

Paying for Care in Surrey

An information guide for people living in Surrey



SURREY

Introduction

This booklet explains how we charge for care and support services and includes information about:

- the type of services we charge for and those that are free
- how we work out what you can afford to pay
- other financial help available
- information for those who are paying the full cost
- where to find more advice and information

When and how Adult Social Care can help

The Adult Social Care service is here to support residents who have longer term and complex needs that prevent them from doing routine things each day, and carers. We are also here to provide short term support to help you get back to full fitness or mobility after a hospital stay or if you are recovering from a mental illness.

If we find you need our support we can speak to you and find out about the areas that matter most to you and would make the greatest impact on your life and wellbeing. You then have the option to choose the support that will allow you to achieve the goals that matter most to you. We are keen to help people stay independent, preferably in their own home, for as long as possible. Anyone who thinks they may need support can ask us to carry out an assessment. The assessment is free of charge.

Carers of all ages also have a right to an assessment. The assessment identifies support needed by the carer to help balance their caring role with other activities such as employment, education and family life. We recognise the valuable work carers do and there are a number of ways we can offer support. If you would like a carer's assessment, or if you know of somebody who may need help, please contact the Adult Social Care helpline on:

Tel: 0300 200 1005

Text: 07527 182 861

Email: contactcentre.adults@surreycc.gov.uk

Assessment and reablement

Sometimes a sudden illness or an accident can make people feel unable to cope in the short term. Many people need a little support at this time to regain their confidence and independence. Trained staff will assess your needs in the short term and provide the necessary support to assist in your recovery and help with activities such as personal care and daily living tasks.

The service may be for as little as a few days or can be for longer, up to a maximum of six weeks. You will not be charged during this period. If we agree that you need longer term support, you will be asked to complete an Adult Social Care Assessment, to help establish your ongoing care and support needs. You will also be asked to complete a financial assessment. We will use this information to work out if you need to contribute towards your support and how much the contribution will be.

Your personal budget

If you are eligible for ongoing support from Adult Social Care, in most circumstances you will be given a personal budget to meet the outcomes you want to achieve. The support you choose may be provided by another organisation or person. We prefer to put you in charge of arranging your own support by giving you a direct payment. A direct payment is an amount of money to spend on support or services of your choice to meet your eligible social care needs. We will usually provide you with an account to make managing the direct payment easy. If you cannot manage a direct payment, we will discuss other options with you. If you are required to make a contribution, we will usually deduct the amount you are assessed to pay from your direct payment.

What services are chargeable?

A financial assessment is required for most services such as:

- Direct payments
- home care
- attendance at day care centres
- transport
- other support services in the community (including Supported Living and Extra Care Housing schemes)
- adaptations to your home costing more than £1000
- residential and nursing home care (including respite and short-term breaks)

What services are provided free of charge?

We do not charge for:

- assessment of your care and support needs
- carers services
- intermediate care (services paid for by the NHS)
- NHS services (Continuing NHS Health Care)
- personal care provided by a state registered nurse
- assessment and reablement (up to a maximum of 6 weeks)
- aftercare services provided under Section 117 of the Mental Health Act
- daily living equipment and adaptations costing less than £1000
- services provided to people with Creutzfeldt Jacob Disease (CJD).

Intermediate care is a short stay (up to six weeks) in a care home to help rehabilitate someone after they have been discharged from hospital, or to prevent them going into hospital.

Continuing NHS health care is care in a nursing home arranged, provided and completely paid for by the local Clinical Commissioning Group (CCG).

The financial assessment process

If you receive a service that is chargeable, we will ask you or your representative to complete a financial assessment form. We prefer to go through this with you in person as this gives us the opportunity to explain the assessment process. It also gives you the opportunity to ask us questions and we can give benefits advice at the same time, helping to make a claim for benefits if you want us to. We can either visit you or your representative if they live locally, or carry out the

assessment by telephone. We will contact you and give you the choice. By speaking with you in person we can ensure you are not charged more than you can afford to pay. The financial assessment form asks for details about your capital, income and your expenditure. This information is then used to work out how much you will need to pay.

