



Royal Borough of Windsor and Maidenhead

ADULT SOCIAL CARE CONTRIBUTION POLICY 2022

**Policy for calculating an individual's contribution to their Personal
Budget**

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1. CONTEXT

- 1.1. In 2011, the then Department of Health introduced a policy known as “self-directed support”. Under this policy, residents can receive a Personal Budget to meet their eligible social care needs. A Personal Budget may be managed by the council on behalf of the residents or managed directly by the resident or their financial representative.
- 1.2. A resident may have financial resources of their own which they can use to contribute towards their Personal Budget. If the resident’s financial resources are less than their Personal Budget, the council will fund the difference by topping up the resident’s own resources to the level of their Personal Budget. When a resident or their representative is managing their Personal Budget, this top may be made by a direct payment to the resident.
- 1.3. This document sets out how the council will assess a resident’s financial resources, and calculate their ability to contribute towards, or fund, their Personal Budget.
- 1.4. A resident can use their Personal Budget to purchase services such as homecare, day care, overnight residential respite services of up to 28 days per annum and other support services that they require in order to meet their care needs. They may also use this budget to meet their requirements in other ways that suit their individual circumstances.
- 1.5. This policy does not include residents in temporary residential and nursing care who have exceeded their annual overnight residential respite allowance, or who are in permanent residential or nursing care. However, these residents are still required to be financially assessed under the 2014 Care Act. For more detail regarding the financial contribution for overnight resident respite that is included in the Personal Budget, please see paragraph 2.27.
- 1.6. This policy does not include residents who are yet to enter the self-directed support process, such as residents in receipt of short term rehabilitation services, or initial/temporary care packages.

Statutory framework

- 1.7. The statutory framework covering this contribution policy includes:
 - The Care Act 2014, Section 14, 17, 69 and 70
 - The Care and Support (Charging and Assessment of Resources) Regulations 2014
 - The Care and Support Statutory Guidance.
- 1.8. Consideration should also be given to the Equality Act 2010 and the Human Rights Act 1989.

2. THE FINANCIAL ASSESSMENT PROCESS

- 2.1. The financial assessment process will begin once an Optalis social work practitioner has assessed a resident as likely to require a Personal Budget. At this stage, the resident will be informed of the need to complete a financial assessment and referred to the council's Financial Assessment Team who will contact the resident to start the process.
- 2.2. Residents will be helped with the completion of the financial assessment form either by phone or office appointment. By exception, a home visit may be arranged. Where appropriate, the resident will be offered welfare benefits advice. If entitlement to additional benefits is identified, the Financial Assessment Team will advise on the best method of claiming these additional benefits. Such benefits could include Pension Credit, Employment and Support Allowance, Attendance Allowance, Disability Living Allowance, Personal Independence Payment, Carers Allowance, Housing Benefit and Council Tax Support.
- 2.3. Following the completion of the financial assessment, the resident will be advised in writing how much they are required to contribute towards the cost of their Personal Budget, along with a statement of how the contribution has been calculated. In some cases, residents may be required to fund, in full, their Personal Budget. Residents have a right to be re-assessed if their circumstances change.

Roles and responsibilities

- 2.4. The social care practitioner in Optalis will ensure that the resident is provided with guidance and advice when completing the Care Assessment. The practitioner will also explain that the person will need to have a financial assessment and may need to pay some or all of the cost of their care and support. They will ask the person to sign to say that they understand they will be referred for a financial assessment.
- 2.5. The Financial Assessment Team will be responsible for ensuring that the resident is fully supported in understanding and completing the financial assessment forms.

Write offs

- 2.6. Where a resident believes that they cannot afford to pay their assessed contribution, they may contact the council for consideration to write off part or all of their assessed contribution. Where the resident is unable to act for themselves, a request for a write off may come directly from carers, staff, an advocate or others involved in the support of that resident.
- 2.7. Social care staff in Optalis, working in partnership with the council, who consider a write off is appropriate should contact their Head of Service. If the Head of Service considers that there are reasonable circumstances to write off part or all of the contribution, then these must be recorded in writing on the agreed proforma. The completed proforma will be sent to the Head of Commissioning – People Services for consideration. Where the write off is agreed, it will be recorded by the Debt Recovery Officer – Adult Social Care

and authorisation sought from the Head of Finance or Executive Director of Resources based on the value of the proposed write-off.

