



Dumfries and Galloway Council

Social Work Services

Non-Residential Community Care Charging Policy and Procedure

June 2024

~~Updated~~ **OFFICIAL-SENSITIVE** COSLA thresholds only June 2024

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NON-RESIDENTIAL COMMUNITY CARE CHARGING POLICY

1. Introduction

The **Non-Residential Community Care Charging Policy** establishes the basis of charges to adults who use non-residential community care services. This policy only applies to non-residential social work services and is supported by procedures.

At the core of this policy lies a recognition that the role of Dumfries and Galloway Council is to create an enabling environment to support individuals who use care services, and their carers, building on their right to participate in society and supporting them to live independently, with control, freedom, choice and dignity.

This policy is compliant with legislation as detailed in Appendix 1. The Council's power to charge for these services is discretionary and subject to local accountability. The Council's initial Charging Policy was approved in September 1999.

The Non-Residential Community Care Charging Policy aims:

- To clarify the principles which support the charging for services.
- To provide details of which services are free or chargeable either at a flat rate or through financial assessment.
- To support individuals in maximising their income through advice and support
- To clarify the processes available for review, appeals, non-payment and debt recovery.

Charges for some non-residential community care services are not subject to financial assessment but are usually charged for at the point of provision. These services are detailed in Section 3 of this document.

Charges for non-residential community care services are reviewed annually to apply charges on the anniversary of the care package. The department may review these charges more frequently.

Appendix 2 sets out components included with the Non-Residential Community Care Charging Policy. These components are reviewed annually to apply charges due from the following April. The department may also review these components more frequently. These components **(C)** are referred to throughout the Policy.

2. Principles of the Non-Residential Community Care Charging Policy

In delivering the Non-Residential Community Care Charging Policy the Social Work Service is committed to adhering to the following principles:

- **Participation** – Social Work Services seeks and encourages partnership working with individuals and carers to develop and review the Non-Residential Community Care Charging Policy.
- **Ability to Pay** – as part of an anti-poverty approach, all charges to individuals will take account of their available income, assets and financial commitments. This will ensure we protect the poorest and generate income progressively, i.e. those with greater ability to pay make a greater contribution.
- **Cost of Service** – charges will not exceed the cost of providing the service.
- **Non-discrimination and Equality** – the Non-Residential Community Care Charging Policy has been subject to Equality Impact Assessments. Charges, and the way that they are applied, will be fair to all individuals. The level of charge will not affect whether or not an individual receives a service.
- **Transparency** – individuals have the right to, and will be given, accessible information about this Policy which will include:
 - An explanation of the Non-Residential Community Care Charging Policy
 - How charges are calculated
 - What to do if they have difficulty paying their charges
 - What to do if they disagree with their charge.
- **Consistency** – the application of the Non-Residential Community Care Charging Policy will ensure that decisions made by managers and staff are consistent.
- **Compliance with national guidance** – this Policy has regard to the principles and best practice contained in COSLA's *National Strategy and Guidance for Charges Applying to Non-Residential Social Care Services, 2024/25*, national Guidance on Self Directed Support under Section 5 (1) of the Social Work (Scotland) Act 1968 and Guidance on Free Personal Care and Nursing Care in Scotland.
- **Continuous Improvement and Best Value** – the Non-Residential Community Care Charging Policy will be monitored and reviewed routinely, including Equality Impact Assessments and with due regard to the aims of the Public Sector Equality Duty.

2.1 Revisions 2024/25

- Tables and examples updated for COSLA Thresholds linked to DWP benefit rates.

[DWP schedule of benefits rates](#)

3. Charge Definitions

3.1 Chargeable Services

3.1.1 Charges subject to Financial Assessment

- Care at home services: *non-personal*¹ care for all individuals including SDS options 1,2,3 and 4.
- Day care attendance²
- Short breaks (respite care)³
- Laundry service, unless associated with particular care needs.

3.1.2 Ceiling on Care Package Costs

The department places a ceiling on the amount of resource it is normally able to commit to an individual care package where the individual is aged 65 or over. The current ceiling can be found at Appendix 2 and is based on current average care at home per hour rate for FY24/25 of £23.51 per hour.

The ceiling equates to approx. 28 hours of care

C1

In a small number of cases where the individual is aged 65 or over, a care package in excess of this ceiling may be put in place with the excess funded by the individual or his/her family. This situation usually arises when the individual and his/her family choose to supplement the services funded by the Council, either to enable an individual with very high level of care need to remain at home as an alternative to residential care, e.g. by purchasing an overnight care service, or to buy services to meet needs which are out with the Council's Eligibility and Priority Framework⁴. The individual or family is required to pay for these additional services direct and they are not subject to the Non-Residential Community Care Charging Policy.

