

Charging and Financial Assessment Policy

Care Act 2014

Status: Approved

Team/Dept responsible for Policy: Department: Health and Adult Social Care, Adult Social Care Financial Support Service.

Date of review: April 2025. Annually: as determined by the Department of Health and when legislation changes.

Version: Version 4.2

Equality Analysis	Y	N
Training requirements considered	Y	N
Policy Exemptions	Y	N
Consultation Completed	Y	N
Approved by Adults SMT	Y	N
Public to have access	Y	N

Contents

Contents.....	2
Version control	3
Glossary	3
1: Introduction.	6
1.1: Well Being Principle	6
1.2: Definition of Well Being	6
1.3: Promoting Well Being	7
1.4: Other Key Principles.....	7
1.5: Equality and Diversity	9
2: Scope.....	9
3: Legal Basis and Charging Principles.	10
4: Chargeable Care Services.	11
5: Care Services not chargeable.	11
6: Charges that are excluded.	12
7: How charges will be Financially Assessed for Non-Residential Services.	12
8: How charges will be Financially Assessed for Residential Services.....	14
9: Light-Touch Financial Assessments.....	15
10: Income.	16
11: Savings and Capital.	17
12: Allowances.	18
13: Disability Related Allowances.....	18
14: The Charge Calculation.....	19
15: Top-up Fees.	20
16: Review / Reassessment.	21
17: Payment Methods.	22
18: Debt Recovery / Management.....	24
19: Declaration of Information.	24
20: National Fraud Initiative.	25
21: General Data Protection Regulation (GDPR).	25
22: Useful Links.....	25
23: Equality Analysis.	25
24: Appendix A – Fees and Charges Rates.....	26
25: Appendix B - Allowances.....	27
26: Appendix C – Disability Related Expenses	28

27: Appendix D – Calculation Examples	31
Contact us	33

Version control

Version Number	Purpose/Change	Author	Date
0.1	Draft Policy	Helen Marrow	February 2016
0.2	Draft update regarding Annual rates & Care Act guidance updates to 9/5/16	Helen Marrow	May 2016
0.3	Draft Policy update	Gill White	Jan 2017
0.4	Draft Policy update	Gill White	Mar 2017
0.5	Draft Policy update	Gill White	Apr 2017
0.6	Draft Policy Update (Read Through)	Helen Marrow	July 2017
0.7	Draft policy update to include Legal comments	Helen Marrow	August 2017
0.8	Amendments following the Customer Engagement process	Helen Marrow	January 2018
0.9	April 2018 update of rates & values	Helen Marrow	May 2018
1.0	Appendix A update for 2018/19 rates	Helen Marrow	October 2018
2.0	Annual 2019/2020 review & check for accuracy	Helen Marrow	August 2019
3.0	Annual 2020/2021 review & check for accuracy	Helen Marrow	June 2020
4.0	Annual 2021/2022 review & check for accuracy	Helen Marrow	June 2021
4.1	Annual 2024/2025 review & check for accuracy	Gill White	Apr 2024
4.2	Annual 2025/2026 review & check for accuracy	Rick Berry	April 2025

Glossary

An explanation of the special words and phrases used is set out below:

Key word	What does it mean?
Adult Operations Teams (Integrated Neighbourhood Teams)	The Council team of staff comprising of care professionals, e.g. social workers, occupational therapists, etc.
Assessment Bed	A period of stay for a maximum of two weeks when a move into a permanent residential care placement is being considered. This will ensure that all alternative options have been fully explored.

Assessment of Need	Will identify care needs and outcomes required to achieve an individual's wellbeing in their day-to-day life. This will consider the person's eligibility for care and support services.
Care and Support	A mixture of practical, financial, emotional and social care support for adults who need extra help to manage their lives and be independent. This may include assessments of needs, provision of services and the allocation of funds to enable a person to purchase their own care and support.
Commissioned Services	The care services that the Council arranges and provides direct to a customer from an Agency.
Convalescent Bed	Is available only to inpatients being discharged from hospital. It is for a period of stay for up to six weeks when a patient is not ready to take part in the Intermediate Care or the Reablement programme. This could be due for example to an unstable fracture or being unable to weight bear.
Court of Protection Deputyship	A specialist Court appointing a person (Deputy) to manage the property and affairs and/or personal welfare of an individual who lacks capacity to make decisions for themselves.
Deferred Payments Scheme	A Scheme that the Council will offer to individuals to defer the payment of care home fees pending the sale of their property.
Direct Payment	The actual payment made to an individual to arrange or purchase their own care services to allow greater choice, control and flexibility about how their care is delivered.
Disregard	Elements of income, capital and/or of property assets ignored from the Financial Assessment calculations.
DWP	The Department for Work and Pensions is responsible for welfare, pensions and child maintenance policy. As the UK's biggest public service department it administers the State Pension and a range of working age, disability and ill health benefits to over 22 million claimants and customers.
DWP Appointee	Department for Works and Pensions nominated person to collect the pensions and benefits on behalf of an individual who lacks capacity to manage their own money.
Financial Assessment	This looks at and takes into account the individual's financial circumstances of income, capital, assets and expenditure to work out the ability to afford to contribute towards the package of care and support services.
First Party Top-up	Where the cared for person has agreed to pay their own top-up to enable them to receive care services which cost more than their personal budget.
Gross basis	The full amount of the Council funding rate without any deductions.

ICB	The Integrated Care Board (ICB) commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed and ensuring that they are provided. ICBs are overseen by <u>NHS England</u> , which retains responsibility for commissioning primary care services such as GP and dental services, as well as some specialised hospital services. All GP practices now belong to an ICB, but groups also include other health professionals, such as nurses.
IMC	Intermediate Care is a multi-disciplinary rehabilitation and support service based within a residential care home setting provided to enable people to maximise potential to resume living at home. This period of stay will be free of charge and can be for a period of up to a maximum of six weeks.
Light-Touch Financial Assessment	The Local Authority may choose to treat a person as if a financial assessment had been carried out. The LA must be satisfied on the basis of evidence provided that the person can afford and will continue to be able to afford any charges due.
Minimum Income Guarantee (MIG)	The amount of income that the Department of Health states a person receiving Council arranged care and support other than in a residential care home must retain to cover their living costs.
NAFAO	National Association of Finance Officers
Net basis	The difference between the Council funding rate and the financially assessed client contribution rate.
Personal Expenditure Allowance	The weekly amount that the Department of Health sets and states that all people in residential care should retain to meet their personal expenses, i.e. clothing, toiletries, etc.
Personal Budget	The value of the cost to the Council of the package of care to meet an individual's care needs. It also includes the amount of the customer financially assessed contribution.
Power of Attorney	A legal form of authority to appoint a named person to act in legal and financial matters on behalf of an individual who lacks capacity.
Reablement	The Reablement Service helps people to regain or develop independence to undertake tasks around the home giving them the support and confidence to carry out everyday tasks for themselves. It could mean re-learning how to do the task after a period of illness or an accident or using small aids to do a task in a new way which takes advantage of their strengths. The

