

# Adult Social Care

Making a Difference in the Right Way, Every Day

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## Non-Residential Care Charging Policy

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**Solihull**  
METROPOLITAN  
BOROUGH COUNCIL

Version	Date	Author Name	Rationale
1.0	September 2017	Sally Babb - Awards Operations Manager	
2.0	November 2018 (effective from April 2019)	Sally Babb - Awards Operations Manager	Biannual review of policy.
3.0	March 2020 (effective from April 2020)	Sally Babb - Awards Operations Manager	Removal of financial assessment for Carers Direct Payments
4.0	August 2021	Jane Smith - Awards Operations Manager	Policy wording clarified. No changes to policy.
5.0	July 2022	Jane Smith - Awards Operations Manager	Annual review of policy. No changes
6.0	January 2023	Jane Smith - Awards Operations Manager	Review of policy. New separate section for DRE. Policy wording clarified. No changes to current practice or procedures.
7.0	September 2024	Jason Ward, Governance Lead	Review of policy to ensure consistency with judicial review findings.
			Next Review: September 2026

## TABLE OF CONTENTS

1. PURPOSE .....	4
2. BACKGROUND .....	4
3. OVER ARCHING PRINCIPLES.....	4
4. EXEMPTIONS .....	5
5. PERSONAL BUDGETS .....	5
6. SERVICES COVERED BY THE POLICY .....	6
7. FINANCIAL ASSESSMENT.....	7
8. DISABILITY RELATED EXPENDITURE (DRE).....	8
9. SECTION.....	10
10. TREATMENT OF CAPITAL AND INCOME .....	11
11. CHANGES IN CIRCUMASTANCES.....	11
12. REFUNDS .....	12
13. ADMINSTRATION FEE .....	12
14. DEFERRED PAYMENTS .....	13
15. RECONSIDERATION .....	13
16. CURRENT LEGISLATION AND REVIEW PERIOD.....	13
17. RELEVANT POLICIES .....	14

## **1. PURPOSE**

- 1.1. The purpose of this document is to outline the principles of Solihull's Adult Social Care Charging Policy in respect of Non-Residential Care and Support Services as required by Sections 14, 17, 69 and 70 of the Care Act 2014, Care and Support (Charging and Assessment of Resources) Regulations 2014 and Care & Support Statutory Guidance.

## **2. BACKGROUND**

- 2.1. The Care Act 2014 provides a single legal framework for charging for care and support. It enables the Local Authority to charge a person when it is arranging to meet their care and support needs, or a carer's support needs. Where the Local Authority has decided to charge it will comply with the Care Act regulations and statutory guidance.
- 2.2. The Act, together with the supporting Care and Support (Charging and Assessment of Resources) Regulations and statutory guidance on the Care Act, sets out a single model for charging people that have eligible needs for Adult Social Care.
- 2.3. The subsequent policy set out the principles that will be followed by the Council for charging people who receive eligible care in Non-Residential settings. For people who receive eligible care in Residential and Nursing settings, the Council will adopt the Care and Support Statutory Guidance, and regulations as set out in the Care Act as it's instrument for charging.

## **3. OVER ARCHING PRINCIPLES**

- 3.1. The charging policy in Solihull MBC is based on the following principles which will ensure that the approach to charging for care and support needs should:
  - Ensure that people are not charged more than it is reasonably practical for them to pay.
  - Be equitable.
  - Be comprehensive, to reduce variation in the way that people are assessed and charged.
  - Be clear and transparent, so people will know what they will be charged.
  - Promote wellbeing, social inclusion, and support the vision of personalisation, independence, choice and control.
  - Support carers (the reference to carers here is those who support a person with care and support needs, on a voluntary or unpaid basis) to look after their own health and wellbeing and to care effectively and safely.
  - Be person-focused, reflecting the variety of care and caring journeys and the variety of options available to meet needs.
  - Apply the charging rules equally so those with similar needs or services are treated the same and anomalies between different care settings are minimised.

- Encourage and enable those who wish to stay in or take up employment, education or training, or plan for the future costs of meeting their needs, to do so.
- Be sustainable for the Local Authority in the long-term.