3.1.3 Charges Not Subject to a Financial Assessment

- Care call Services/Telecare Services

C15

3.2 Services where there is no charge under this Policy

- Personal care tasks. This includes the personal care services provided for assistance with preparation of food and includes the prompting of medication

¹ For example, shopping, budgeting, fire lighting

² Excludes attendance at an ARC and dementia care but includes other older people's day care (non-personal care) and other adult groups using day care facilities other than ARC's

³ i.e. short breaks undertaken in a non-residential resource

⁴ Eligibility and Priority Framework Policy: September 2005

where this is part of a larger Free Personal Care package.

- Activity and Resource Centre Use
- Some laundry services for individuals who are incontinent.
- Minor adaptations⁵.
- Sensory Support services (Hearing Impairment and Visual Impairment) assessment and information, including Rehabilitation and Mobility Training (Visual Impairment), the provision of assistive technology and the provision of communication support including (but not limited to) BSL Interpreters.
- Equipment for independent living and includes, raised toilet seats, shower chairs, chair raisers, task lamps, flashing doorbells, etc.
- Advice and information about availability of services
- Assessment of care and support needs or care management
- Services provided by Criminal Justice social work services
- Services for individuals who have a terminal illness where this has been confirmed by the issue of a certificate (DS1500) by a General Practitioner. The certificate is used by the Department for Work and Pensions to facilitate fast track access to Disability Living Allowance, Personal Independence payment or Attendance Allowance.
- Non-personal care services provided to individuals with a mental illness who are subject to a Compulsory Treatment Order under the Mental Health (Care and Treatment) (Scotland) Act 2003. This will also apply where the order is suspended, e.g. to facilitate discharge from hospital.

Charges for non-personal care services will start from the day the Compulsory Treatment Order is revoked. Individuals on 28-day detention under the Mental Health (Care and Treatment) (Scotland) Act 2003 who return home on a day pass or trial few days would not be charged for non-personal care services.

- **Leaving Hospital** – Individuals who are aged 65 years or over on the day of discharge from hospital, assessed as requiring new, intermediate or additional community care services should receive these free for a period of up to 42 days e.g. services such as reablement. Services that were in place pre-admission and continue after discharge will continue to be chargeable.

This facility is not available if the individual has been an inpatient for 24 hours or less or if they are admitted to hospital on a regular or frequent basis as part of their ongoing care arrangements. This would cover admissions for example for respite or for ongoing episodic treatment.

⁵ Minor adaptations are non-structural, temporary and/or can be easily removed from the home of an adult or child, such as internal grab rails, external handrails and banisters.

- **Temporary or Emergency Admission to Hospital, Care Home or Custody** - If an individual was receiving services before a temporary admission to hospital, care home or custody, there will be no charge for home care or day care while they are away from home. Charges for Community Alarm (Care Call) service will continue – see paragraph 4.2.7.
- **Requirement to Waive Charges to Carers under SDS regulations** – Section 3 of the Self-directed Support (Scotland) Act 2013 gave local authorities the power to provide carers with support to help them continue in their caring role and charges will not be made for support provided to carers. A carer may wish to supplement and pay for support above the agreed level they receive through self-directed support. The discussion around charges for replacement care is still ongoing with The Scottish Government and COSLA and at this point in time is still subject to eligibility and interpretation.