- 2.8. Each agreed write off will be recorded in an appropriate log held by the Social Care Finance Team.

Annual review

- 2.9. The financial assessment will be reviewed annually to take account of increases in benefits and other incomes which generally take place in April. The outcome of any uprating will be recorded on Paris.
- 2.10. Where the resident is in receipt of benefits paid at standard rates, the new up-rated amount will be substituted. Benefits paid at non-standard rates will be increased by the same inflator used by the Department of Work and Pensions (DWP) to up-rate benefits.
- 2.11. For other component parts of the financial assessment, such as occupational pensions, a percentage increase linked to Consumer Price Index (CPI) will be applied. For Council Tax, an average increase will be applied.
- 2.12. Changes resulting from the annual up-rating and the application of the Minimum Income Guarantee will apply from the date assigned to these changes.
- 2.13. An explanation and full details of the revised assessment will be sent to the resident, who will be asked to check the figures and contact the Financial Assessment Team if they are not an accurate representation of the resident's circumstances.

Reviews and changes in a resident's circumstances

- 2.14. Changes in a resident's financial position that may affect the amount of their contribution must be reported to the Financial Assessment Team. This specifically includes receipt of a new benefit, other changes of more than £5 a week to their income, changes of more than £5 in weekly expenditure, and changes of more than £1,000 in savings.
- 2.15. Residents may inform the council of lesser changes at any time and should do so promptly if they believe that a change may result in a reduction to their financial assessment and wish that to be applied immediately.
- 2.16. Residents who are financially assessed will be asked to complete a new statement of their financial circumstances every two years, at which point a further welfare benefits check can also be provided.
- 2.17. Following notification of a change or a review visit, a new financial assessment will be completed using the information provided.
- 2.18. If the revised assessment results in an increase in the weekly contribution of more than £5, the resident will be notified of the revised contribution and this will be backdated to the date the change in circumstances occurred.

- 2.19. If the revised assessment results in a decrease in the contribution, this will be applied from the date of notification.

Appeals against financial assessment

- 2.20. If the resident disagrees with their financial assessment, they should contact the Financial Assessment Team who will explain how the contribution was calculated and try to resolve the concerns. If the resident is still dissatisfied with the outcome following that discussion, an appeal can be lodged. Appeals should be in writing either by email or letter, clearly explaining why the resident disagrees with their financial assessment. If necessary, the Financial Assessment Team will support the resident to submit an appeal.
- 2.21. Appeals should be sent to the Financial Assessment Team who will arrange for the appeal to be forwarded to the Appeal Panel. The appeal is held internally by a panel made up of two senior officers, usually the Head of Revenues, Benefits, Library and Residents' Services and the Head of Commissioning – People. An acknowledgement letter will be sent on receipt of the appeal and a written response explaining the outcome of the appeal within 20 working days of the acknowledgement.

Complaints

- 2.22. The council operates a statutory social care complaints process. A resident can make a complaint at any time regarding the financial assessment or charging. More information on how to complain is set out in the council's [complaints procedure](#).
- 2.23. If a resident is still not satisfied with the council's response, they have the right to take their concerns to the Local Government and Social Care Ombudsman.

Exempt services

- 2.24. The following services are exempt from a contribution:
- Aftercare services provided under Section 117 of the Mental Health Act 1983.
 - Advice and assessment.
 - Sensory needs.
 - Services provided to sufferers of Creutzfeldt Jacob Disease (CJD).
 - Occupational therapy equipment.
 - Intermediate care services, including reablement for up to six weeks.
 - Services for carers.
 - Providing information and advice, assessment of needs and support planning.

Community and overnight residential respite care

- 2.25. Community care respite and overnight residential respite for up to 28 days per annum will be funded within the Personal Budget and the weekly assessed contribution will apply.

Delays in completing the financial assessment

- 2.26. If a resident unreasonably delays completing their financial assessment, they will be required to contribute to the full cost of their Personal Budget, until a financial assessment is completed. If a financial assessment results in a

lower contribution, consideration will be given to refunding the difference depending on the circumstances of the case. A direct payment cannot be made unless a financial assessment is completed.