What if I do not want a financial assessment?

You have the right to refuse a financial assessment. If you do not want an assessment or if you know you will not qualify for financial help, you will have to pay the full amount. We will discuss this with you and in some circumstances you may need to make your own funding arrangements. Even if you think you will not qualify for financial assistance, it may still be worth asking us to carry out a benefit check. Many people do not claim their full entitlement because they do not know what is available. It is worth considering that some benefits are not based on your savings or income and we may be able to support you to make a claim.

If you give away money or property or spend money on expensive possessions or holidays and we think you were trying to avoid paying for your care, we can still take it into account. In certain circumstances, the person you gave the money or property to may be liable themselves for some or all of the costs of your care. This could happen if you transferred, gave away or sold an asset for less than its true value in order to avoid care and support charges.

Part 1 - Paying for community care and support services

If you have over the upper capital limit in savings or capital, excluding the value of the home you live in, you will have to pay the full cost. The upper capital limit is currently £24,500.

If you have to pay the full cost or you will be making your own funding arrangements, you may benefit from independent financial advice. Making a decision on how you will pay for your own care can be daunting, especially if you are not aware of all the options available to you. We strongly recommend speaking to an independent financial adviser, who will be able to provide impartial advice and help you to understand the rules around funding care. You can find a financial advisor through the Society of Later Life Advisors (SOLLA). Visit their website www.societyoflaterlifeadvisers.co.uk or call their phone line for local Surrey advisers 0845 303 2909. Please note that some services they provide are free, others are chargeable. There are also local voluntary organisations that may be able to offer independent and free advice.

If you have to pay the full cost make sure you tell us when your savings are nearing the upper capital limit. We may be able to provide financial assistance in the near future.

If you have less than £24,500 we will work out if you are able to pay towards your care and support service. Most people on a very low income will not have to pay. If you have to pay, we will tell you how much and explain how we have worked this out. Charges apply from the start date of the service provided, or the date we tell you about the charge in writing. If we find you have more than the upper capital limit after the service starts, full cost charges will be backdated to the day the service started.

What information will I need to give?

Details of income, for example:

- state retirement pension
- state benefits such as Pension Credit, Income Support, Attendance Allowance (AA), Disability Living Allowance (DLA), Personal Independence Payments (PIP)
- private pensions
- annuities and trust funds
- any other income.

Details of savings and capital, for example:

- bank statements, building society accounts
- bonds, shares and other investments
- details of any property or land (other than your main home)
- any other capital or savings.

Details of expenditure, for example;

- proof of mortgage or rent payments
- council tax and water charges
- disability related expenditure (if you want to tell us about this).

Disability-related costs

Many people have extra costs due to their disability. Some people find it difficult to identify these because they have been paying the extra money for a long time. We can help you to identify these costs. However, we know some people may not want to talk about these costs so we automatically allow £20 so that you do not have to discuss this if you do not want to. If you feel your costs are more than £20, you can tell us about them. Different people have different needs and we will assess you as an individual. You should consider all of the extra things you pay for because of your disability. Below is a list that will help you to tell us about everything.

Here are a few examples of some extra costs you may have;

- extra heating
- extra laundry
- extra clothing or bedding
- special clothing or footwear
- special diet
- private payments for cleaning, garden maintenance and domestic help
- special equipment
- extra transport costs
- community alarm system.

In some cases we will ask you to provide proof of these extra costs

How is the charge calculated?

We will look at your income, which will include most state benefits, pensions, disability benefits and income from most other sources. We will then deduct a Minimum Income Guarantee allowance and then deduct your essential expenses. The amount of income remaining is known as your 'net available income' and we will ask you to pay 90% of this towards your care and support.

Minimum Income Guarantee allowance

An allowance is given in the assessment to cover the costs of everyday living. This allowance is taken from government guidance and is based upon basic Income Support or Pension Credit plus a 25% buffer. Your allowance will depend on your age, disability and family circumstances. We will tell you the amount when we confirm whether or not you will be required to pay.