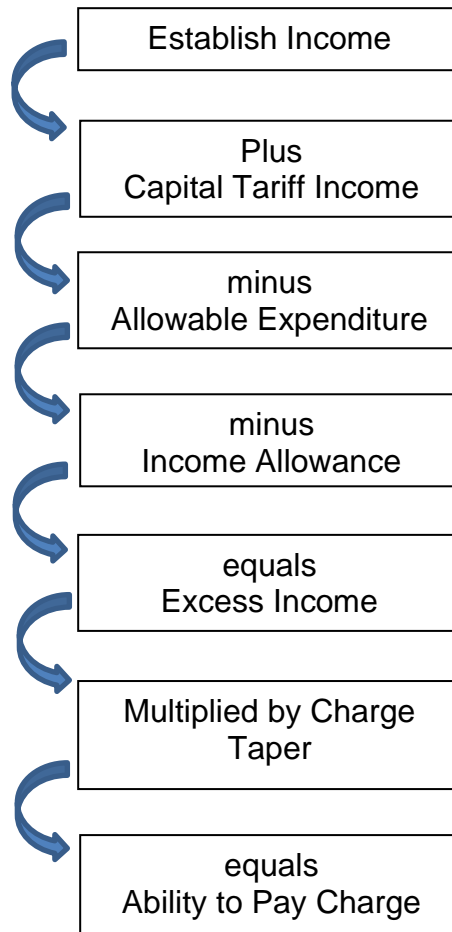
4. Calculating the Charge

4.1 Financial Assessment

- 4.1.1** Everyone in receipt of chargeable community care services undergoes a financial assessment to determine how much they can afford to pay towards the cost of the services they receive. Everyone is offered an income maximisation assessment to ensure that they are receiving all the benefits to which they are entitled.
- 4.1.2** Where a full financial assessment has been completed within the last 12 months, information previously collected will be used to calculate the person's contribution.
- 4.1.3** Everyone will be advised in writing of their contribution. Contributions will be payable from the date the person first receives support. If the financial assessment is completed after this date, contributions will be backdated to the date the person first received support.
- 4.1.4** Everyone is treated equally. An individual's ability to pay does not affect the provision of care and support.
- 4.1.5** The **initial financial assessment** is updated by an **annual review**, to take account of changes to welfare benefits or national guidance. This annual review will take place on the anniversary of the care package being started or an initial date agreed. There will be no backdating of charges pre-this date.
- 4.1.6** There is a maximum contribution. **C3**
- 4.1.7** **Individuals who do not wish to divulge financial information** for the financial assessment will be expected to contribute the full economic cost of the service and be charged the current unit cost for any weekly or sessional service within their care package.

C4

For individuals with capital below the upper capital limit, their Ability to Pay is calculated once the following have been determined:



4.1.8 Council staff will verify all financial assessment information.

4.1.9 Individuals have responsibility to advise the Council of a **change in their financial circumstances**.

4.1.10 If it is discovered that an individual has not advised the Council of a change in their financial circumstances, then any money due to be paid to that individual will be backdated to the date of the change in their financial circumstances. Any money that is due to be paid back to the Council will be recovered and backdated to the date of the change in the individual's financial circumstances.

4.1.11 If it is discovered that **incorrect financial information** has led to an individual being under or over charged, we will carry out a new financial assessment and will apply the correct charge from the date the change took effect.

4.1.12 Where the **correct financial information** has been provided by the individual or his/her representative and the charge has been wrongly calculated, full reimbursement of any over-charge will be provided. In the case of an undercharge, no recovery will normally be sought.

4.1.13 Where the **incorrect financial information** has been provided by the individual or his/her representative and this has led to the charge being wrongly calculated, full reimbursement of any over-charge will be provided. In the case of an undercharge, recovery of charges will be sought up to a maximum of 12 months or the date of the change in financial circumstances if less.

4.2 Invoicing arrangements

4.2.1 The charging for services will be calculated on a weekly basis from **Saturday to Friday**.

4.2.2 Invoices will be generated on a minimum of a calendar month.

4.2.3 A range of options are available to individuals to pay charges, including **cash, cheque, internet payments and direct debit**.

4.2.4 Individuals who have monthly charges falling below the minimum charge set by the Council's Financial Regulations will be encouraged to pay on a **quarterly** basis however if they wish to make payments on account weekly or monthly will have the option to do so. **C5**

4.2.5 Individuals subject to Community Alarm (Care Call) plus assistive Technology charges only will pay quarterly, either by **invoice** or by **direct debit**.

4.2.6 Individuals should ensure the department is informed in advance of events which will impact on the need for service delivery, e.g. going on holiday, family or friends visiting, etc. Where a service provider attends to deliver a service and cannot do so charges will be applied where the individual or his/her representative did not inform the department in time for the service to be cancelled with the provider.

The department accept that there are times when this advance warning is not possible, e.g. emergency admission to hospital and charges would not be applied in these situations for any services that could not be cancelled in time.

4.2.7 Community Alarm (Care Call) services will continue to be charged for where an individual is temporarily not resident at the address where the alarm has been installed. However, the charge will cease in cases of hospitalisation in excess of 28 days but will recommence on the day of discharge. Where a community alarm is installed, removed or reinstated part way through the charging week a pro rata charge for the part week will be applied.

4.2.8 Where a service user has opted for Option 1,2 or Option 4 under Self Directed Support legislation, the ability to pay will be deducted from the individual budget and the service user will be required to deposit their contribution to their care plan onto their pre-paid card.