	period of Reablement will be free of charge and can be for a period of up to six weeks.
Self-Funding	Those customers who have sufficient income and assets to pay for their care support services without financial assistance from the Council and will therefore be making their own arrangements.
Statement of Means	A written summary of the income, expenditure and assets of an individual.
Tariff Income	A notional income figure calculated and based on capital held between pre-set amounts.
Third Party Top-up	A third party is someone who agrees to pay a top-up to enable a relative or friend to go into a care home at a rate which is higher than the Council Personal Budget rates.
Welfare Benefits Check	A check to determine that an individual is in receipt of the appropriate Department for Works and Pensions allowances and benefits.

1: Introduction

1.1: Well Being Principle

1.1.1. The Council has a duty to promote the wellbeing of the individual, particularly when carrying out any care and support functions and making decisions in relation to them. The wellbeing principle underpins the whole of the Care Act and its associated regulations and guidance. It applies to adults, carers and, in some circumstances, to children in transition, their carers and to young carers. The wellbeing principle applies equally to people who do not have eligible needs if they come into contact with the care system. Commissioners of new services will also need to incorporate/reflect the wellbeing principle in new services which are developed and commissioned.

1.2: Definition of Well Being

1.2.1 The Care Act recognises that 'Wellbeing' is a broad concept and describes it as relating to the following nine areas in particular:

- 1.2.2 Personal dignity (including treatment of the individual with respect);
- 1.2.3 Physical and mental health and emotional wellbeing;
- 1.2.4 Protection from abuse and neglect;

- 1.2.5 Control by the individual over day-to-day life (including over care and/or support provided and the way it is provided).
- 1.2.6 Participation in work, education, training or recreation;
- 1.2.7 Social and economic wellbeing;
- 1.2.8 Domestic, family and personal relationships;
- 1.2.9 Suitability of living accommodation;
- 1.2.10 The individual's contribution to society.

1.3: Promoting Well Being

- 1.3.1 Promoting wellbeing means actively seeking improvement in the aspects of wellbeing described above when carrying out a care and support function in relation to an individual. This applies at any stage of the process. It is not always about the Council directly meeting needs but includes a focus on providing information and advice to delay and prevent needs from developing and support people to live as independently as possible for as long as possible.
- 1.3.2 There is no set approach. Promoting wellbeing will depend on the individual's needs, goals and wishes. The Council should consider each person's case on its own merits, based upon what the person wants to achieve and how the Council's actions will affect their wellbeing.
- 1.3.3 All the nine aspects of wellbeing are of equal importance. However it is likely that some aspects will be more relevant to one person than another. The Council should adopt a flexible person-centred approach that focuses on those aspects that matter most to the person concerned.

1.4: Other Key Principles

- 1.4.1 In addition to the wellbeing principle, the Care Act sets out a number of other key principles which local authorities must have regard to when carrying out the same activities or functions

1.4.2

Key Principle	Interpretation from the Care Act Guidance
The importance of beginning with the assumption that the individual is best placed to judge the individual's wellbeing;	Building on the principles of the Mental Capacity Act, the local authority should assume that the person themselves knows best their own outcomes, goals and wellbeing and assumptions should not be made.
The individual's views, wishes, feelings and beliefs;	Considering the person's views and wishes is critical to a person-centred system. Where particular views, feelings or beliefs (including religious beliefs) impact on the choices that a person may wish to make about their care, these

	should be taken into account. This is especially important where a person has expressed views in the past but no longer has capacity to make decisions themselves.
The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist	At every interaction with a person, the Council should consider whether or how the person's needs could be reduced or other needs could be delayed from arising. Effective interventions at the right time can stop needs from escalating, and help people maintain their independence for longer.
The need to ensure that decisions are made having regard to all the individual's circumstances	Decisions should not be based only on their age, appearance, any condition they have or aspects of behaviour which might lead to unjustified assumptions. Local authorities should not make judgments based on preconceptions about the person's circumstances, but should in every case work to understand their individual needs and goals
The importance of the individual participating as fully as possible	By being provided with the information and support necessary to enable the individual to participate. Care and support should be personal, and local authorities should not make decisions from which the person is excluded. If required we will arrange Independent Advocacy for you.
The importance of achieving a balance between the individual's wellbeing and that of any friends or relatives who are involved in caring for the individual	People should be considered in the context of their families and support networks, not just as isolated individuals with needs. Local authorities should take into account the impact of an individual's need on those who support them, and take steps to help others access information or support
The need to protect people from abuse and neglect	In any activity which a local authority undertakes, it should consider how to ensure that the person is and remains protected from abuse or neglect. This is not confined only to safeguarding issues but should be a general principle applied in every case.
The need to ensure that any restriction on the individual's rights or freedom of action that is involved in the exercise of the function is	Where the local authority has to take actions which restrict rights or freedoms, they should ensure that the course followed is the least

kept to the minimum necessary for achieving the purpose for which the function is being exercised	restrictive necessary. If required we will arrange Independent Advocacy for you.
---	--

1.4.3 Neither these principles nor the requirement to promote wellbeing require the Council to make a specific decision or undertake a particular action. The steps the Council should take will depend entirely on the circumstances of each case, having regard to these principles, for the purpose of setting common expectations for how the Council should approach and engage with people

1.5: Equality and Diversity

1.5.1 The **Equality Act 2010** seeks equal opportunities in the workplace and in wider society; and prohibits discrimination on the grounds of any of the following protected characteristics in relation to goods, services and employee protection;

1.5.2 Age

1.5.3 Disability

1.5.4 Gender Reassignment

1.5.5 Race

1.5.6 Pregnancy/maternity

1.5.7 Marriage/civil partnership

1.5.8 Religion and Belief

1.5.9 Sexual orientation

1.5.10 Gender

1.5.11 The Equality Act aims, and in particular its General Duties, applies across the council and to any organisation delivering services on a contractual, commissioned or voluntary basis on behalf of the Council. Although our legal duties relate to equality, our approach in Bury extends to the promotion of community cohesion and social inclusion. Our commitment to social justice goes beyond anti-discrimination to include fairness of treatment, dignity and respect.

2: Scope

2.1 This policy details how Bury Council will operate the Care Act 2014 guidance for charging customers who receive care and support services to meet their care needs at home, other non-residential care services and/or in a residential care setting following an assessment of individual needs.