- 2.27. Unreasonable delay will be determined on a case by case basis, but as a general rule, the council will expect the individual or their representative to return the statement of financial circumstances and any accompanying documentation within 14 days. Home visits may be arranged, by exception, to complete the statement.
- 2.28. If further information is required, then it is expected that this will be provided within two weeks of the date it was requested.

People who refuse to claim benefits to which they are entitled.

- 2.29. There will be occasions where a resident is clearly entitled to an additional benefit. If, following advice from the council's Financial Assessment Team, a resident refuses to claim a benefit within a reasonable timescale, the council may calculate the resident's contribution as if the resident were in receipt of this benefit.
- 2.30. This will take effect from the date the resident was advised to apply for the benefit or would first become entitled to that benefit, whichever is the later.

Projected contribution assessments

- 2.31. Where the Financial Assessment Team assists or advises on the application for a new benefit, the Team will complete an additional financial assessment based on the anticipated result of the new benefit application. The resident will be notified of the effect the new benefit will have on their contribution. The increased contribution will be backdated to the date the Personal Budget commenced or the date they become aware of the new benefit, whichever is the later. Payment of the increased contribution will not be required until confirmation is received that the new benefit has been awarded.

Self-deprivation

- 2.32. If a resident knowingly reduces their capital by, for example, excess spending or gifting, in order to avoid paying their contribution, this will be taken into account when carrying out the assessment. The contribution may be calculated as if the resident still holds the capital that had been given away or disposed of.

3. THE FINANCIAL ASSESSMENT

- 3.1. The financial assessment compares income against specified weekly expenditure allowances to determine the income available to contribute towards social care costs, see table 1.

Table 1: Calculation of maximum weekly contribution

Capital and savings		+ income
Individual's income and benefits		+ income
Total		+ Total income
<i>Less:</i>	Allowances	- Allowance
	Disability Related Expenses	- Allowance
	Allowable housing costs	- Allowance
		= Maximum weekly contribution

Note: Capital limits and savings tariffs are shown in Appendix A

Capital and savings

- 3.2. A resident who has capital/savings in excess of the maximum figure set out in the Care and Support Guidance to the Care Act 2014 will not be eligible for financial support from the council, see paragraphs 3.33-3.35 for eligibility for financial support.
- 3.3. Where a couple choose to be assessed jointly, twice the maximum capital limit will be applied to determine if the resident is above the capital limit and not eligible for financial support.
- 3.4. There is no requirement to ascertain additional details of the resident's financial circumstances once it is established that their capital/savings exceed the capital limits.
- 3.5. When the capital limits change, the Financial Assessment Team will write to all people whose services are arranged by the council and who have capital over the limit to advise them of the new limits.
- 3.6. Capital and savings can include cash, funds held in a bank, building society and Post Office accounts, savings bonds, premium bonds, stocks and shares, Individual Savings Accounts (ISAs), Personal Equity Plans (PEPs), and the value of land or property (other than the resident's main residence). This list is not exhaustive.
- 3.7. Ex-gratia payments made to former Far Eastern prisoners of war and payments made under the Vaccine Damage Payment scheme will be disregarded entirely as per the Care and Support Guidance to the Care Act 2014.
- 3.8. The treatment of different types of capital/savings will be in strict accordance with the guidance in the Care and Support Guidance to the Care Act 2014.

Property

- 3.9. The value of property not deemed the resident's main residence, for example, if they own two properties, will generally be counted as capital. However, it may be disregarded in certain circumstances as defined in the Care and Support Guidance to the 2014 Care Act.
- 3.10. Where a resident moves out of a property that they own into alternative accommodation, the owned property will no longer be regarded as the main residence and will be considered as a capital asset for the purposes of the financial assessment.
- 3.11. Where the resident's contribution towards the cost of their social care increases due to the inclusion of this asset within the financial assessment, the increased contribution may be deferred until the property is sold.
- 3.12. If the resident moved into the alternative accommodation on a trial basis and returns to their owned property within six months of moving out, the council may waive this increased contribution if requested by the resident.