4.2.9 Contributing towards the Individual Budget - The person in receipt of an individual budget will be contributing towards the annual agreed budget and not for individual services. The individual budget will be based on planned care on an annual basis to meet a person's outcomes. Where a service is not received (greater than 1 week) then the client contribution may be refunded but the individual budget for the same period will be reclaimed by the local authority. If

a balance is returned to the local authority via a suspension of payments or as a lump sum as this sum relates to the annual budget and not a weekly budget the service user will still require putting their agreed contribution onto the prepaid card account. however, we may consider a refund of contribution under certain circumstances.

4.3 Financial Assessment Calculation

There are essentially 7 stages to this calculation. Appendix 3 provides worked examples.

4.3.1 Stage 1 - Income

4.3.1.1 Income taken into account includes all earned and unearned income, including any rental income from property, and social security benefits, with the exclusion of the following:

- 50% of individual's net earned income
- Mobility component of Disability Living Allowance (DLA)
- Mobility component of Personal Independence Payment (PIP)
- All War Related Pension Benefits paid to veterans
- £10 of War Widows pension
- War Widows and Widowers special payments
- Independent Living Fund payments
- Carers Allowance (previously Invalid Care Allowance)
- Carers Premium

4.3.1.2 In Joint Households

- Only the income of the individual receiving the service is taken into account in calculating the charge.
- In joint households which qualify for income related benefits and only one person is receiving services, half the couple's entitlement is considered in the financial assessment.
- If both partners in a joint household are in receipt of a service both partners income will be taken into account.

4.3.1.3 Where an individual has the higher rate of Attendance Allowance, DLA (Disability Living Allowance) (Care Component) or the enhanced Daily Living rate of PIP (Personal Independence Payment), this higher rate is only taken into account in the financial assessment, if services are provided during the night as well as during the day. Where an individual is in receipt of Constant Attendance Allowance where the rate covers nighttime needs, only the daytime rate will be included.

Where services are not provided during the night, only the lower rate of Attendance Allowance, the middle rate of DLA (Care Component) or the standard rate of PIP (Daily Living) will be treated as assessable income.

4.3.2 Stage 2 - Capital

4.3.2.1 Examples of capital taken into account:

- All savings held in a bank, building society, post office or other savings account;
- Bonds and premium bonds;
- Stocks and shares;
- Value of PEPs;
- ISAs;
- Care components of personal injury compensation payments;
- Trusts.

Please note the above list is intended as a guide only and is not exhaustive.

Examples of capital not taken into account:

- Personal injury compensation payments held in trust
- Bonds with life assurance.

Please note the above list is intended as a guide only and is not exhaustive.

4.3.2.2 Where the individual has capital shared jointly with another person, half of these savings should be included as the individual's capital.

4.3.2.3 A capital disregard threshold is determined annually. Capital below this threshold is disregarded and excluded from the financial assessment.

C6

4.3.2.4 An upper capital threshold is determined annually. Where an individual has capital above this threshold they will be expected to contribute to the cost of their service as explained in 4.1.7 above.

C7

4.3.2.5 A capital tariff income is determined as £1 per unit (or part thereof) of capital between the lower capital and upper capital thresholds. **C8**

4.3.3 Stage 3 - Allowable Expenditure

If payable by the individual the following housing costs associated with an individual's **primary**⁶ residence is deducted when calculating available income –

- All capital and interest payments made by owner-occupiers towards mortgages
- Interest and insurance payments made towards an endowment mortgage
- Rent payable, minus any Housing Benefit received
- Council Tax including Water and Sewerage Rates, minus any Council Tax Reduction received
- Contribution towards ILF care.

Consideration will be given to representations to take into account other specific costs of living e.g. in relation to disability related expenditure. Formal evidence of such payments may be required. See section 7.2.

4.3.4 Stage 4 - Thresholds (income allowance)

The thresholds at which charges apply are based on the Pension Credit Standard Minimum Income Guarantee for people of state pension age and the Income Support Personal Allowance plus the Disability Premium for people under the state pension

⁶Primary residence is the individual's usual residence where a person owns more than one home.

age. In order to provide more help to those on low incomes and to recognise that not all income above these rates should be taken into account when calculating charges income thresholds are in line with COSLA and DWP guidance which ensures that at least 25% is added to the minimum income levels required. There are different rates for single and couples aged less than the state pension age and for single and couples over the state pension age. These amounts will change annually in line with up-rates applied by the Department of Work and Pensions. **C9 and C10**

The thresholds are calculated as follows

Below State Pension Qualifying Age	Income Support - Personal Allowance	Disability Premium	Buffer	Charging Threshold*
			25%	(weekly)
Single Person	90.5	42.5	33.25	167
Couple	142.25	60.6	50.71	254

Above State Pension Qualifying Age	Pension Credit - Guarantee Credit	Buffer	Charging Threshold*
		25%	(weekly)
Single Person	218.15	54.54	273
Couple	332.95	83.24	417

Where an individual has relevant income below the threshold [income allowance] there will be no charge.

