



**CONTRIBUTING TO YOUR CARE AND SUPPORT
(ADULT SOCIAL CARE NON-RESIDENTIAL CHARGING POLICY)**

JULY 2019



Aberdeen City Health & Social Care Partnership
A caring partnership

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BACKGROUND

Aberdeen City Health and Social Care Partnership (ACHSCP) aims to help people live at home independently, safely, and for as long as possible. To help us to continue to be able to provide services to people with a range of needs, we ask them, if they can afford it, to make a contribution towards the cost of certain aspects of their care and support services.

Local authorities are empowered by statute to make decisions about charging for non-residential community care services provided or arranged under the Social Work (Scotland) Act 1968 and sections 7 and 8 of the Mental Health (Scotland) Act 1984 and other relevant Social Work Legislation and Guidance. In developing this policy, ACHSCP has also considered: -

- The Human Rights Act 1998
- The Equalities Act 2010
- Housing Support Duty (Scotland) 2012
- Social Care (Self Directed Support) (Scotland) Act 2013
- The Carers (Waiving of Charges for Support) (Scotland) Amendment Regulations 2018.
- The Community Care (Personal Care and Nursing Care) (Scotland) Amendment (No. 2) Regulations 2018

Decisions made in relation to charging are set within the overall context of increasing demand for services as a result of a growing, ageing population with increased incidences of multiple and complex needs and a corresponding reduction in the budget available. ACHSCP are having to provide more services with less money. We are continually reviewing our service delivery and changing the way we do things to try to reduce costs, increase efficiency and achieve best value to avoid increasing the charges to those who use our services. Some level of charging is, however, inevitable.

The charges are carefully considered to ensure they are reasonable for people to pay; they take into account the type of service provided and the recipient of the service; the person's ability to meet the cost; and what others in similar circumstances but living in different areas across Scotland are asked to pay. Any charge made will not exceed the actual cost of providing the service.

During financial year 2017/18 it cost £217m to provide social care services in Aberdeen. In the same period, £2.1m was raised in income generated from the charges raised. This equates to a contribution of 1% of the total cost of the services delivered. Were charges not to be levied for some services, difficult decisions about reducing or stopping some service provision would have to be made.

This policy introduces a new approach to charging for Adult Social Care Services and is designed to align with national and strategic priorities for Self-directed Support (SDS). It relates to non-residential services only and includes Housing Support services that are commissioned by our partners in Aberdeen City Council's Housing Access and Support team and some services provided by Registered Social Landlords (RSLs).

Charges for residential services are made in accordance with the national Charging for Residential Accommodation Guide (CRAG).

SELF-DIRECTED SUPPORT

The Social Care (Self-Directed Support) (Scotland) Act 2013 came into effect on 1 April 2014. This act changed the way in which local authorities and Health and Social Care Partnerships deliver social care and support services. Self-Directed Support (SDS) is all about individuals having **choice, control and flexibility** around the means by which their identified support needs are met.

Following assessment, most individuals will be offered the choice of **4 options** in relation to how they receive a service. SDS is not available for residential services or for certain individuals who lack the capacity, or legal representation, to direct their own support.

The 4 options are: -

Option 1 Direct Payment - the supported person manages and administers their own personal budget which is paid into a separate bank account opened by the individual and managed separately from any other accounts they have. Direct payments can be used to purchase services from a care services provider or agency, including ACHSCP, or it can be used to employ a Personal Assistant (PA).

Option 2 Directing the available support – with this option the individual still has choice and control over the support they get, but elects for a 3rd party, which could be ACHSCP or another independent provider, to manage the budget rather than doing this themselves (as with option 1).

Option 3 Local authority arranged care – this option is where the supported person elects to have ACHSCP arrange the support. This is the default option for those who do not have the capacity or legal representation to make a choice.

Option 4 Any combination of the above - the supported person chooses a mixture of any of the first 3 options, probably different choices for different aspects of their agreed outcomes.