Equity release schemes

- 3.13. Under these schemes, a homeowner will transfer the ownership or all or part of their home to a commercial or 'not for profit' organisation. Depending on the terms of the equity release, the funds released may be paid to the homeowner in full on the date of transfer, or may be translated into an annuity, or a combination of these.
- 3.14. Where an equity release results in the homeowner receiving an annuity or where payments are made by instalments, be they for life or for a fixed period, then all such payments will be treated as income, unless any of the following provisions apply:
- Where any part of the income or capital derived from an Equity Release Scheme is used to fund capital developments or disability related works to the property in question, the income used may be disregarded from the financial assessment. The resident must produce evidence to this effect in order to claim such a disregard.
 - Where the released funds are paid in instalments, the total value of all the instalments outstanding will be added to the total value of all other savings held by the resident. If this total exceeds the current Care and Support Guidance to the 2014 Care Act upper capital limit, the instalments will be treated as income and taken into account over a period equivalent to that which it represents – for example, a payment due to be made calendar monthly is taken into account for a calendar month. If this total is less than the current Care and Support Guidance to the 2014 Care Act upper capital limit, each instalment will be treated as capital.

Calculating an individual's income

- 3.15. Periodic payments and income accruing from personal injury compensation capital, including where personal injury capital is held in trust or administered

by a Court, will generally be disregarded in the financial assessment. However, if the compensation payment includes provision for social care needs, this may lead to an individual being compensated for the same care needs twice – once via the courts and a second time via social care funding. In such cases, the council will consult with their legal team and may not agree to provide funding for the care needs compensated by the personal injury payment.

- 3.16. The following income will always be disregarded in the contribution assessment:
- Earnings
 - Statutory Sick Pay, Statutory Adoption Pay and Statutory Maternity Pay or Allowance.
 - The mobility component of Disability Living Allowance and Personal Independence Payments.
 - Guaranteed Income Payments made to veterans under the Armed Forces Compensation Scheme.
 - War Pension Scheme payments made to veterans with the exception of Constant Attendance Allowance payments.
 - War Widows' Special Payments.
 - Charitable income and voluntary payments.
 - Savings credit element of Pension Credit.
 - Working Tax Credit.
 - A partner's disability related benefits.
 - Sub tenants – the first £20 per week disregarded.
 - Boarders – the first £20 of the income from boarders should be ignored, plus half of any balance over £20.
 - Winter Fuel and Cold Weather payments.
- 3.17. Carers Allowance or the Carer element of Universal Credit paid to a carer will not be taken into account in the resident's financial assessment.
- 3.18. Individuals whose capital/savings are less than the maximum figure, see Appendix A, but above the lower figure set out in the Care and Support Guidance to the 2014 Care Act will have a tariff income assumed, calculated in accordance with the rules specified in the Care and Support Guidance. The capital limits will be doubled where the resident apply for social care financial support is a member of a couple and chooses to be assessed jointly.
- 3.19. Currently, income of £1 a week is assumed for every £250 of capital above the lower limit.
- 3.20. All other income will be taken into account within the assessment along with any tariff income from savings/capital and unless stated otherwise in this document, the treatment of any such income will follow the Care and Support Guidance to the 2014 Care Act.

Allowances

- 3.21. To calculate a weekly allowance figure, the following will be allowed according to the resident's circumstances:

- The Minimum Income Guarantee as set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014.
- Assessed levels of disability-related expenditure.
- Housing costs.

Disability related expenditure

- 3.22. Allowances will be made for disability related expenditure in accordance with the Disability Related Expenditure Scheme, see Appendix B.
- 3.23. The overall aim is to allow for reasonable expenditure needed for independent living by the disabled resident. Items where the resident has little or no choice other than to incur the expenditure in order to maintain independence of life, will normally be allowed.
- 3.24. Costs arising simply from a matter of personal choice, where a reasonable alternative is available at a lesser cost, will not normally be allowed.
- 3.25. The social care practitioner or other professional may be required to confirm the need for disability related expenditure. Evidence of expenditure will be requested and there will be a requirement for evidence to be provided at each review.
- 3.26. Items for which a Social Fund Community Care Grant has been paid will not be allowed in the assessment.
- 3.27. In some cases, only a percentage of expenditure may be allowed if it is joint expenditure. If the expenditure is due to the fact that a carer is not able to undertake the task due to the amount of time they are caring, then 100% of the expenditure will be allowed.
- 3.28. Where a person purchases their own equipment outright, the purchase will not be counted as disability related expenditure. However, there would be an expectation that their capital would be reduced as a result and the reduced capital available to the person would be taken into account in their financial assessment determination.