4.3.5 Stage 5 - Excess income

Excess income for Non-Residential Community Care Charging Policy purposes is established by taking the Income as defined in paragraph 4.3.1 and deducting the Allowable Expenditure and Income Allowance as defined in paragraph 4.3.2 and 4.3.3.

4.3.6 Stage 6 –Tapers

The maximum level of charge which the individual will pay is a proportion of their Excess Income. The department will determine at least annually the percentage of the excess income that is available to the individual for charges. This percentage is called the Charge Taper. **C11**

4.3.7 Stage 7 – Ability to Pay

The individual's Ability to Pay is calculated by applying the Charge Taper to the individual's Excess Income and then adding any Capital Tariff Income.

5. Costs of Care

Standard unit costs will usually be determined annually for each chargeable service and are used to calculate the total cost of each care package. The unit costs have not been increased in 2019/20 and remain below the actual cost of providing these services. This will be reviewed again for 2020/21.

▪	Home care services per hour	C4/C12
▪	Day Care service per session – individuals aged 65 years and over	C13
▪	Day Care service per session – individuals aged under 65 years	C14

6. Portability of Care

If an individual is looking to move between local authority areas, then he/she should be entitled to a description of any charges which would apply to them *as an individual* in advance of the move and any material differences in the nature of the service provided by the relevant authorities. We will work together with the current local authority to facilitate this.

7. Anti-Poverty Approach to Charges

7.1 Income maximisation and benefit take-up

All financial assessments processed will be considered by the Financial Inclusion and Welfare Support Team (FIWS) and help offered to individuals applying for additional benefits they are entitled to.

Where individuals are receiving free services, and therefore not being financially assessed, they should be provided with information relating to the services offered by the FIWS and be encouraged to take the opportunity to access this advice.

Where individuals choose not to disclose their financial information, they should be provided with information relating to the services offered by FIWS.

7.2 Disability Related Expenditure (DRE)

7.2.1 Disability Related Expenditure will be considered on an individual basis. Where an individual has additional daily living expenses due to their disability or illness, consideration may be given to recognising this in the calculation of the person's contribution, by way of disregarding it. An individual must be in receipt of Attendance Allowance, Disability Living Allowance or Personal Independence Payments to qualify for a DRE.

7.2.2 Additional costs may relate to, but will not be restricted to:

- additional heating requirements
- purchase, maintenance and repair of disability related equipment
- specialist dietary requirement
- specialist clothing
- help with cleaning and other domestic tasks
- additional laundry costs

7.2.3 We will write to you annually offering you the opportunity to inform us of any expenditure you wish to be taken into account, out with of this timeframe you should approach the FIWS with your disability related additional living expenses. This will be based on its relevance to the individuals care needs and care plan and may require evidence of the additional expenditure Low-cost additional expenditure may be allowed without additional evidence.

7.2.4 Cases of significant costs will be considered on an individual basis by social work services

Any additional disregards will be reviewed regularly, to determine if it is still appropriate.

7.3 Non-payment of charges and debt recovery

An individual who refuses or fails to pay a charge for a service provided to meet his/her assessed social care needs will continue to receive that service. The Council will, however, seek to establish any reasons for non-payment and, in consultation with the respective Social Work Manager, take appropriate action for debt recovery.

7.4 Charging Policy Review and Appeals

In cases where an individual dispute the amount of their charge or where exceptional personal circumstances surrounding their financial situation would result in severe hardship then the Non-Residential Community Care Charging Policy Review and Appeals Procedure is to be applied – see Appendix 4.

APPENDIX 1

The current legislative framework for charging includes the following:

- Social Work (Scotland) Act 1968
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Community Care and Health (Scotland) Act 2002.
- Guidance on Free Personal and Nursing Care in Scotland
- Social Care (Self-Directed Support) (Scotland) Act 2013

APPENDIX 2

COMPONENTS OF THE NON-RESIDENTIAL COMMUNITY CARE CHARGING POLICY SUBJECT TO ANNUAL UPDATE

The following tariffs and unit costs require to be approved annually by Committee in preparation for implementation at the start of each new budget year.