When will I know how much I have to pay?

In most cases we will be able to tell you what your charge will be when we complete the financial assessment form. We will confirm this in writing, showing you how it has been worked out.

What if I do not agree with the charge?

If you feel the charge is more than you can afford you can ask us to review it. You may feel we have not allowed for all of the expenditure you told us about for example, or you may have thought of something you did not tell us about previously. We will look at your assessment again and this is called a review. We will tell you the outcome of the review and will explain our decision in writing.

If you still feel the charge is more than you can afford, you have the right to appeal. We will give you more information about how to appeal when we confirm the outcome of the review. The appeal decision is final. If you are not happy with the outcome of the appeal, or if you feel you have been treated unfairly, you can make a complaint. We will send details of the complaints procedure with the outcome of the appeal.

How do I pay for my care?

We will usually send you a statement each month that will show how much you are required to pay. It will also give you information on how to make your payment.

The County Council's preferred method of payment is by Direct Debit. It is the easiest way to pay for your care. A Direct Debit is an instruction from you to your bank or building society, authorising us to collect varying amounts from your account to pay for your assessed charge. A Direct Debit guarantee is provided which means you'll get immediate money back from your bank in the event of an error, advance notice if the date, frequency or amount changes and the right to cancel at any time. A Direct Debit form will be sent to you with your first statement.

If you are receiving your support by Direct Payment, we will usually deduct the charge from your direct payment so that you do not need to make a separate payment to us.

What if I cannot pay?

If at any time you find yourself in circumstances that make it difficult for you to pay, you should tell us about this as soon as possible. It may be that your circumstances have changed and we need to look at the charge again. If you have other money problems such as debts for example, we can tell you where to get free and confidential advice.

Making future decisions

You may want to prepare for a time when you can no longer manage the running of your day-to-day affairs or deal with paperwork yourself. If you want to choose someone now that you trust to make those decisions on your behalf, you can ask one or more individuals to become your Lasting Power of Attorney (LPA). A Lasting Power of Attorney can deal with things such as your property

and financial affairs or make decisions about your health and wellbeing, at a time when you no longer want to or may lack the capacity. You can appoint a Lasting Power of Attorney yourself by obtaining a form from the Office of the Public Guardian or you may want to seek advice from a solicitor who is experienced in preparing these forms.

Part 2 - Paying for residential and nursing home care

If we arrange for you to go into a residential or nursing home you will usually have to pay a contribution towards the cost of living there. Charges are payable from the day you enter the care home. The amount you will be asked to pay will depend on your income and capital. It will also depend on whether your stay in the home is temporary or permanent.

How much capital can I have if I go into a care home?

Capital includes, for example, money in the bank, building society accounts, stocks, shares, bonds, national savings, property and land.

If you have:

- more than £23,250, you will have to pay the full cost
- between £14,250 and £23,250, you will have to pay £1 weekly for every £250 or part of £250 over £14,250 (in addition to a contribution from your income)
- less than £14,250, we do not take your savings into account

What happens if I have to pay the full cost?

If you are thinking about going into a care home on a permanent basis, we suggest you ask us for an Adult Social Care assessment to help you decide the best way in which your care and support needs can be met. We can give you information about the range of local homes, to help you decide which home will suit your needs. We can also advise whether you could continue to live in your own home with the right level of support and help you to access these services.

It is also important that you obtain independent financial advice to help you make the right decision about funding your care. You need to choose a home you can continue to afford. Some people select an expensive home and then use up all their savings. The council will only pay for accommodation at the usual rate to meet the level of care for a person's needs. If the home you choose costs more than amount we would usually expect to pay to meet your care and support needs, you will have to find someone who can pay the difference. Alternatively, you may have to move to a cheaper home.

We can give you advice on the state benefits you might be entitled to claim and we can help with your support planning, but we cannot give you financial advice.

An independent financial adviser will have access to the full range of financial products available, to help you make the important financial decision about care planning. Some may charge for this service. Some financial advisors are accredited with Solla – The Society of Later Life Advisors. These advisors hold appropriate financial, tax planning, equity release and long term care qualifications. They specialise in providing products for people planning for later life.