#### **4. EXEMPTIONS**

- 4.1. The local authority must not charge for the following types of care and support which must be arranged free:
- Intermediate care including re-ablement (for up to six weeks).
  - Community equipment (aids and minor adaptations). Aids must be provided free of charge whether provided to meet or prevent/delay needs.
  - Care and support provided to people with Creutzfeldt-Jacob Disease.
  - After-care services/support provided under section 117 of the Mental Health Act 1983.
  - Any service or part of service which the NHS is under a duty to provide.
  - More broadly, any services which a local authority is under a duty to provide through other legislation may not be charged for under the Care Act 2014.
  - The assessment of needs and care and support planning will not be charged for.

#### **5. PERSONAL BUDGETS**

- 5.1. The Local Authority will carry out a financial assessment if it thinks it would charge for meeting care and support needs. Individuals will receive a Personal Budget as part of their care and support plan or their support plan.
- 5.2. Where a carer has eligible support needs of their own, the local authority has a duty (or a power) to arrange support to meet their needs. The Local Authority will not financially assess a carer for this support.
- 5.3. The personal budget will only be charged with the cost that the Local Authority has incurred in meeting the care and support needs of the person. No charge will be made for the care and support needs assessment or support needs assessment.
- 5.4. The Local Authority will not charge for the arrangement of care and support except where a person has eligible needs and financial resources above the upper capital limit and has asked the Council to arrange their care and support on their behalf. In these circumstances the Local Authority will charge an arrangement fee, and a weekly administration fee as set out in the Solihull Adult Social Care Fees Schedule which is published annually. In all cases the Local Authority will charge for the care and support received.
- 5.5. The person can choose to take their personal budget allocation in the following ways:

- It can remain with the local authority for the Council to arrange care and support on the person's behalf and in accordance with their wishes.
- It can be placed with a third party provider to arrange care and support on the person's behalf and in line with their wishes - known as an Individual Service Fund (ISF).
- It can be taken as a Direct Payment,
- or the personal budget may be taken as a mixed package of care and support where a direct payment is used to meet some needs and the remainder of the personal budget is taken as an ISF or managed by the Local Authority.

## **6. SERVICES COVERED BY THE POLICY**

- 6.1. All non-residential community care services are covered by this policy. The Local Authority has decided that services will be charged on a full cost basis and no subsidies will be applied. These services include (but are not restricted to):
- Home Care
  - Day Care and other social activities
  - Technology Enabled Care
  - Services procured via Direct Payments
  - Advocacy (only where included in the care and support plan as an on-going package of support)
  - Sitting Services
  - Respite Care\*
  - Night Support (Waking Nights and Sleeping Nights)
  - 24-hour live-in support
  - Supporting People
  - Care and support delivered within a supported living context
  - Care and support delivered within an extra care housing context
  - Care and support delivered within a shared lives context
  - Education and Employment Support
  - Travel Assistance costs
  - Deferred Payment Arrangement - Set Up Fee
  - Deferred Payment Arrangement - Annual Administration fee
  - Deferred Payment Arrangement - Interest Charge
  - Non-Residential Care - Arrangement Fee
  - Non-Residential Care - weekly administration fee
- 6.2. Current charges for the services listed above are detailed in the Solihull Adult Social Care Fees and Charges Schedule which is published annually.
- 6.3. \*Where a person whose need to stay in a care home is intended to be short term (up to 8 weeks), the Local Authority has decided that they will be assessed and charged as if they were receiving the care in a non-residential community care setting. The cost of the service will be added to the person's

personal budget and their financial contribution will be assessed against the total Personal Budget allocation.