TARIFF/UNIT COSTS WITH EFFECT FROM 09 APRIL 2024.

Ceiling on Care Package

- **C1 - £658.28 per week**

Charges Not Subject to a Financial Assessment

- **C2** – No longer used
- **C15** – Telecare/Community Alarm (Care Call) per week - **£3.60**

Components in Financial Assessment Calculation

- **C3** – Maximum charge - **£485 per week**
- **C4** – Contribution towards full economic cost of care per hour – **£25.23**
- **C5** – Minimum value for a debtor account per Financial Regulations - **£25**
- **C6** – Capital disregard - **£15,250** for each individual
- **C7** – Upper capital threshold - **£24,750** for each individual
- **C8** – Tariff income assumed from capital - **£1 per £250** over the capital disregard for all age groups.
- **C9** – Buffer percentage amount above Minimum Income Guarantee – **25%**
- **C10** – Thresholds (income allowance) per week:
 - Single Person Below State Pension Qualifying Age - **£167**
 - Single Person Above State Pension Qualifying Age - **£254**
 - Couple Below State Pension Qualifying Age - **£273**
 - Couple Above State Pension Qualifying Age - **£417**
- **C11** – Taper (proportion of Excess Income over threshold amount) – **65%**

Unit Costs of Services

- **C12** – Home care services per hour - **£15.91**
- **C13** – Day Care Service per session – individuals aged 65 years and over - **£18.69**
- **C14** – Day Care Service per full day session – individuals aged under 65 years - **£21.70**

APPENDIX 3 – Illustration of financial assessment and charges using examples**Example 1**

A 90-year-old woman lives in social housing.

She receives 9.25 hours personal care and 7.5 hours home care services.

Her income consists of State Pension, Pension Credit Guarantee with Severe disability premium and higher rate Attendance Allowance of £108.55.

She receives 7.5 hours per week non-personal care and 9.25 hours of personal care. Personal Care is not chargeable.

Calculation	(£ PER WEEK)
Income	
Retirement Pension	182.08
Pension Credit	117.57
Attendance Allowance - Lower Rate considered	72.65
Total Income	372.30
Allowable Expenditure	
Disability Related Expenditure	7.25
Council Tax	5.32
Income Allowance	
Single Person's Allowance	273.00
Total Allowances	285.57
Remaining Income	86.73
Taper 65%	56.37
Ability to Pay	56.37
Non-Personal Care - 7.5hrs * £15.91	119.33
Total Cost of Chargeable Services	119.33
Charge	56.37

*Only Lower rate AA taken into account in the calculation of charge

APPENDIX 3 – Illustration of financial assessment and charges using examples**Example 2**

Mr and Mrs A (aged 76 and 77) live in sheltered accommodation.

They receive 1-hour non-personal care and 6 hours personal care.

Their income is £478.25 made up of Retirement Pension, Pension Credit and Attendance Allowance for both claimants.

They receive full Housing Benefit and pay £6.80 in Council Tax.

Calculation	(£ PER WEEK)
Income	
Retirement Pension - Mr	112.96
Retirement Pension - Mrs	90.60
Pension Credit	100.54
Attendance Allowance - Lower Rate considered	72.65
Attendance Allowance - Lower Rate considered	72.65
Total Income	449.40
Allowable Expenditure	
Disability Related Expenditure	8.50
Council Tax	6.80
Income Allowance	
Couple's Allowance	417.00
Total Allowances	432.30
Remaining Income	17.1
Taper 65%	11.12
Ability to Pay	11.12
Non-Personal Care - 1 hour * £15.91	15.91
Total Cost of Chargeable Services	15.91
Charge	11.12

APPENDIX 3 – Illustration of financial assessment and charges using examples**Example 3**

A 30-year-old man with learning disabilities lives in social housing. He receives 5 hours personal care and 6 hours home care services (domestic assistance).

He is in receipt of Income Support of £90.50 plus DLA Care Component of £72.65 per week. He has part time work from which he earns £50 net per week.

He has full Housing Benefit and pays £5.32 in Council Tax.