If you believe your capital is likely to fall below £23,250, you should contact us to arrange a full financial assessment. It is best to contact us when your savings are approaching the upper capital threshold, rather than wait until they fall below the limit.

Do I have to pay for nursing care?

If you need to live in a nursing home you will get the nursing element of your care paid for by your local Clinical Commissioning Group (CCG). This is known as Funded Nursing Care (FNC). Funded Nursing Care is care provided by a registered nurse and is different to personal care. A nurse will assess you to see how much the Clinical Commissioning Group (CCG) will pay.

If your overall care needs are mainly health related, you may be able to get Continuing NHS healthcare. Your social care practitioner can advise you on who to contact if you think you may be entitled to continuing care.

What if I own property?

Temporary residents: we do not take into account the value of the home you live in. If you own any property or land other than the home you live in, we will take its value into account from the day you enter residential or nursing care. If the value of the second property or land is more than £23,250, you will have to pay the full cost.

Permanent residents: when you move permanently to a home we will usually take into account the value of your property after the first 12 weeks. If you own the property jointly, we will only take the value of your share into account. If you own a second property, we will take its value into from the date of admission.

There are circumstances where we must not take your property into account.

We will not take your property into account if it remains occupied by:

- your partner or spouse
- a relative aged over 60
- a relative aged under 60 who has a disability
- a divorced or estranged partner with a dependent child
- a child under 16 maintained by you

The council has discretion to disregard your property in certain circumstances; for example where a former carer who gave up their home to look after you occupies it. We will look at the individual circumstances of each case before making a decision.

What is the '12 week property disregard'?

If we take your home into account, we will ignore its value for the first 12 weeks; starting from the date you first became a permanent resident. This is to give you time to decide what you are going to do with your former home. During this period you must contribute towards your care from income and other capital. You will also have to continue to maintain the property and meet any ongoing costs that arise.

What happens after the '12 week property disregard'?

After the '12 week property disregard', you will usually need to make your own funding arrangements. You will need to make a decision how you will fund the full cost at the end of the property disregard and you will need to put these arrangements in place. We strongly recommend that you take independent advice at the earliest opportunity to decide how you are going to pay for this. See page 10 – 'What are my options if my property is included?'

What happens if I give property away?

If you give property away and we think you were trying to avoid paying for your care, we will still take it into account. In certain circumstances, the person you gave the property to may be liable themselves for some or all of the costs of your care. This could also happen if you transferred or sold the property for less than its true value in order to avoid care charges.

What income do you include?

We take most income into account if you are in residential care. However, we do disregard or partly disregard some income, depending whether you are a permanent or temporary resident. For example, we disregard the mobility component of Disability Living Allowance (DLA) and Personal Independence Payments (PIP) from all assessments and we do not take into account Attendance Allowance, DLA (care component) or PIP (daily living component) if you are a temporary resident.

How much income do I keep?

We make deductions and allowances each week, such as:

- £24.90 for personal expenses
- up to £5.75 from Savings Credit
- £10 of a civilian war injury, war widow, war widower, war disablement pension or Armed Forces Compensation Scheme payments
- 50% of an occupational or private pension if it is to be made available to your spouse at home
- any charitable payment you receive.

If you are a temporary resident we can allow for some of your housing costs. We can allow for your share of mortgage or rent payments, council tax, water rates and buildings insurance. Surrey County Council allows an extra £20 each week, up to a maximum of eight weeks, for any other expenditure you may have.

Will I be entitled to any welfare benefits?

We will look at the information you give us and will tell you if we believe you are entitled to claim any benefits. It is important that you claim any benefits to which you are entitled, as we include them in the charge we ask you to pay. We will offer to help you make a claim if you need us to.

If you are already in receipt of welfare benefits you must tell the Department for Work and Pensions about any change in your circumstances that affects your entitlement. This is particularly important if you go into hospital or a care home.