Allowable housing costs

- 3.29. If the household is shared with other adults, the amount of housing cost items that will be allowed in the financial assessment will be on the basis that the costs are shared evenly by the number of adults in the household.
- 3.30. The following may be allowed depending on the resident's circumstances:
 - **Rent** (Eligible rent for Housing Benefit or Universal Credit Housing Element purposes, net of Housing Benefit/Universal Credit)
Where a resident is paying rent to a relative, an allowance for this amount will not automatically be allowed. This situation could arise where a resident is living in a relative's housing and is being charged rent, or where a relative rents a house to the resident. Housing Benefit/Universal Credit principles will be followed to determine whether a commercial

arrangement is in place, in which case an allowance for housing costs will be considered.

- **Council Tax** (net of Council Tax Support)
- **Mortgage** (net of amounts paid through Income Support/Pension Credit or Universal Credit Housing Costs)
The insurance element of an endowment mortgage will be allowed. If the resident is repaying arrears as part of their regular mortgage payment or is making an increased payment to reduce the length of their mortgage, the additional amount will not be allowed, except where the resident has no choice but to make those payments. Where the resident is receiving payment for their mortgage via their Income Support, Universal Credit or Pension Credit, but are required to make additional payment to their lender, these additional amounts are allowable as housing costs.
- **Service charges**
An allowance may be made for service charges that must be paid for under the terms of the lease and which relate to the provision of adequate accommodation. Accordingly, an allowance may be made for items such as management fees, insurance, repairs and cleaning of communal areas. Allowances will not be made for items that are considered normal day to day living expenses, such as heating, laundry and meals. An allowance for eligible service charges will only be considered if they are not already covered by Universal Credit, Housing Benefit, Income Support or Pension Credit. Where allowances are made, they will be made in line with Housing Benefit regulations.
- **House building insurance** for owner occupiers
An allowance will be made for building insurance, but no allowance will be made for contents insurance.
- **Home maintenance allowance** for owner occupiers (£11.00 per week for 2021-2022)
This will not be reduced proportionately for joint owner occupiers except where an individual assessment is made for a resident who is a member of a couple.
- **Non-dependant deductions**
A non-dependant is someone who lives in another person's home on a non-commercial basis. If the householder claims Universal Credit (housing costs), Housing Benefit or Council Tax Support, a non-dependant deduction is made against these benefits, the amount of which depends on the non-dependant's financial circumstances. It is expected that the non-dependant will make a contribution equal to the amount of the non-dependant deduction towards the rent and/or council tax. Where a resident is living as a non-dependant and a non-dependant deduction has been made, on application, an allowance equal to the non-dependant deduction(s) should be allowed as a housing cost for that non-dependant.

- 3.31. Where any housing costs includes items that are considered normal living costs, such as water charges, fuel costs, food etc, then this element will not be treated as a housing cost. Housing Benefit guidance will be followed.

The maximum and minimum weekly contribution

- 3.32. The assessment will compare the calculated weekly income against the specific weekly expenditure allowances to determine the income available to contribute towards the social care costs. This identifies the maximum weekly contribution that the resident can make.
- 3.33. The council also sets a minimum weekly contribution below which a contribution will not be collected. The minimum weekly contribution that will be collected is £1.50.

Eligibility for financial support

- 3.34. National guidance states that a council may refuse financial support in respect of social care to any individual with savings above the capital limit set out in the Care and Support Guidance to the 2014 Care Act.
- 3.35. People with savings above the capital limit will be responsible for funding their care and support in full, without financial support from the council
- 3.36. Where a resident is deemed not able to manage their own social care arrangements, the council will arrange and commission services on their behalf. The individual will, however, be required to pay the full cost of these services.