- 2.2 Bury Council provides a range of care services for people over 18 who need them. The financial assessment takes into account each individual's ability to contribute towards the cost of their services in accordance with their income, savings and other capital assets.
- 2.3 Some key features of this guidance are:
- a financial assessment that takes account of income, expenditure, savings & capital, as well as any disability related expenditure, if applicable
 - how the charge differs dependent on the different care settings
 - in certain circumstances, a home visit to discuss the financial assessment and to assist with its' completion or to discuss issues of debt recovery
 - an option of a "light touch" financial assessment, where applicable
 - a welfare benefits check and help to claim benefits if appropriate
 - the option of a Deferred Payments Scheme where applicable
 - the charge includes people who receive a cash equivalent to arrange or purchase their own care who are financially assessed in the same way
 - the financial assessment is the same irrespective of whether services are provided by a private care agency or by Bury Council in-house services
 - customers in receipt of services who work, will not have their earnings included in the financial assessment

3: Legal Basis and Charging Principles

- 3.1 The Care Act 2014 provides a single legal framework for charging for care and support under section 14 and 17 of the Act. Chapter 8 and associated Annexes A to F of the Care and Support Statutory Guidance issued by the Department of Health and Social Care in October 2014 and any subsequent regular updates provides detailed guidance of how Local Authorities should approach the issues of charging.
- 3.2 People will be entitled to financial support based on an assessment of means and some will be entitled to free care.
- 3.3 The principles are 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 comprehensive, and reduce variation in the way people are assessed and charged
 - be clear and transparent so that people know what they will be charged
 - promote wellbeing, social inclusion and support the vision of personalisation, independence, choice and control
 - support Carers 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 their needs

- apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings
- encourage and enable those who wish to, 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 Local Authorities in the long term

3.4 The Care Act 2014 and associated guidance replaces the previously issued guidance of:

- The Department of Health, "Fairer Charging Policies for Home Care and other non-residential Social Services"; and
- The Department of Health, "Charging for Residential Accommodation Guide (CRAG)"

4: Chargeable Care Services

4.1 Customers receiving any of the following types of care may have to contribute towards the cost of the service and will be financially assessed under this policy guidance:

- care services at home
- night sitting services at home
- supported living schemes
- funded permanent residents living in a residential care setting
- temporary and/or short stay residents in a residential care setting including those awaiting other care services or placements
- transport to day services
- attendance at day services
- direct payments of personal budgets
- community alarms
- sheltered housing – warden services
- care services and accommodation-based care services provided beyond the period of the free entitlement to IMC and/or Reablement services

4.2 The rates charged to customers are subsidised rates and do not cover the full cost of providing the services.

4.3 Advocacy support with the financial assessment element of the care needs assessment if required can be accessed via N-Compass. The social worker will be able to make a referral for this advocacy support as part of the care needs assessment.

5: Care Services not chargeable

5.1 Bury Council cannot or currently does not charge for the following services:

- Social Workers – for advice, support and assessment of care needs
- Carer Services Officers – for advice, support and assessment
- aids to daily living community equipment
- small household adaptations (less than £1000)
- Intermediate Care / Reablement for up to a maximum of 6 weeks. Any period of continuation services beyond this period will be chargeable
- Supported Employment Services
- Services and/or direct payment of Personal Budgets provided to Carers

6: Charges that are excluded

- 6.1 The cost of meals, i.e. day care meals and/or Community Meals are excluded from this policy as they are classed as an ordinary living expense.
- 6.2 For any services joint funded with the Integrated Care Board (ICB) only the Bury Council share will be subject to a financial assessment and charge and not the ICB share of the costs.
- 6.3 Customers who are fully funded by Continuing Health Care (CHC) will not be charged for their services.
- 6.4 Other Local Authorities purchasing services from Bury Council will be charged at the full cost of the service and they will charge the Customer according to their own charging policy guidance.
- 6.5 Customers suffering from Creutzfeldt Jacob Disease (CJD) cannot be charged.
- 6.6 Customers subject to After-Care services under Section 117 of the Mental Health Act 1983 cannot be charged.
- 6.7 Customers with an Educational Health Care Plan cannot be charged towards the cost of their term time residential college placement and will not be charged for the non-residential elements during periods at home and/or non-term time periods.
- 6.8 Bury Council has decided not to charge for support to Carers where they are eligible for support in their own right.
- 6.9 Carers who are also assessed as a customer with their own care and support needs will be financially assessed and charged for services.

7: How charges will be Financially Assessed for Non-Residential Services

- 7.1 Each customer will be offered a financial assessment to declare their personal financial circumstances including, income, certain expenditure and all savings & capital.
- 7.2 The customer will be required to disclose their personal financial circumstances by completing a Personal Financial Statement Form F2 and providing supporting evidence in order that a financial assessment can be calculated. Support with this process may be provided by a friend or relative.
- 7.3 If there is an Appointee for benefits, Power of Attorney or Deputy via a Court of Protection Order they must be involved with the process in order to declare the financial circumstances and sign the relevant paperwork.
- 7.4 Where joint income, expenditure, savings & capital are evident, a proportionate share will be included in the assessment.
- 7.5 The financial assessment must only take account of income, savings and assets belonging to the person in receipt of care services and not any resources of a

spouse/partner. However, the Local Authority must ensure that the other party has sufficient resources to live on.

- 7.6 Where a customer is a transition case i.e. a child to young adult reaching 18+ years of age, they may be entitled to claim DWP benefits in their own name and no longer be classed as a dependent and included in the benefits of their parents or guardians. The following is expected based on the type of services and support received:

Non-residential care services living as part of the family household:

- A calculation will be made to determine whether it is more beneficial to apply for DWP benefits in their own name and subsequently be subject to an individual financial assessment, or whether it is more beneficial to continue with the DWP benefits as part of the household family unit. The process that is used will be the one that results in a "better-off" calculation for the household.

Supported Living setting with support services:

- The young adult should claim DWP benefits in their own name and no longer be classed as part of the family unit. The financial assessment contribution will therefore be based on the young adult's individual financial circumstances.

- 7.7 Each customer will be offered a welfare benefits check as part of their financial assessment. Support will be given to make claims to any identified benefits.
- 7.8 Where an additional benefit is claimed, it is the customer's responsibility to inform the Council of any increased benefits and income. Where the Council finds out that an increase in income has arisen due to claimed benefits, the charge will be reassessed and backdated to the date of the increased benefit award.
- 7.9 If a customer chooses not to disclose their personal financial circumstances, they will be required to pay the maximum charge for their services.
- 7.10 If the customer has capital above the upper threshold limit they will be charged the full standard rates for their services up to the maximum weekly charge.
- 7.11 The care needs assessment will determine the cost of the individual package of care which will be used to calculate the maximum assessed charge. The financial assessment will determine the customer's ability to pay towards this charge.
- 7.12 If the customer has difficulty in providing verification of their financial circumstances Bury Council will calculate the financial assessment at the standard rates for the individual package of care. The financial assessment will be adjusted and backdated when the full details are available.
- 7.13 Financial Assessments will be carried out on request from the Adult Operations Teams during their assessment and service planning stage.