INDIVIDUAL BUDGETS

The assessment process will indicate an individual's needs and a support plan to meet those needs will be generated. In order to provide as much equity as possible across the SDS options, the total cost of providing the care and support is calculated and this determines the Individual Budget for those using option 2 and 3 and anyone using option 1 to purchase their package of care from a care service provider/agency.

The majority of ACHSCP social care services are externally commissioned from third and independent sector partners. The cost of the care and support is calculated from the absolute (or average where multiple rates exist) **equivalent commissioned rate (ECR)**.

A separate rate is calculated for those using option 1 to employ their own **Personal Assistant** as this situation does not incur the same overhead costs as care service providers however there are specific costs related to becoming an employer (such as pensions, insurance etc.) that are taken into account.

The Individual Budget is the starting point for the calculation of the contribution individuals will be asked to make towards the cost of their care. Initially a "**Planning Amount**" is calculated for the individual budget. This can be adjusted once the actual services are identified. These services take account of particular circumstances, levels of need or availability of service provision. For example, the planning amount, although based on an equivalent rate to the average rate of commissioned services may be insufficient, as due to the complexity and intensity of need, service provision is limited and attracts a premium rate.

The following support services provided centrally by ACHSP and ACC staff are **exempt** from being considered as part of the cost of a package of care and support:

- Information and Advice
- Needs Assessment
- Care Management
- Housing Support provided by ACC Internal Team

In order to make best use of limited resources and ensure equity of decision making across individuals and services, the approval for significant packages of care, either new packages or changes to existing packages, is sought from the **Resource Allocation Panel (RAP)**. The RAP meets regularly (currently fortnightly) and consists of Adult Social Care Service Managers and Finance colleagues. It considers the detail of the care to be provided and the costs identified.

There will be times where care is required to be delivered immediately. In such **emergency situations**, a Service Manager can authorise the care to be commenced in the absence of an Individual Budget being set and/or approval from the RAP. Retrospective budget setting is undertaken, and retrospective approval from the RAP sought. No client contributions are collected initially although the client will be advised that should the financial assessment indicate that a contribution is to be made this will be collected from an agreed point, normally the point the individual is advised what the value of that contribution will be.

WHAT WE CHARGE FOR

Those services that are in scope for charging, are:

- **Care at Home – Non-Personal Care:** including laundry and other domestic support
- **Supported Living** (commissioned mainly for clients with learning difficulties or mental health problems)
- **Housing Support** (provided in Amenity+ Housing (in transition blocks) *)
- **Housing Support** (provided in Sheltered Housing (Aberdeen City Council (ACC))
- **Housing Support** (provided in Very Sheltered and Extra Care Housing) (Bon Accord Care (BAC). Description of service provided in Appendix A on page 17)
- **Housing Support** (in Registered Social Landlord (RSL) properties NB: this is currently capped at 50% of the total cost of the charge)
- **Outreach Housing Support** (if this is to be provided for more than 2 years)
- **Day Care** (care provided at a Day Centre or other community location, for varying periods across the week, to help people maintain or regain their independence and/or provides carers with a short break from their caring role)
- **Day and home-based Respite services ****, (care provided in a Day Care setting or the supported person's own home that either provides additional temporary care or provides carers with a short break from their caring role)
- **Social/Educational/Recreational Support** (this would cover 1:1 support, sitting service/family support and support to attend college etc):
- **Community Alarm Telecare** (the equipment that allows emergency help to be called at any time, day or night and the service provided for Amenity Housing)
- **GPS option for Community Alarm Telecare** (in conjunction with the Community Alarm equipment, the option that allows an individual's movements to be monitored through GPS)
- **Overnight/Residential Respite Services **** (care provided in a residential setting that either provides additional temporary care to the supported person or provides carers with a short break from their caring role).
- **Meals provided at Day Care**
- **Meals provided at Very Sheltered Housing**
- **Meals provided in the Community**

* Amenity+ is housing designed and adapted for people usually 55 years and above with functional and support issues including a 24-hour response service.