- 6.4. \*Where a person whose need to stay in a care home is intended to be temporary (more than 8 weeks and up to 52 weeks) the Local Authority has decided that their care will be assessed as permanent residential care. Allowances will be made for housing maintenance etc. and regard will be given to any partner or spouse remaining at home to ensure they are left with a basic level of income as set out in statutory guidance.
- 6.5. The actual cost of services provided as part of the care and support plan (or support plan) will be charged against the person's Personal Budget. A deduction of costs charged against the Personal Budget will be made where services have been cancelled by the individual in accordance with the relevant contractual terms and conditions.
- 6.6. Where a flat rate charge is made for meals provided at day centres, these costs will not form part of the assessed charges as they are a substitute for ordinary expenditure and will be payable in addition to any assessed contribution for other services.
- 6.7. A carer will not be charged for services that are provided directly to the person they care for. These services include respite and sitting services, and the costs will be charged against the personal budget of the person with care and support needs

## **7. FINANCIAL ASSESSMENT**

- 7.1. People with eligible care and support needs that are not listed as an exemption in this charging policy at Section 4 will have a means tested financial assessment where the Local Authority thinks it would charge. The financial assessment will be undertaken in accordance with Sections 14 and 17 of the Care Act 2014 and will comply with the detailed guidance set out in Annex B and C of the Care Act statutory guidance.
- 7.2. The Local Authority will notify the person of the outcome of their financial assessment in writing together with an explanation of how it has been calculated. A financial assessment will be based on the individual's income, savings and capital.
- 7.3. The Local Authority will establish whether the person has the capacity to take part in the financial assessment. If the person lacks capacity the Council will work with an appropriate person i.e. an Enduring Power of Attorney, a Lasting Power of Attorney or a Deputy or someone with legal authority and may consider an application to the Court of Protection where necessary.
- 7.4. The Local Authority will uprate all benefits administered by the Department for Work and Pensions (DWP) used by the authority in the means tested financial assessments. The uprate will take place annually in April = in line with the DWP benefit increases. All customers will be notified of the outcome of their revised



financial assessment in writing.

- 7.5. All occupational pensions and annuity income used in means tested financial assessments will be updated in line with the Consumer Price Index (CPI). The CPI rate being the rate used and applied by DWP to pensions, annually in April.
- 7.6. The Local Authority expects the person to claim all DWP administered benefits that they are entitled to, as certain DWP benefits are taken into account in the means tested financial assessments. The Local Authority will assist the person or their representative to claim DWP administered benefits that they may be entitled to if requested to do so.
- 7.7. Where it is identified that a person is not claiming any DWP benefits that they are eligible to claim, the Local Authority expects that the person will apply for this benefit immediately as this is income available on application. The Local Authority can provide assistance if required.
- 7.8. The income that would be available on application will not be included in the financial assessment for a period of up to 3 months from the date the assessment is completed to allow adequate time for a claim to be made. After this time, the income will be applied to the means tested financial assessment from either the earliest date the income is awarded or in the case where the person has not made a claim, three months from the date of the original financial assessment.
- 7.9. If a person's assessed charges are reduced as a result of a delay in the assessment and award of a DWP benefit and a backdated lump sum payment is later received for the delayed period, the Local Authority will re-assess the person's charges to take account of these monies. Where the delay on the outcome of the DWP benefit is outside the control of the person, a lower assessed contribution will apply for up to a period of three months.
- 7.10. Disability Living Allowance (DLA), Personal Independence Payment (PIP) or Attendance Allowance (AA) paid for night care will be disregarded as available income when carrying out the financial assessment. The amount disregarded is the difference between the higher and the lower rate of AA, the enhanced and standard rate of the daily living component of PIP and the higher and middle rate of the care component of DLA.

## **8. DISABILITY RELATED EXPENDITURE (DRE)**

- 8.1. Disability Related Expenditure (DRE) is the amount of money a person is allowed to keep in order to pay for expenditure that is incurred out of necessity owing to illness or disability to meet any needs that are not being met by the Local Authority.
- 8.2. DRE costs must be directly related to a person's disability and will be considered in reference to their assessed need and care and support plan. These costs must be proportionate to the person's disability need and not as a



result of personal choice alone, including where that choice is to pay higher than reasonable rates to meet that need.