Assessment of couples

- 3.37. If a resident has a partner, they only need to provide details of their own financial situation, plus details of their share of jointly held resources, including joint accounts and joint income.
- 3.38. However, if both parties wish, they can provide full information about their combined financial situations to see if this will result in a lower charge. In this case, half of the couple's total income is taken to be available to the person applying for social care support.
- 3.39. Disability related benefits, such as Attendance Allowance, Disability Living Allowance and the severe disability component of Income Support and Pension Credit are payable specifically to cover extra expenses incurred by the person to whom they are payable. Consequently, a partner's disability related benefits will not be considered available to a resident applying for social care financial support.
- 3.40. Allowances will be based on:
- The appropriate Minimum Income Guarantee as set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014.
 - The resident's disability related expenditure.
 - Half of any housing costs.

Financial assessment of families that include dependent children

- 3.41. Where the resident's family income includes dependent children, a comparative assessment is necessary.
- 3.42. Where income is received in respect of the child(ren), which equals or exceeds the child(ren)'s based Income Support/Universal Credit allowances, plus the appropriate buffer percentage, the child(ren) will not be included in the financial assessment.
- 3.43. Where the income received in respect of the child(ren) is less than the Income Support/Universal Credit allowances appropriate to the child(ren), plus the buffer, then the child(ren) and any income paid in respect of them will be included in the financial assessment.
- 3.44. This ensures that the family as a whole is not left with less than basic Income Support/Universal Credit, plus the percentage buffer appropriate at the time.

4. CALCULATION OF THE CONTRIBUTION TOWARDS A PERSONAL BUDGET

4.1. Where the financial assessment shows:

- The resident is not able to contribute, the Personal Budget will be entirely funded by adult social care services.
- The maximum annual contribution – maximum weekly contribution x 52 weeks – exceeds the Personal Budget, the resident will contribute the full costs of the Personal Budget. That means that the Personal Budget will be entirely funded by them.
- The maximum annual contribution maximum weekly contribution x 52 weeks is less than the Personal Budget, the resident will contribute the maximum weekly contribution and the council will fund the remainder of the Personal Budget.

4.2. Where the resident is in receipt of a Personal Budget, but elects not to complete a financial assessment, they will be required to contribute to the full amount of their Personal Budget.

4.3. Items detailed in paragraph 2.26 will be excluded from the Personal Budget.

4.4. If the resident has savings over the Care and Support Guidance to the 2014 Care Act limits, and they are able to arrange their own services, they will be provided with information that will assist them in making their own arrangements.

4.5. If the resident has savings over the Care and Support Guidance to the 2014 Care Act limits, but is not able to arrange their own services, Optalis will organise the service but as the resident is not eligible for financial support, they will be required to pay the full cost of the services provided. They will also be required to pay a one-off charge of £305.00, plus an annual maintenance charge of £254.00 (2021-2022 amounts).

Note: if a resident requires home care, rather than a care home placement, they can still request Optalis to make the arrangements for them, even if they are able to arrange it themselves.

5. COLLECTION OF THE CONTRIBUTION

- 5.1. The method of collection will be determined by which means the resident chooses to receive their Personal Budget.

Direct payments

- 5.2. If the resident chooses to receive some or all of their Personal Budget via a direct payment and the direct payment amount is greater than the contribution amount, the contribution will be netted from the direct payment amount. For example, the four-weekly direct payment amount will be paid less the calculated four-weekly contribution amount.

Personal budget managed by the council

- 5.3. Those residents who choose for the council to manage their Personal Budget, including commissioning and paying for the services, will be invoiced over 13 four-weekly periods in arrears. The four-weekly sum is calculated by dividing the resident's assessed amount contribution by 13 periods.

Examples of collection contributions

- 5.4. Some examples of how contributions can be collected are set out in table 2.

Table 2: Examples

Example 1

Annual Personal Budget = £5,000

Annual contribution is £2,000, so adult social care funds £3,000

As part of their support plan, the resident requests commissioned services of £2,500 and a direct payment of £2,500.

The resident's contribution of £2,000 is offset against the direct payment.

The council commissions and funds services of £2,500 and a direct payment of £500, which, on a standard basis, would be paid equally over the year or as per a payment schedule agreed with the individual.

Example 2

Annual Personal Budget = £5,000

Annual contribution is £2,000, so adult social care funds £3,000.

As part of their support plan, the resident requests commissioned services of £4,000 and a direct payment of £1,000.

The resident is required to fund the £1,000 direct payment through their contribution and no direct payment amount is paid.