8: How charges will be Financially Assessed for Residential Services

- 8.1 The Council will financially assess and charge permanent residents funded in a residential care home for the care and support provided, if meeting the criteria following the care needs assessment.
- 8.2 The Council will financially assess and charge short stay, temporary and/or respite residents funded in a residential care home for the care and support provided, if meeting the criteria following the care needs assessment.
- 8.3 If a short stay, temporary and/or respite resident becomes a permanent resident, they will be considered to be permanent from the date the decision to remain in the care home is made.
- 8.4 The customer will be required to disclose their personal financial circumstances by completing a Personal Financial Statement Form F1 in order that a financial assessment can be calculated.
- 8.5 Support with this process may be provided by a friend or relative. If there is an Appointee for benefits, Power of Attorney or Deputy via a Court of Protection Order they must be involved with the process in order to declare the financial circumstances and sign the relevant paperwork.
- 8.6 If a customer chooses not to disclose their personal financial circumstances they will be considered as a self-funding resident and required to make their own arrangements for payment of the full cost of their accommodation services. Any Council funding arrangements will be cancelled.
- 8.7 The financial assessment must only take account of income, savings and assets belonging to the person resident in the care home and not any resources of a spouse/partner. Where joint income, expenditure, savings & capital are evident a proportionate share will be included in the assessment.
- 8.8 Where the resident has capital assets in excess of the current higher capital limit they will be considered as a self-funding resident and responsible for making their own arrangements for the payment of the full cost of their accommodation services. This would include any additional individual costs that may be required, e.g. 1-1 support costs.
- 8.9 Where the resident is a transition case i.e. a child to young adult reaching 18+ years of age, they may be entitled to claim DWP benefits in their own name and no longer be classed as a dependent and included in the benefits of their parents/guardians. The young adult should claim DWP benefits in their own name and no longer be classed as part of the family unit. The financial assessment contribution will therefore be based on the young person's individual financial circumstances.

- 8.10 Financial Assessments will be carried out when the Financial Support Service are notified of a new resident in a care home placement by the Adults Operations Teams and are in receipt of the completed and signed Personal Financial Statement Form F1.
- 8.11 The value of any property or a part share of any property owned by the resident, will be included in the financial assessment unless there is an applicable statutory disregard as defined in the Care Act guidance.
- 8.12 The Council will ignore the property value for the first 12 weeks of residency to allow residents time to consider the options available to fund their future care costs.
- 8.13 The Council may ignore the property value for the first 12 weeks following situations where a sudden change of circumstances occurs to a previously disregarded property to allow residents time to consider the options available to fund their future care costs, e.g. the death of a spouse living in a disregarded property that will now form part of the financial assessment.
- 8.14 Where a resident owns a house and meets certain qualifying criteria, they will be offered an option to join the Deferred Payments Scheme to assist with funding their care home placement. Reference should be made to the Bury Council Deferred Payments Scheme Policy document for further information and guidance. The Care Act statutory guidance at Chapter 9 gives further information and guidance regarding the requirements of a Universal Deferred Payments Scheme.
- 8.15 Where a resident chooses not to join the Deferred Payments Scheme, they will be responsible for and required to pay the full fees of the care home placement as they are due, without the support of Council funding.

9: Light-Touch Financial Assessments

- 9.1 Bury Council may choose to conduct a light-touch financial assessment in the following circumstances:
- Where a person has significant financial resources and does not wish to undergo a full financial assessment but still chooses to access Local Authority funding support in meeting their needs.
 - Where the Local Authority charges a small or nominal amount for a particular service and the person would clearly be able to meet the charge and have the relevant minimum income left, i.e. carrying out a financial assessment would be disproportionate.
 - Where a person is in receipt of benefits which demonstrates that they would not be able to contribute towards their care and support costs.
- 9.2 Bury Council will access the Department of Work and Pensions Searchlight database to confirm pensions and benefit awards in payment to assist with the light-touch and full financial assessments.
- 9.3 The Local Authority will ensure that the person is willing for a light-touch assessment and willing to pay all the charges due.

- 9.4 Where the person does not agree to the charges that they have been assessed to pay under this method they may need a full financial assessment instead.
- 9.5 Bury Council will inform the person when it has undertaken a light-touch assessment, and it will be made clear that the person has the right to have a full financial assessment if they wish.
- 9.6 Where a light-touch assessment has taken place, the same access to information and advice will be available.
- 9.7 Bury Council will not conduct a light-touch assessment for permanent residential care, but may do so for short stay, temporary and/or respite residential care services.

10: Income

- 10.1 The Care Act Statutory Guidance Annex C gives full details of how income should be treated in any financial assessment of charge for the different care settings.
- 10.2 Income includes all money received by the customer on a regular basis or a payment received which relates to a particular length of time.
- 10.3 Some income may be fully disregarded, and some will be partly disregarded.

Examples of types of income which is fully taken into account are:

- Pensions – state retirement, works pension or private pension
- Income Support / Universal Credit
- Pension Credit
- Disability Living Allowance (DLA) care component
- Attendance Allowance
- Personal Independence Payment (PIP) Daily Living Component
- Employment Support Allowance
- Annuity income
- Investment income
- Income from rent
- Income from insurance policies unless the customer can provide evidence that it relates solely to a mortgage protection or redundancy policy

Examples of types of income which is not taken into account are:

- Disability Living Allowance (DLA) mobility component
- Personal Independence Payment (PIP) mobility component
- War Pensions Scheme to veterans
- Winter fuel payments
- DWP Christmas bonus
- Earnings from employment
- Armed Forces compensation scheme
- Housing Benefit
- Council Tax Support