Calculation	(£ PER WEEK)
Income	
Income Support	90.50
DLA - Care - Middle Rate	72.65
50% Earned Income	25
Total Income	188.15
Allowable Expenditure	
Council Tax	5.32
Income Allowance	
Single Person's Income Allowance	167.00
Total Allowances	172.32
Remaining Income	15.83
Taper - 65%	10.29
Ability to Pay	10.29
Non-Personal Care - 6 hour * £15.91	95.46
Total Cost of Chargeable Services	95.46
Charge	10.29

APPENDIX 3 – Illustration of financial assessment and charges using examples**Example 4**

A 66-year-old woman lives in social housing.

She receives 2 hours shopping and laundry visits - non personal care and 6 hours free personal home care services.

Her income consists of State Pension and Occupational pension, she is in receipt of higher rate Attendance Allowance of £108.55 and has savings of £20,000. She pays rent of £50.00 per week and council tax of £25.00.

Calculation	(£ PER WEEK)
Income	
State Pension	169.50
Retirement Pension	50.50
Attendance Allowance - Lower Rate considered	72.65
Tariff Income on Capital	19.00
Total Income	311.65
Allowable Expenditure	
Rent	50.00
Council Tax	25.00
Income Allowance	
Single Person's Allowance	273.00
Total Allowances	348.00
Remaining Income	0
Taper 65%	0.00
Ability to Pay	0.00
Non-Personal Care - 2hrs * £15.91	31.82
Total Cost of Chargeable Services	31.82
Charge	0.00

APPENDIX 3 – Illustration of financial assessment and charges using examples**Example 5**

A 55-year-old woman lives in social housing.
She has capital of £55,000.

She receives 14 hours non-personal home care services per week, 14 hours personal care and attends day care 2 days per week.

As she has capital over £24,750, she will pay the full cost of non-personal care services.

Calculation	(£ PER WEEK)
Income	
Capital - £55,000	
Total Income	0.00
Allowable Expenditure	
Income Allowance	
Single Person's Allowance	0.00
Total Allowances	0.00
Remaining Income	0
Taper 65%	0.00
Ability to Pay	0.00
Non-Personal Care - 14hrs * £15.91	222.74
Personal Care - 14 hours - Free	222.74
Day care - 2 sessions @ £21.70 per session	43.40
Total Cost of Services	488.88
Total Cost of Chargeable Services	266.14
Charge	266.14

APPENDIX 4

Non-Residential Community Care Charging Policy Review and Appeals Procedure

1. Outcome

To ensure that fair, consistent and timely consideration, management and decisions are applied to all appeals against an assessed charge, in a manner which does not prejudice the right of individuals to use the statutory Social Work Complaints procedure.

2. Legislation and Guidance Basis

- Social Work (Scotland) Act 1968 Section 5(B)
- COSLA Charging Guidance
- Non-Residential Community Care Charging Policy
- Non-Residential Community Care Charging Procedure
- Dumfries and Galloway Council's Complaints Handling Procedure

3. Procedure

3.1 There are several reasons for individuals and/or their carers requesting a review. For example, these may include:

- Incorrect dates or amounts have been used;
- The charge assessed has been incorrectly calculated;
- Additional expenditure not previously stated as part of the individual's financial circumstance details;
- Being invoiced for services not received.

3.1.1 In addition to the above grounds for review, an individual and/or their carers can request a formal appeal where there are exceptional personal circumstances concerning their financial situation and they believe that payment of the assessed amount will cause them severe hardship.

3.2 The Review and Appeals Process

3.2.1 This two-stage process will start with Stage 1 and include an initial re-assessment or re-working of the assessed charge by the Billing, Ordering & Purchasing (BOP) Team along with the Financial Inclusion and Welfare Support Team (FIWS). This will be followed by a more formal appeal (Stage 2) involving a Senior Manager at Locality Manager level or above.

3.3 Stage 1 - Review

3.3.1 If an individual and/or their carer wish to dispute the assessed charge, they can request an immediate re-assessment or re-working of the charge. This will be done by the BOP and FIWS Teams. In normal circumstances this request will be expected to have been made **within 28 working days**, unless there are exceptional circumstances, through which it has not been possible to submit or lodge the review request within that timescale. The Council will apply discretion, as reasonable in such circumstances, to accept a request

beyond the above timescale, but preferably no later than 3 months of the decision being made.

3.3.2 On receipt of a request for a review, invoices will continue to be raised but the debt recovery process will be placed 'on hold' pending the outcome of the review and/or subsequent decision following consideration of the matter as a complaint.

3.3.3 The BOP Team's initial re-assessment or re-working will be restricted to a simple check for possible mathematical errors or inaccuracies of dates, figures, etc, which can be easily rectified or amended. The BOP Team will write to the individual or their carer with the outcome of his/her re-assessment or re-working **within 7 working days** of the request being received and will also explain what the individual/carer can do if they remain dissatisfied with the response.

