Direct Debit. Payment is taken from your bank account 14 days after you receive the invoice.

Alternatively, you can ask the Department for Work and Pensions to pay us directly from your benefits. Please contact the Financial Assessment Team on 01603 222133 option 3 to talk about this.

The amount you must pay may change each year in line with fees and benefits.

If there is any change in the amount of money you have – if you inherit some money, for example – please let us know straight away. This is so we don't charge you too much or too little.

What if I have difficulty with money?

Managing money is complicated and many people will find it difficult to understand it all. If you are not sure about something or would like to see what it all means for you, we suggest that you go to see a **financial adviser or a solicitor**. They can help you work out what would suit you best.

If you would rather that someone else sorted things out for you, there are several ways of doing that.

You can ask someone to get your pension for you. This person will need to be an agent or appointee. To find out about which would be the right thing for you, please talk to the Department for Work and Pensions.

Our Client Hardship Service team can help you with budgeting advice and support, managing your debt, and benefit entitlement. You can contact them by email chs@norfolk.gov.uk or telephone 01603 306131 Option 1.

If you would like someone to manage all your financial affairs for you, then you can ask a solicitor to set up a **Lasting Power of Attorney** for you, or you can set this up yourself online at www.gov.uk. This means that the person or people you choose will then manage all your finances for you.

However, you cannot use a Lasting Power of Attorney if you are not able to give instructions to the person who is managing things for you, that is, if you are confused and cannot legally agree to this.

Finally, you should be aware that if you become unable to manage your own affairs, your relative or solicitor could apply to the **Court of Protection for a Deputyship Order**.

The appointed Deputy will be able to look after all your finances on your behalf. This might be the case if, for example, you had Alzheimer's disease.

What if I disagree with my financial assessment?

Everyone can ask us to look again at the amount we have asked them to pay towards the cost of their care. People can also ask us to take another look at their disability related expenses (DRE), if they think something is incorrect.

You may wish to point out any mistakes that you think we have made. You may think we have made a wrong decision because we have missed some information, or we do not know something about your circumstances, including any exceptional expenses because of an illness or disability. If so, please contact us on **01603 222133, Option 2** and let us know what you think is wrong.

We will then look at your charges again and correct any errors where we can. If our original decision is found to be incorrect, we will update your contribution and tell you the revised amount.

If our decision is found to be correct, we will tell you why. If you are still not satisfied with the decision, you can appeal against it.

Appeal process

The appeal process has two stages:

Stage 1

If you want to appeal against your financial assessment, you need to put the reasons you disagree in writing or email to the financial assessment team. A senior member of this team will then consider your request based on the evidence you provide.

We aim to complete this review in 14 working days from receiving your request.

If the senior member of the financial assessment team agrees to change your assessment, we will amend your financial details and write to you telling you what your new contribution will be and when it will start from.

If they disagree with your reasons for the appeal, we will write to you and pass your evidence onto Stage 2 of the appeal process. If you have an additional evidence to submit at this point, you can do so.

Stage 2

The financial assessment manager will give all the information you have provided to the complex case review panel (CCRP) for them to look at. The CCRP meets twice a month.

The CCRP is made up of Senior Finance Managers, Senior Adult Social Care Managers and NP Law.

You won't need to come to the CCRP meeting, and we will write to you to tell you the outcome of your appeal.

We aim to reply within 14 days of the date the group meets.

The complex case review panel will review your charge to make sure that:

- We have raised your charge in line with our charging policies
- We have followed the correct procedures when working out your contribution
- We are fair to other service users who we have assessed and charged in similar circumstances

During your appeal

The complex case review panel might ask you to give them more information about your financial assessment. If so, they will give you time to prepare this information.

While your appeal is being considered, we will carry on sending you invoices based on your original financial assessment. You should continue to pay any invoices to avoid running up any debts on your account.

If your appeal is successful and CCRP reduces all or part of your contribution, any overpayments you have made on your account while your appeal was being considered will be either refunded to you or credited to your account.

If your appeal is rejected, we will tell you the reasons why it was unsuccessful, and we will base your financial assessment on the original information you gave us.

If you are still not satisfied with your financial assessment after the appeal process, you can make a formal complaint to Norfolk County Council's compliments and complaints team.

- Web: www.norfolk.gov.uk/complaints
- Email: complimentsandcomplaints@norfolk.gov.uk
- Phone: 0344 800 8020 (local rate)
- Text: 07789 920916
- Letter: (or by filling in a complaints form) and posting it to: Compliments and complaints manager, FREEPOST IH 2076, Norwich NR1 2BR
- In person at County Hall, Martineau Lane, Norwich, NR1 2DH

More help and information

For more help or information on any of the information in this leaflet, contact us on **0344 800 8020**.

We can give you:

- Information about the care and support we can provide
- Advice on how to access services
- Copies of this and other leaflets - including large print, tape, Braille and translations
- Urgent help at any time - not just office hours

If you are in hospital, please ask ward staff to contact the hospital social work team.

For community care information, you can also visit our website www.norfolk.gov.uk

For more information on charging for Non-Residential care, contact the financial assessment team on:

- Phone: **01603 222133** Option 2
- Email: fab@norfolk.gov.uk



If you would like this document in large print, audio, Braille, alternative format or in a different language, please call **01603 222133** or **Textphone: 01603 763585** and we will do our best to help.