11: Savings and Capital

- 11.1 The Care Act Statutory Guidance Annex B gives full details of how capital should be treated in any financial assessment of charge for the different care settings.
- 11.2 Bury Council will set the upper and lower capital threshold limits for all care settings at the same levels as advised by the Department of Health and Social Care for residential care.
- 11.3 Capital will be assessed based on the value at the date the financial assessment is applicable to. Copies of all bank statements should be forwarded as part of the Personal Financial Statement Forms F1 (Residential) and F2 (Non-Residential).
- 11.4 Stocks and shares, property and land will be recorded and assessed at the current market value or the surrender value of the asset, whichever is higher, at the date of the financial assessment. An allowance of 10% will be included off the value if there will be any actual expenses involved in selling the asset.
- 11.5 The surrender value of any life insurance, private pensions or annuities will be disregarded unless they have been taken out to avoid payment of charges.
- 11.6 If the customer has capital between the lower and the higher capital threshold limit they will be charged a tariff income from this capital based on a calculation of £1 per part £250. This tariff income will be deemed as income and added together with the value of other income before any allowances are deducted.
- 11.7 The value of a property that the customer owns but lives in will not be taken into account as capital. However, any property or land owned that is not the usual home of the customer, will be taken into account in the financial assessment as capital at the current market value.
- 11.8 If a customer transfers any capital to a third party to avoid paying charges they will be financially assessed as if they had retained this capital.
- 11.9 Where deprivation of capital is considered to have taken place with the intention of reducing a person's liability to contribute towards their care package, Annex E of the Care Act guidance, Deprivation of Assets will be followed. This may include recovering charges direct from the third party who received the assets.
- 11.10 Capital will include all forms of monies and savings. The following list shows some examples:
 - Money in a bank, building society in current and deposit accounts
 - Post Office, National Savings, and Premium Bonds
 - ISA's
 - Stocks, Shares and Unit Trusts
 - Money owed by Third Parties
 - Any other cash

12: Allowances

For Non-Residential Care Services:

- 12.1 A mandatory disregard allowance will be given in the financial assessment calculation which is equal to the Minimum Income Guarantee (MIG) rate issued by the Department of Health and Social Care. This amount will represent a living allowance amount and will cover items of ordinary living expenses, i.e. food, utilities, personal expenditure, etc.
- 12.2 If a customer is living as part of a family household and expected to contribute towards any household expenses this should be made from the Minimum Income Guarantee (MIG) living allowance disregard.
- 12.3 Certain household allowances may be disregarded from the financial assessment calculation but only if the customer is responsible and liable for the payment of these.

Examples of these are:

- Mortgage payments
- Rent payable after any Housing Benefit
- Building Insurance premiums
- Council Tax

For Residential Care Services:

- 12.4 The Financial Assessment will take account of any statutory amounts required to be retained by the resident from their income known as the "Personal Expenditure Allowance (PEA)". This is in addition to any earnings and other benefits already disregarded.
- 12.5 The Personal Expenditure Allowance must not be used to cover any aspects of care and support needs. This money is for the resident to spend as they wish.
- 12.6 Where the stay in residential care is short stay, respite or temporary, certain household allowances may be disregarded from the financial assessment calculation but only if the customer is responsible and liable for the payment of these.

Examples of these are:

- Mortgage payments
- Rent payable after any Housing Benefit
- Building Insurance premiums
- Council Tax

13: Disability Related Allowances

- 13.1 An additional allowance may be applied to the Non-Residential Care Services financial assessment, if the customer has any Disability Related Expenditure (DRE) to meet needs that are not being met by the Local Authority. Evidence and receipts of the

additional expenditure will be required for this to be financially assessed and will be discussed during the financial assessment.

- 13.2 The decision to include or exclude DRE expenses may be based on the care needs assessments, details on the care package Support Plan and whether the items are already included in the Personal Budget. Expenses claimed should be able to be linked to assessed care needs identified in the Support Plan which are not being met by the Council.
- 13.3 Examples of disability related expenses may include:
- extra laundry and/or bedding costs
 - community alarms
 - privately arranged household help (shopping, cleaning etc)
 - special clothing
 - special diets
 - maintenance contract costs of special equipment
 - extra heating or water costs
 - help in the garden
 - depreciation costs re: special equipment
- 13.4 If a customer feels that they may have additional Disability Related Expenses, but they do not have any documentary evidence Bury Council can include a standard DRE allowance of £15 per week in the financial assessment calculation.
- 13.5 If a customer feels that their DRE are higher than £15 per week they will be advised to start keeping documentary evidence and to ask for a review when further information is available. An individual DRE assessment will be carried out. The effective date of any change in the financial assessment will be the date all the satisfactory evidence is received.
- 13.6 The customer needs to consider that any individual reassessment of DRE may result in a lower or higher disregard than the standard allowance.

14: The Charge Calculation

For Non-Residential Care Services:

- 14.1 The financial assessment is calculated in the following way:
- Step 1: calculate total income and deduct any applicable disregards
 - Step 2: calculate any tariff income from capital and add this amount to the total income figure
 - Step 3: deduct the standard living allowance disregard
 - Step 4: deduct any applicable household expenses disregards
 - Step 5: deduct any applicable DRE disregard
- 14.2 The resultant figure is known as the net assessable income.
- 14.3 The financial assessment will be charged at 100% of the weekly net assessable income for commissioned services care packages.
- 14.4 Where a care package is provided by a Direct Payment Personal Budget the financial assessment will be charged against 100% of the value of the care package of services.

- 14.5 If the net assessable income is zero or a negative figure, the customer will have a nil contribution.
- 14.6 If the net assessable income is higher than the weekly charge for the package of care the customer will contribute the weekly charge for their package of care up to the standard maximum weekly charge.
- 14.7 Charges for Care at Home services will be calculated to correspond with the Care at Home payments to Providers contract e.g. based on actual minutes delivered.
- 14.8 If a customer is away from home and does not receive any commissioned care services, e.g. away on holiday or inpatient in hospital, they will not be charged. This is different for the Direct Payment Personal Budget Scheme which is based on an annualised contribution and budget. Also see note 17.6 for additional information regarding the annualised Client Contribution.
- 14.9 Where more than one care staff is required to carry out a care task the charge will be calculated based on the total time for all the carers required to carry out the task.
- 14.10 A customer may be charged for care service visits which have been cancelled with less than 24 hours' notice, and for aborted calls where a Carer has arrived and can't gain access or is turned away.
- 14.11 Charges will start from the start date of the service. A formal written notification of the assessment will be issued to the customer or their legal representative.

For Residential Care Services:

- 14.12 The financial assessment is calculated in the following way:
- Step 1: calculate total income and deduct any applicable disregards
 - Step 2: calculate any tariff income from capital and add this amount to the total income figure
 - Step 3: deduct the Personal Expenditure Allowance disregard
 - Step 4: deduct any applicable household expenses disregards (for short stay/respite cases only)
- 14.13 The resultant figure is weekly financial assessment client contribution charge.
- 14.14 If a resident goes into hospital for any period of time, they will continue to be charged the client contribution whilst the care home placement and room is being held.