What if the home I choose costs more than the Council will pay?

If you choose a home that charges more than the council could expect to pay for the type of accommodation that could meet your eligible care and support needs, you will have to find somebody to pay a top-up. A top-up is the difference between the amount we would pay and the cost of the home you choose. Family or friends can pay a top-up on your behalf, but the Council must be satisfied that the person paying can afford to continue payments throughout the duration of your stay.

If we are taking your property into account and you can afford to, you can pay it yourself. If you enter a Deferred Payment Agreement with the Council, you can defer the top-up until such time as the deferred debt becomes payable. More information is available in our 'The Deferred Payments Scheme' leaflet.

How will I know how you calculate the charge?

We add the total of your income to any income from capital that you may have. We then deduct any allowances to calculate how much you must pay towards your care fees. Charges become payable from the day you enter the care home and we will write to explain how the charge has been calculated. We will review the amount you are required to pay annually in line with any changes to your income. We will write to you if the amount we require you to pay changes.

What if I disagree with the amount you ask me to pay?

If you feel we have made a mistake or that the charge is more than you can afford, you can ask us to review the assessment. If we have made a mistake or overlooked something we will correct it. We will explain the outcome of the review to you in writing. If you still feel the charge is more than you can afford, you can ask for an appeal. You need to tell us why you cannot afford to pay the charge and we will look at it again. If you are not satisfied and feel we have treated you unfairly, you can make a formal complaint.

Part 3 - What are my options if my property is included?

The County Council must follow regulations set by the government and these regulations can be complex. Whilst we can give you information, the County Council cannot give you financial advice. It is very important that you take independent advice to find out all of the options available. Everybody's circumstances are different and we suggest you obtain help in deciding which solution is best for you.

If you do not want to sell your property;

You may decide to raise the money you need in other ways; by renting out your home for example. The rental income may allow you to fund your care without the need for a loan. Whether you can do this will depend on your income, how much the fees are and whether anyone else can help you. You will need to consider expenses such as the maintenance and insurance of the property. There are various options available for you to consider:

- you may have family or friends who are willing to contribute towards the cost of your care
- you may decide to raise the money by taking out a loan, an annuity, a home income plan or some other type of equity release scheme
- you may decide to apply for the Council's deferred payment scheme.

Before making a decision you should obtain advice about the effect on any benefits you may be claiming. For example, you may not be able to claim Pension Credit or Income Support if your property is not up for sale. This is because the Department for Work and Pensions (DWP) will count the value of your property as capital. However, you will be able to claim Attendance Allowance or Disability Living Allowance.

What if I want to sell my home but cannot afford the fees until it is sold?

You may decide that you want to sell your home straight away in order to pay for your care. If you decide to do this you may have enough capital and income to pay the fees in full whilst you are waiting for the property to sell. If the property takes longer than expected to sell, or you cannot afford to pay the full fees until it is sold, you can apply for the deferred payment scheme.

What is the deferred payment scheme?

The deferred payment scheme is designed to help if you have been assessed to pay the full cost but you cannot afford to pay the full amount immediately because your capital is tied up in your home. Deferring payment of your care and support fees can delay the need to sell your home; providing peace of mind during a time that can be challenging. The scheme is a type of loan that offers you the opportunity to 'defer' paying the full cost until a later date. If you are eligible for the scheme, the Council will help you to pay the amount you cannot afford to pay each week, using your home as security.

The Council will work out how much you can afford to pay each week towards the cost of your care home fees, based upon your income and other capital. The Council will then pay the difference between your 'assessed weekly contribution' and the actual cost of the care home. The part that the Council pays on your behalf is the 'deferred payment'. The deferred payments build up as a debt, which is repaid when your house is sold. If you decide not to sell your property during your lifetime, the debt must be repaid to the Council from your estate after your death.

More information is available in our 'The Deferred Payments Scheme' leaflet.

For more information about paying for care in Surrey, contact us at:

Email: contactcentre.adults@surreycc.gov.uk

Telephone: 0300 200 1005 (8am-6pm weekdays)