3.3.4 Beyond these situations, the FIWS will need to refer any other requests for a formal appeal, directly to the relevant Senior Manager for convening the Stage 2 appeal.

3.3.5 At this stage FIWS will also offer the individual a Benefits Maximisation check to ensure the individual's income is being maximised.

3.4 Stage 2 – Appeal

3.4.1 Should the individual or their carer remain dissatisfied with the BOP Team's decision or their reason(s) for making a formal appeal requires further consideration, he/she can request for the matter to be considered by a Senior Manager.

3.4.2 The Senior Manager should initially meet with the individual and/or their carer to discuss the areas of dissatisfaction. He/she should form a panel to consider the appeal, and this may include:

- A Senior Manager with no prior involvement in the matter, and /or
- A Finance Officer.

3.4.3 The Senior Manager's role will be to review the information, process and decisions involved in arriving at the assessed charge. Following this, he/she will provide their recommendations to the Head of Service who has the authority to decide on whether a charge is either waived or revised.

3.4.3 Whilst Social Work has discretion to operate an appeals procedure, this must be regarded as a special form of complaint investigation (linked to Stage 2 of the Complaints Handling Procedure). Such appeals must be compliant with the CHP in terms of the rigour and documentation of the process, must be concluded within 20 working days with a written response to the individual, and must be recorded as a Stage 2 complaint on the relevant complaints database.

3.4.4. If the individual or their carer raises additional issues of dissatisfaction as well as challenging a professional decision, then the process must consider and respond to every element of the customer's dissatisfaction so that no additional complaint process is required.

3.4.5 The final response letter must provide relevant text advising the individual or their carer of their right to refer the matter to the Scottish Public Services Ombudsman (SPSO)

for independent consideration. The SPSO will then investigate matters, in full, in line with their standard procedures.

3.5 Process involved for conducting a Stage 2 Appeal

3.5.1 Upon receipt of a request for an appeal by a Senior Manager, the individual or their carer will be sent a letter acknowledging his/her request **within 3 working days of its receipt**. This will also indicate when the Stage 2 Appeal will take place. The individual can choose to attend and/or be represented appropriately (e.g. by a friend or independent advocate, etc), and where they decide not to attend, it will still be possible for them to submit, **3 days** before the meeting, any information that they consider as relevant to their case for the panel's consideration.

3.5.2 Following the appeal, the individual or their carer will be informed in writing of the decision **within 7 working days** of the review having taken place. This will also include information explaining how they can challenge this decision, if they remain dissatisfied with the result of the appeal.

3.5.3 The individual or their carer will be required to confirm if they are satisfied with the decision. Unless a written reply to that effect is received **within 7 days**, the decision will be deemed as being acceptable to the individual or their carer and the charge will therefore be applied.

3.5.4 An individual and/or their carer will be notified of the decision following their Stage 2 appeal within 20 working days of their request being received by Social Work Services, unless there are exceptional circumstances which have prevented this, for example annual leave or jury duty of the SSWM.

3.6 Beyond the internal Charging Policy Review and Appeals Procedure

3.6.1 It should be possible for individuals to obtain a reasonable solution or explanation as a result of their appeals being considered in respect of an assessed charge, under the two-stage Review and Appeals Procedure as outlined above, without recourse to the statutory Council's Complaints Handling Procedure. Staff must therefore encourage individuals to follow the Stage 1 (Review) and Stage 2 (Appeal) process first, before taking the route to complaining.

3.6.2 Where the individual or their carer remains dissatisfied with the decision following the outcome of the Review and Appeals procedure, he/she should not be required to seek a reconsideration of a decision under both the appeal and complaint processes, nor should they be required to make a further complaint if dissatisfied with the outcome of Review and Appeal process.

3.6.3 Where an actual complaint is received about the assessed charge or a request is made for a disputed charge that has been considered beyond the Charging Policy Review and Appeals procedure, further consideration must be given by the Senior Manager to suspend that assessed charge, to signpost the individual or their carer to the Scottish Public Services Ombudsman (SPSO), and to await the outcome and decision of the SPSO. The SPSO will then investigate matters in full and in line with their standard procedures.

3.6.4 For more information on the Council's Complaints Handling Procedure please access the Council's web site on:

<http://www.dumgal.gov.uk>

or contact the Information Governance Unit on 01387 260475.