15: Top-up Fees

- 15.1 Following the care needs assessment and the allocation of the personal budget, where a person chooses a care home that is more expensive than the amount identified in the personal budget, an arrangement will need to be made as to how the difference will be met. This is known as 'the top-up payment' and is the difference between the amount specified in the personal budget and the actual cost.
- 15.2 A person may choose a care home setting to provide their care and support that is located out of the Bury Council area. In these circumstances Bury Council will calculate

the personal budget to meet their needs at the Local Council rate of the area they will be moving to. If the care home chosen is more than this revised Council rate a top-up arrangement will be required.

- 15.3 The top-up payment will need to be made by a Third Party. The top-up can only be made by a First Party in certain circumstances.
- 15.4 The person paying the top-up will be required to sign a written Agreement that they are willing and able to meet the difference in cost and will continue to do so for the duration of the stay.
- 15.5 The Council will need to be satisfied that the identified Third Party can afford the weekly top up and the Council will request that details of income and expenditure be disclosed to assist with this decision.
- 15.6 If the Council is not satisfied that the top up is affordable for the likely duration of the stay it will not agree to arrange care and support in the preferred accommodation.
- 15.7 Reference should be made to the Bury Council Residential Care Top-Up Policy document for further information and guidance.
- 15.8 The Care Act 2014, Care and Support Statutory Guidance issued by the Department of Health and Social Care gives further information and guidance regarding the requirements when considering top up or additional payments at Annex A Choice of Accommodation and Additional Payments.

16: Review / Reassessment

- 16.1 The standard rates for services may be subject to change and will be reviewed annually. The revised rates will be notified to customers as part of the annual reassessment process.
- 16.2 Capital threshold limits, allowances and disregards will be reviewed annually as advised by the Department of Health and Social Care.
- 16.3 Customers will receive an annual reassessment of their contribution based on a system generated percentage increase in line with the Department for Work and Pensions (DWP) pension and benefits increases each April.
- 16.4 Customers can and should request a full reassessment if they feel their circumstances have changed significantly.
- 16.5 A customer can request a review of the financial assessment if they feel it has not been calculated correctly, they feel something has been excluded/included incorrectly or feel that they cannot afford the amount of the contribution. Examples might include:
 - additional household expenditure
 - additional Disability Related Expenses
 - any other payments due
- 16.6 The customer should write to the Adult Social Care Financial Support Service Manager setting out the reasons for the review and include any information facts, figures and details that may be relevant. This should include details of expenses, type, amount and frequency.

- 16.7 Any change in the charge will be effective from the date of the change in circumstances or the date of receipt of the relevant information required.
- 16.8 Any outstanding debts that a customer may have whether they are debts with the Council or debts with another organisation may be considered as part of a review process.
- 16.9 It is expected that a customer will have obtained independent debt management advice or other debt solutions before consideration of debt is taken as part of the contribution calculation review.
- 16.10 A customer may be asked to complete a Statement of Means Form to assist with the review process to determine a revised financial assessment calculation that may include additional expenses and/or debts.
- 16.11 A written response of the review result will be sent within 4 weeks.
- 16.12 If a customer is still not satisfied with the result the Council's formal complaints procedure may be used.

17: Payment Methods

Commissioned Services:

- 17.1 Each customer who has been assessed to pay a charge and is receiving traditionally commissioned services will receive invoices covering a four-weekly period in arrears for the services they have actually received in that period.
- 17.2 The invoice will normally be sent to the person receiving the service although alternative arrangements can be made if required.
- 17.3 A range of payment methods are offered, and details are sent with the invoice, these include:
- Direct Debit
 - Debit card
 - Credit card
 - BACS or Internet/Telephone banking
 - Post Office
 - Paypoint outlet

Personal Budget Scheme:

- 17.4 Customers who receive the Direct Payment Personal Budget on a gross payment basis are required to pay their contribution direct to the Council on receipt of an invoice from the Council.
- 17.5 Customers who receive the Direct Payments Personal Budget on a net basis will be required to pay their contribution into the Personal Budget Card Account or to their Managed Account Company.
- 17.6 The customer contribution to the cost of a care package should be the first element of the financial package to be used to purchase services. A refund of any unspent or unused customer contribution should only apply if the total annual customer contribution is less than the total annual expenditure of the care package.
- 17.7 A customer who has respite or short stay residential care services as part of their Personal Budget package will receive the payment for the allocated number of weeks at the start of the budget period rather than as a weekly amount combined with other services spread over the budget period.
- 17.8 The customer contribution for these respite or short stay residential care services will be deducted from the payment at the corresponding payment period.
- 17.9 A Personal Budget payment for one-off items will be paid net of an annualised client contribution rate at the start of the budget period. Where a customer cannot afford the full amount of client contribution as an annualised amount a sundry debtor invoice will be sent and a form for collection via the Direct Debit scheme will be included as the preferred collection method.

Residential Care Services:

- 17.10 Where a resident is in a private residential care home funded placement and the Council pays for the placement on a net payment basis, the resident or their elected personal representative will receive an invoice direct from the care home for their financially assessed client contribution.
- 17.11 Where a resident is in a private residential care home funded placement and the Council pays for the placement on a gross payment basis, the resident or their elected personal representative will receive an invoice from the Council for their financially assessed client contribution.
- 17.12 Any top-up invoice should be a separate invoice sent direct to the person who has agreed to be responsible for the additional fee.
- 17.13 Where a resident has a property and is receiving temporary funding from the Local Authority they or their elected personal representative will receive an invoice for the deferred debt every four weeks covering a four-weekly period in arrears.
- 17.14 Where the resident or their elected representative has joined the Deferred Payments Scheme the deferred debt property invoices will be put on hold pending the termination of the Deferred Payment Agreement.
- 17.15 Where the resident has not joined the Deferred Payments scheme the invoices in respect of the property debt will be required to be paid in full straight away.

- 17.16 Bury Council will usually pay the private care home on a gross payment basis up to the agreed rate of funding for the placement. Although, Care Homes can choose to be paid on a net basis if they prefer and they would be responsible for making arrangements to collect the financially assessed client contribution direct from the resident or their elected personal representative.
- 17.17 Where a resident is in a short-term placement in a Persona Care Services care home they or their elected personal representative will receive an invoice direct from Bury Council for their financially assessed client contribution charge.
- 17.18 Bury Council will send invoices at the end of the stay or for longer stays every four weeks covering a four-weekly period in arrears.
- 17.19 There are a range of payment methods available which are detailed on the back of the invoice, and as detailed at point 17.3 above.