- 8.3. DRE is separate to the everyday living expenses that are allowed as part of the Minimum Income Guarantee (MIG). The MIG is an amount within a financial assessment that a person will be left with before any charge may apply. This ensures that a person has funds to meet their basic needs such as food and utility costs. The level of MIG varies depending on a person's circumstances and the amounts are determined by the Department of Health and Social Care which we will use.
- 8.4. The Local Authority will undertake a holistic assessment of a person's DRE to take account of differing needs, which will include professional input from social workers where necessary.
- 8.5. The Local Authority will not consider any DRE if the expenditure is related to services or equipment that is already funded in the care and support plan.
- 8.6. The Local Authority will use standard rates for certain DRE but will consider costs that are higher. Standard rates will be informed by guidance produced by the National Association for Financial Assessment Officers. Where DRE is higher than our standard rates, regard will be given to any reasonable alternatives that may be available at a lesser price or services that can be provided free of charge. Where reasonable alternatives are available, we will apply that expenditure in the financial assessment.
- 8.7. Where required, evidence of incurred costs will need to be provided in the form of receipts or statements.
- 8.8. Any receipts provided should show the name and address of the person or company providing the services or equipment. Costs will not be allowed for cash payments unless they are accompanied by a full receipt or any form of remittance detailing the name and business address of the organisation that provided the service or goods.
- 8.9. DRE will not be taken into account where it is paid to a close family member living in the same household, unless there are exceptional circumstances as defined in the person's Care and Support Plan. Where DRE is paid to close relative that does not live in the same household, the person's care and support plan will be referred to but if this detail is not included, specialist advice will be sought from a Social Worker. An individual approach will be taken, and costs will be considered based on the individual's needs.
- 8.10. A close family member is defined as:
  - (a) the spouse or civil partner of the adult.
  - (b) a person who lives with the adult as if their spouse or civil partner.
  - (c) a person living in the same household as the adult who is the adults.

- (i) parent or parent-in-law,
  - (ii) son or daughter,
  - (iii) son-in-law or daughter-in-law,
  - (iv) stepson or stepdaughter,
  - (v) brother or sister,
  - (vi) aunt or uncle, or
  - (vii) grandparent.
- (d) the spouse or civil partner of any person specified in sub- paragraph (c) who lives in the same household as the adult; and
- (e) a person who lives with any person specified in sub-paragraph (c) as if that person's spouse or civil partner.

8.11. If a person pays for a chargeable Appointeeship or deputyship service, then the Local Authority will consider these costs when making a decision regarding DRE.

8.12. The Local Authority may not allow disability related expenditure for other transport costs necessitated by illness or disability, including costs of transport to day centres', over and above the mobility component of DLA or PIP, if in payment and available for these costs. We may not allow transport costs where a suitable, cheaper form of transport, for example, council- provided transport to day centres' is available, but has not been used.

## 9. SECTION

The Local Authority will tell a person when they carry out a light touch financial assessment and the person may request a full financial assessment at any time. The Local Authority will treat a person as if a financial assessment has been carried out in the following circumstances:

- Where a person has significant financial resources and does not wish to undergo a full financial assessment for personal reasons but wishes nonetheless to access local authority support in meeting their needs. In these situations, the local authority may accept other evidence in lieu of carrying out the financial assessment and consider the person to have financial resources above the upper limit.

In this situation the person will be required to pay the full cost of any service provided and the arrangement fees in respect of the Council arranging the care and support on behalf of the individual.

- Where the local authority charges a small or nominal amount for a particular service which a person is clearly able to meet and would clearly have the relevant minimum income left and carrying out a financial assessment would be disproportionate.

- When an individual is in receipt of benefits that demonstrate that they would not be able to contribute to their care and support costs.

## **10. TREATMENT OF CAPITAL AND INCOME**

10.1. The treatment of capital and income will be undertaken in accordance with Sections 14 and 17 of the Care Act 2014 and will comply with the Care Act Regulations and the detailed guidance set out in Annex B and C of the Care Act statutory guidance.