In addition, a contribution of £1,000 per annum towards the cost of their commissioned services of £4,000 is required.

The council will raise an invoice for every four week period to collect the £1,000 (£1,000/52 x 4 every four weeks) unless an alternative contribution collection schedule has been agreed.

The council funds £3,000 of commissioned services.

Example 3

Annual Personal Budget = £4,000

Annual contribution from resident assessed as £1,000 so adult social care will fund the £3,000 balance.

The support plan agreed with the resident states that respite care and homecare are required to meet the resident's outcomes. The resident decides to have four weeks' respite care per annum, to be taken throughout the year, and commissioned by adult social care. This is charged to the Personal Budget at £470 per week, and totals £1,880 for a year. The resident decides to use the remainder of the annual Personal Budget of £2,120 for homecare.

The resident will be invoiced for £76.92 for every four weeks, this is equivalent to £19.23 per week. In this way, the resident will contribute £1,000 over the year towards their annual budget.

The council funds £3,000 of commissioned services.

Example 4

Annual Personal Budget = £4,000

Annual contribution is £2,000 so adult social care funds £2,000

As part of their support plan, the resident requests a direct payment for all of their Personal Budget.

The resident receives their direct payments net of their contribution. No other contribution is collected, so payments total £2,000 to the resident, paid four-weekly.

APPENDIX A: CAPITAL LIMITS

These capital limits, set out in the Care and Support Guidance to the 2014 Care Act, are applicable for both traditional packages of care and Personal Budgets.

Item	2021-2022	Review process
Upper capital limit	£23,250	Department of Health and Social Care
Lower capital limit	£14,250	Department of Health and Social Care

APPENDIX B: DISABILITY RELATED EXPENDITURE

Disability related expenditure is an allowance that is included in the financial assessment for social care charges, ensuring a resident's extra disability costs are taking into consideration.

Disability related expenditure is categorised under the headings set out below. This expenditure must be incurred by the resident and not by a relative or friend. Disability related expenditure will not be considered in respect of paid services provided by family members.

The maximum hourly rate for cleaning and gardening is based on, and increased, in line with the normal hourly rate for direct payments.

Residents can request a review of their disability related expenditure at any time – otherwise, the disability related expenditure will be revised approximately every two years alongside a full review of the financial assessment.

If a resident's disability related expenditure decreases, three calendar months' notice will be given before the disability related expenditure is adjusted to the new rate.

	Heading	Amount that can count as DRE	Evidence required	Additional notes
1.	Community alarm system	Actual weekly costs incurred	Bill from provider	Lifeline alarms are free to certain Housing Association tenants, reduced cost to others.
2.	Additional laundry costs Cost of more than three loads of washing per week, specifically in respect of the resident will generally be considered.	Where laundry is undertaken at home, for each additional load over three loads, allow £1.75 per load to a maximum of £5.15 weekly. Where a laundrette is used, allow the additional weekly cost over and above three loads per week, averaged over previous four weeks. Where the resident is required to use a	Past four weeks' laundrette or laundry receipts	Incontinence or other personal hygiene issues will have been identified in the Care Plan.

	Heading	Amount that can count as DRE	Evidence required	Additional notes
		commercial laundry, due to disability, reasonable costs will be considered on an individual basis.		
3.	Continence products Where appropriate products are not available from the NHS, the cost of privately purchased items will be considered. Residents must contact their GP to identify if required items are available on the NHS	Actual reasonable weekly cost averaged over previous four weeks	Past four weeks' receipts	The Care Plan will have identified a continence problem. If costs exceed £25, refer to the social worker.
4.	Special dietary needs Medical evidence will be required	Additional weekly cost of specialist foods over the cost of non-specialist food, averaged over previous four weeks	Past four weeks' receipts	
5.	Clothing and footwear Additional cost of specially made clothing or footwear due to disability, or additional cost of replacement clothing due to abnormal wear and tear. Excludes items that can be provided by the NHS	Amount allowed will be considered on a case by case basis, based on: <ul style="list-style-type: none"> • Additional cost over average of specially made clothing or footwear. • Additional cost over average where clothing or footwear needs frequent replacement. 		There should be reference within the Care Plan to abnormal wear and tear of clothing
6.	Bedding Where higher than	Additional cost of replacement bedding	Past year's receipts	The Care Plan will have