18: Debt Recovery / Management

- 18.1 Failure to pay contribution invoices by the due date will prompt the Bury Council debt recovery procedures. This may include pursuing debts via the civil courts and/or debt collection agencies.
- 18.2 Payment of the contribution into the Personal Budget accounts will be monitored as part of the Personal Budget audit procedures. Any failure to make the contribution to the Personal Budget account will be invoiced and pursued using the Council's debt recovery procedures.
- 18.3 Customers who refuse to pay their assessed contribution will not have their services withdrawn. However, the Council will continue to pursue the debt using the standard recovery procedures.
- 18.4 Any customer finding it difficult to maintain their contribution should make contact with the Adult Social Care Financial Support Service who will work with the customer to find solutions.
- 18.5 A customer may be asked to complete a Statement of Means Form to assist with the process of reaching a solution to the outstanding debt recovery.
- 18.6 The Council has a duty to monitor and collect these contributions towards services and circumstances of non-payment or refusal to pay may be prosecuted as an offence of Fraud.

19: Declaration of Information

- 19.1 When asked to provide financial information the customer or their representative must give full and accurate information. It is an offence to give false information or to withhold information with the intention of avoiding or reducing a liability to pay for services that he/she would otherwise have to pay for. Bury Council will prosecute any person found to have withheld information or who has given false information. Those who hold a

Power of Attorney or complete the form on behalf of a relative may also be prosecuted in such circumstances.

20: National Fraud Initiative

- 20.1 Bury Council is under a duty to protect the public funds it administers and may use the customer personal information received for the prevention and detection of fraud. Key personal identifiers may be shared with other organisations responsible for auditing and administering public funds. For further information please see <https://www.bury.gov.uk/index.aspx?articleid=10645>

21: General Data Protection Regulation (GDPR)

- 21.1 Bury Council is committed to ensuring that we are transparent about the ways in which we use personal information and that we have the right controls in place to ensure it is used responsibly and is kept from inappropriate access, theft or misuse. For further information please see <https://www.bury.gov.uk/index.aspx?articleid=14237>

22: Useful Links

The following link can be used to access the Department of Health and Social Care, Care Act, Care and Support Statutory Guidance.

<https://www.gov.uk/government/publications/care-act-statutory-guidance>

23: Equality Analysis

The embedded documents are the detailed Equality Analysis Forms for

1. Charging and Financial Assessment Policy – Care Act 2014



Annual Review of
Adult Social Care Fees

24: Appendix A – Fees and Charges Rates

24.1 Subsidised fees & charges rates to customers for Non-Residential Care Services: 2025/26.

2025/26 Financially Assessed Charges;

Home Care:	£23.45 per hour
Supported Living:	£22.21 per hour
Night Sitting:	£139.80 per night
Day Care Attendance	Up to £49.18 per day
Percentage charge on net assessable income:	100%
Maximum weekly charge for non-residential care services:	£514.33 per week
Transport to Day Centres/Care:	£6.02 per return £3.26 per single
Carelink/Telecare:	£5.27 per week
Capital Charging – lower limit	£14,250.00
Capital Charging – upper limit	£23,250.00

24.2 Fees & charges rates to customers for Residential Care Services: 2025/26.

- The rates for residential and nursing homes are the same irrespective of age or client group.
- Out of area care homes will be paid at the host Local Authority funding rates.
- Bury Council will pay the care home an additional 2 days after death at the full gross rate.
- Spot contracts and required enhanced rates are considered on an individual basis based on the care plan support needs assessment.

Bury Residential Care Homes Gross Fee	Effective from 1/4/25	£707.12 per week
Bury Residential Dementia Care Homes Gross Fee	Effective from 1/4/25	£741.75 per week
Bury General Nursing Care Homes Gross Fee	Effective from 1/4/25	£787.73 per week
Bury Nursing Dementia Care Homes Gross Fee	Effective from 1/4/25	£850.33 per week
Personal Expenditure Allowance	Effective from 7/4/25	£30.65 per week
Capital Charging – lower limit	£14,250.00	
Capital Charging – upper limit	£23,250.00	

25: Appendix B - Allowances

25.1 Non-Residential Care Services: 2025/26.

Minimum Income Guarantee (MIG) as issued by the Department of Health and Social Care, Local Authority Circular LAC(DHSC)(2025)1.

Please note: These rates will differ slightly from the Department for Work and Pensions published rates.

Single:

Age 18 - 24	Personal Allowance	£89.15
	Disability Premium	£49.65
	Enhanced Disability Premium	£24.25
	Total:	£163.05 per week

Age 25 - 59	Personal Allowance	£112.50
	Disability Premium	£49.65
	Enhanced Disability Premium	£24.25
	Total:	£186.40 per week

Pensioner - aged 65+	Total	£232.60 per week
----------------------	--------------	-------------------------

Lone Parent	Personal Allowance	£112.50
	Disability Premium	£49.65
	Enhanced Disability Premium	£24.25
	Total:	£186.40 per week

Couples:

Age 18 – 64+	Personal Allowance	£88.35
	Disability Premium	£35.40
	Enhanced Disability Premium	£17.45
	Sub total	£141.20 x 2
	Total:	£282.40 per week

Pensioner - aged 65+	Personal allowance	£177.55 x 2
	Total	£355.10 per week

Additional Premiums:

Apply if the customer is responsible or in receipt of

Child Premium (per child) £102.95

Carer Premium £53.25

26: Appendix C – Disability Related Expenses

26.1 Non-Residential Care Services, Disability Related Expenses Criteria: 2025/26.

The following criteria relates to allowances which can be applied in respect of “disability related expenditure” (DRE).

The Council Policy allows a service user to have a standard allowance applied to the assessment of £15.00 if they feel they have any DRE. If a service user feels that their actual DRE is more than £15.00, they can supply details of these additional expenses to be considered as part of the assessment calculation.

The decision to include or exclude DRE expenses may be based on the care needs assessments, details on the care package Support Plan and whether the items are already included in the Personal Budget. Expenses claimed should be able to be linked to assessed care needs identified in the Support Plan which are not being met by the Council.

All items claimed have to be supported by actual receipts to be considered in the assessment. If receipts are not available, advice should be given to keep receipts from now on to be included in the next re-assessment.

Exclusions:

Generally there will be no additional allowances made for the following which should be paid from the “Minimum Income Guarantee” disregard:

Water Rates (unless metered and usage higher than normal)

Insurance

Loans

Hire Purchase

Catalogue payments

Pets’ expenses (unless Guide dog)

Household expenses e.g. gas, electricity (at normal usage)

Household Help, e.g. shopping/cleaning when provided by family/friends/ neighbours, unless provided officially and receipted, unless stated as part of the Care Plan needs.