## **11. CHANGES IN CIRCUMSTANCES**

- 11.1. Once a means tested financial assessment has been completed, the Local Authority will notify the person of the outcome and how their assessment has been calculated. It is the responsibility of the person to advise the Local Authority if any of the income or capital used in the financial assessment is incorrect.
- 11.2. The Local Authority will also undertake an annual review of the financial assessment effective from April each year when Department for Work and Pensions administered benefits are reviewed. The Local Authority will notify the person of the outcome and how their assessment has been calculated. It is the responsibility of the person to advise the Local Authority if any of the information regarding income or capital used in the review of their financial assessment is incorrect.
- 11.3. It is also the responsibility of the person to notify the Local Authority if any of their income or capital used in their financial assessment goes up or down at any point in-between annual financial assessments so that their financial assessment can be reviewed at the time the change of circumstance applies.
- 11.4. If a change in a person's income or capital results in a reduction in the contribution they pay towards their care costs; the Local Authority will apply the change from the date of change if it is notified within three calendar months of the change occurring.
- 11.5. If notification of change of income or capital is received by the Local Authority after three calendar months from the date the change occurred, the change will be applied from the date of notification. No refunds or credits of overpaid contributions will be due to the person.
- 11.6. If a change in a person's income or capital results in an increase in the contribution they pay towards their care costs; the Local Authority will apply the change from the actual date the change occurred, not the notification date and any increase in contributions due will be backdated to apply from the change or circumstance.

## **12. REFUNDS**

- 12.1. If a person pays the full cost of their chargeable services and does not use a service on a particular occasion, the amount they pay may vary as it will be based on the actual cost or services accessed in any particular period.
- 12.2. If a person pays a contribution towards the cost of their services and does not use a service on a particular occasion, they will pay the lower of the cost of their services accessed or their maximum contribution.

## **13. ADMINISTRATION FEE**

- 13.1. Where a person with resources above the upper capital limit asks the Local Authority to arrange their care and support in a non-residential care setting, the local authority has decided that it will charge an administration fee to cover its costs.

The fee will be a flat rate fee but will not exceed the cost that the local authority has incurred in arranging the care and support and the flat fee will be published annually in the Adult Social Care Fees and Charges Schedule.

## 14. DEFERRED PAYMENTS

14.1. The Local Authority has a universal deferred payment scheme as set out in the Solihull Council Deferred Payments Policy Adult Social Care. The Local Authority will charge a setup fee and a Legal Services arrangement fee and an annual administration fee for all Deferred Payment Arrangements where applicable and will charge interest on the accrued debt.

## 15. RECONSIDERATION

15.1. If you do not agree with the outcome of a financial assessment, including an disability related expenditure, you can request a reconsideration. The request for a reconsideration must be received within one calendar month of the date of the notification providing reasons and evidence of why you disagree with the assessment. The reconsideration will be undertaken by a senior member of the Financial Assessment Team and depending on the nature of the request, may also involve the appropriate social worker/team.

15.2. Where a reconsideration is received, we will attempt to resolve this by:

- Reviewing the financial assessment, for example if there has been an error in the calculation or there is new information that should be taken into account.
- A complaint against the policy, for example where a person believes the Local Authority has not acted appropriately or have not applied the policy correctly.

The reasons for requesting a reconsideration along with supporting evidence should be emailed to the Financial Assessment Team at:

[incomeandawards@solihull.gov.uk](mailto:incomeandawards@solihull.gov.uk)

or sent to: Financial Assessment Team, Council House, Manor Square, Solihull, B91 3QB

15.3. If you remain dissatisfied with our decision, you can make a formal corporate complaint to Adult Social Care, details of how to do this can be found on our website:

<https://www.solihull.gov.uk/Tell-us/Adult-social-care-complaints>

## 16. CURRENT LEGISLATION AND REVIEW PERIOD

16.1. This policy is in line with current charging legislation as set out in In Sections 14 and 17 of the Care Act 2014 and the detailed guidance set out in Annex B and C of the Care Act guidance and will be updated following any future legislative changes.

## 17. RELEVANT POLICIES

17.1 This policy should be read in conjunction with the Council's Deferred Payment Policy. [Deferred Payment Agreement Policy](#)