	Heading	Amount that can count as DRE	Evidence required	Additional notes
	average replacement costs due to continence problems or other disabilities	over average based on previous year's expenditure		identified a continence problem.
7.	Additional heating and/or fuel costs over average expenditure (taking into account any contributions to fuel bills from other members of the household)	<p>Additional usage over average expenditure, based on national guidance.</p> <p>Average expenditure:</p> <ul style="list-style-type: none"> • Single in flat and terraced - £1,159 • Couple in flat and terraced - £1,529 • Single in semi-detached - £1,231 • Couple in semi-detached - £1,625 • Single in detached - £1,497 • Couple in detached - £2,974 <p>The maximum allowance will be 50% above the average fuel figure for the appropriate band.</p>	A full year of bills for all types of fuel, or evidence of direct debits.	
8.	Reasonable costs of basic garden maintenance (Consideration will be given to the circumstances of others living in the household)	<p>Discretionary based on individual costs of garden maintenance.</p> <p>Maximum allowance is two hours per week for 8 months per year</p> <p>Maximum hourly rate - £13.60</p>	Receipt for at least four visits	
9.	Cleaning or domestic help Where housework is not included in the Personal Budget, and a commercial cleaner is required as a	<p>Up to two hours weekly can be considered.</p> <p>Maximum hourly rate £13.60</p>	Receipts for at least four visits	Requirement confirmed in the Care Plan and council supported

	Heading	Amount that can count as DRE	Evidence required	Additional notes
	consequence of disability. Account will be taken of the circumstances of others living in the household.			care reduced accordingly. Exceptionally if more than two hours per week is essential can be agreed with approval of the social worker.
10.	Stairlift Will only be considered if rented or still being paid for by instalments.	Allow actual amount of repayments or of any Disabled Facilities Grant loans	Evidence of purchase – less Disabled Facilities Grant	
11.	Wheelchair For outdoor only users. Wheelchairs should be provided by NHS if needed both indoors and outdoors	Actual cost divided by useful life	Receipt	
12.	Other equipment or aids The majority of equipment and aids can be provided either by occupational therapy or the NHS Equipment will only be considered if it is being paid for by ongoing instalments or is not available free of charge and will need to be replaced.	Actual cost divided by useful life	Receipts	
13.	Costs associated with privately purchased equipment	Actual cost over previous year, divided by 52	Receipts	

	Heading	Amount that can count as DRE	Evidence required	Additional notes
	eg, insurance and servicing			
14.	Transport costs Reasonable costs considered on an individual basis, over and above those incurred by an able bodied person	Actual weekly costs averaged over previous four weeks (over and above the mobility component of DLA or PIP where this is in payment)	Bills and receipts	Evidence in Care Plan of the need for special transport
15.	Optician's and dentist's home call charges (where a home visit is required as resident is unable access dentist's surgery or opticians.)	Actual weekly costs averaged over previous year	Receipts	
16.	Prescription charges (those aged 60 or over and on Income Support are entitled to free prescriptions)	Cost of an annual season ticket divided by 52, or actual cost of prescription, whichever is less	Receipts	
17.	Communications Discretionary based on costs that would not normally be incurred. Telephone line rental, mobile phone costs and internet access are now part of everyday life and would not normally be considered.	Reasonable average weekly costs of communications, specifically related to disability	Receipts	
18.	Podiatry Where there is a need that is not being met by the NHS.	Reasonable average weekly costs	Receipts	
19.	Osteopathy, physiotherapy, etc Must be confirmed by the GP that this is	Reasonable average weekly costs	Receipts	

	Heading	Amount that can count as DRE	Evidence required	Additional notes
	essential and not available on the NHS			
20.	Chemist/medical items Where need arises from disability and is not available under prescription. First £5 not allowed as considered normal expenditure	Reasonable average weekly costs	Receipts	
21.	Hair washing Where resident is unable to wash own hair, and hair wash is not included in the Personal Budget	Maximum of £7.95 per hair wash	Receipts	
22.	Other costs caused by illness or disability that help the resident to live independently but only where additional costs are incurred over and above those that an able bodied person of the same age would reasonably incur	Actual average weekly costs	Receipts	