Incontinence Supplies (as these are usually provided by the NHS)

Physiotherapy (as these services are usually provided by the NHS)

Acupuncture (as these services are usually provided by the NHS)

Chiropody (as these services are usually provided by the NHS)

Aromatherapy (as these services are usually provided by the NHS)

Prescription Charges.

Meals / Food (whether meals out or at day care)

However, it is noted that exceptions could be applied dependent on individual circumstances. A customer should supply details of these exceptions to be considered as part of the assessment calculation.

General Housing Expenses;

Mortgage Payments	Allow amount payable net of any means tested DWP benefits.
Rent	Allow amount payable net of Housing Benefit.
Council Tax	Allow amount payable net of Council Tax Benefit.

Disability Expenses: This list should act as a guide only. Additional items could be considered on production of specific details and receipts.

ITEM	AMOUNT	EVIDENCE
Community Alarm Systems Costs are usually included in Housing Benefit or Supporting People Grant	If not included, allow actual cost, up to a maximum of £5.27 per week, (based on cost of Carelink)	Bills from the service provider.
Privately Arranged Care Services E.g. carers, respite care.	Allow actual costs, if required as identified on Care Plan.	Bills from the service provider.
Laundry and/or special washing powder	Allow only specialised products, actual cost up to £4.86 per week, (based on average costs) (average 4 loads per week)	Receipt of purchase.
Special Dietary Needs Dietary requirements may not be more expensive.	Allow actual costs.	Supported by medical evidence, and receipt of purchase.
Special Clothing & Footwear	Allow specialised items actual costs.	Receipt of purchase.
Bedding Frequent replacement costs	Allow actual costs.	Details of frequency, and receipt of purchase.
Heating Excessive fuel costs can be included, the Government has created a list of typical annual costs for the various scenarios as circulated by NAFAO. Bury Council has decided to reduce these rates by 10%. Any annual fuel costs above these amounts can be included as a DRE	• Single person in flat or terraced property £2152.40 • Couple in flat or terraced property £2836.72 • Single person in a semi-detached £2285.99 • Couple in a semi-detached £3010.90 • Single person in detached property £2783.83 • Couple in a detached property £3665.65	Bills from the service provider.

Water Charges Only if metered and above normal usage.	Allow actual costs above normal usage. United Utilities average household charge 25/26 will be £597.83	Bills from the service provider.
Household Help Shopping/Cleaning – usually when provided by a Care Agency, or if provided by individual carer - see above exceptions list.	Gardening – allow actual costs up to £10.00 per week, (based on average costs). Shopping/cleaning, allow actual costs.	Receipt from provider.
Equipment Purchase and/or Repairs & Maintenance No allowance if provided free of charge. (Alternative methods of depreciation could be used if requested, details should be provided)	Repairs/maintenance – allow actual cost Purchase - allow actual cost divided by 500 (10-year life, based on average costs), up to; Wheelchair £5.07 per wk (manual), Wheelchair £12.31 per wk (powered), Powered Bed £5.60 per wk, Turning Bed £9.80 per wk, Powered Reclining Chair £4.44 per wk, Stair-lift £7.91 per wk, Hoist £3.89 per wk.	Receipt from provider. Receipt of purchase.
Carer Costs See Household Help & Care Services & Transport Costs.	Admission fees allow actual costs, Meals allow actual cost up to £5.69 per meal. Carers holiday costs allow actual cost up to £520.00 per annum (i.e. £10 per week)	Receipt of purchase.
Transport Costs If not on DLA Mobility component do not allow any costs.	Allow only costs above the rate of DLA Mobility component.	Receipt of purchase.
Medical Items and/or Treatments No allowance if provided free of charge or by prescription.	Allow actual costs.	Supported by medical evidence, and receipt of purchase.
Furniture and/or Breakages See Equipment Purchase		

27: Appendix D – Calculation Examples

27.1 Non-Residential Care Services charge calculation example: 2025/26

Example;

Mrs Green is 80 years old and lives alone. She requires a high level of support both at night and during the day. Bury Council has assessed her as requiring 1 night sit and 10 hours per week care services as well as 2 days per week at a day centre.

Care services: Standard charge for care 10 hours @ £23.45 per hour, Day Care Centre attendance @ £49.18 per day (2 days) and transport is £6.02 return (2 journeys). Total Standard charge is £344.90.

Mrs Green also has £18,240 in savings. We calculate a tariff income. We do not count the first £14,250. We calculate £1.00 per week for every part of £250.

The calculation is: £18,240 minus £14,250 = £ 3,990/250 = £15.96 which works out to be £16.00 Tariff Income per week.

Weekly Income	
State Pension	£ 172.38
Private Pension	£ 122.04
DLA (Care) – Middle Rate	£ 73.90
Tariff Income	£ 16.00
Total	£ 384.32
Personal Expenditure Allowances	
Household Expenses	£ 25.00
Disability Related Expenses	£ 23.55
Minimum Income Guarantee Living Allowance	£ 232.60
Total	£ 281.15
What will Mrs Green pay?	
Total Weekly Income	£ 384.32
LESS: Total Personal Expenditure Allowances	£ 281.15
Difference	£ 103.17
Standard Charge for all the services received	£ 344.90
Amount payable per week	£ 103.17

Mrs Green will pay 100% of the difference between her weekly income and her personal expenditure allowances, i.e. £103.17. This sum covers care service, day care centre and transport to the day centre, but not any meals taken.

If Mrs. Green had declined to have a financial assessment, she would have had to pay £344.90 – an extra £241.73 per week.

27.2 Residential Care Services charge calculation example: 2025/26

Example;

Mr Barlow is aged 92 and lives in a privately run residential care home.

Weekly Income	
Retirement Pension	£ 217.50
Occupational Pension	£ 154.73
Tariff Income	£ 8.00
Total	£ 380.23
Capital	
Halifax	£ 426.70
Halifax	£ 15'763.73
Total	£ 16'190.43
Disregard	Per Week
Personal Allowance	£ 30.65
Savings Credit Disregard	£ 7.05
Total	£ 37.70
Client Contribution	£ 342.53 per week
Bury Council contribution	£ 364.59 per week
Level of Funding	£ 707.12 per week

Contact us

For further information about the Charging and Financial Assessment Policy please contact:



Log on to:

www.theburydirectory.co.uk

<https://theburydirectory.co.uk/paying-for-residential-and-nursing-home-care>

<https://theburydirectory.co.uk/paying-for-services-provided-in-the-community>



Email us at:

ResCarePaymentsandQueries@bury.gov.uk

ACS.FinancialAssessmentTeam@bury.gov.uk



Write to us at:

Adult Social Care Financial Support Service
Third Floor
6 Knowsley Place
Bury
BL9 0EL



Call us on:

0161 253 7438