**Respite services are only chargeable if they are provided for the benefit of the cared for person. If the respite is provided to meet the needs of the carer as identified in an Adult Carer Support Plan or a care assessment, then the charges must be waived under the Carers (Waiving of Charges for Support) (Scotland) Amendment Regulations 2018.

HOW WE CHARGE

Not all of the chargeable services listed above are included in individual budgets and not all form part of the financial assessment for charging. Some will be charged at a flat rate (FR) and others at the equivalent commissioned rate (ECR). The table below indicates the arrangements for each chargeable service.

Chargeable Service	Individual Budget	Financially Assessed	FR or ECR
Care at Home – Non-Personal Care	Y	Y	ECR
Supported Living	Y	Y	ECR
Housing Support (Amenity+ (in transition blocks),	N	Y	FR
Housing Support Sheltered Housing) (ACC)	N	Y	FR
Housing Support (Very Sheltered and Extra Care Housing) (Bon Accord Care (BAC))	N	Y	ECR
Housing Support (RSLs)	Y	Y	ECR
Outreach Housing Support (if this is expected to be provided for more than 2 years)	N	Y	FR
Day Care	Y	Y	FR
Day and Home-Based Respite	Y	Y	ECR
Social/Educational/Recreational Support	Y	Y	ECR
Community Alarm Telecare	N	N	FR
GPS Option for Community Alarm Telecare	N	N	FR
Overnight/Residential Respite	Y	Y	FR
Meals (provided at a Day Centre)	N	N	FR
Meals (provided at Very Sheltered Housing)	N	N	FR
Meals (provided in the community)	N	N	FR

Although some elements may not be financially assessed a financial assessment may still be undertaken to determine an individual's contribution in relation to other elements of their care.

Appendix B on page 18 - provides the list of current flat rate charges. This policy and the rates charged will be **reviewed on an annual basis** in line with the annual uplift negotiated for commissioned services and the annual review of the guidance in relation to charging produced by COSLA.

EXEMPTIONS

The following are exempt from being asked to contribute towards the cost of their care and support:

- People who have a progressive disease where death as a consequence of that disease can be reasonably expected within 6 months (as evidenced through consultation with a health care professional e.g. DS1500, or letter). The exemption is not limited to the 6 months.
- People aged over 65, or under 65 who are deemed to require it, receiving Personal Care in their own home (Personal Care element only)
- People aged over 65, or under 65 who are deemed to require it, receiving new or additional care in their own home following a one-off hospital discharge for 42 days in accordance with national guidance, and subject to the eligibility criteria
- People with a mental illness who are subject to Compulsory Treatment Orders under the Mental Health (Care and Treatment) (Scotland) Act 2003
- People in receipt of Criminal Justice Social Work Services, including those who are subject to Compulsion Orders under the Criminal Procedure (Scotland) Act 2003
- Services for people who are subject to the conditions of a Short Scottish Secure Tenancy (SSST)
- Outreach Housing Support Services to people in receipt of support as a result of the Housing Support Duty (Scotland) 2012 where the support is likely to last under two years.
- Carers who are eligible for the provision of services to allow them a break from their caring roles, where this need has been identified following an Adult Carers Support Plan or care assessment
- Any service provided to children under 18 years of age.

NB: The preparation of food where it is in conjunction with free personal care is also exempt from charging.

Should a supported person's circumstances change the onus is on them to alert ACHSCP and request a review of their care and charging arrangements.

TRANSPORT

Those who are in receipt of the Higher Disability Living Allowance (DLA) Mobility Component or equivalent Personal Independence Payment (PIP), and/or those who have Motability vehicles will **not** also be entitled to free transport to services. Should these individuals choose to use the transport provided then a charge equivalent to the rate levied for Community Transport will be raised. Currently this is £3.10 per single journey and £5 per return.

FINANCIAL ASSESSMENT

Once it has been determined that a supported person is eligible for a service and that service is chargeable and no exemptions apply, the individual's level of contribution will be determined using a process known as a **financial assessment**. The services received will always be based on the supported person's needs and the contribution will be based on their **ability to pay**. Many people either contribute nothing to the cost of their care or only pay part of the cost. Everyone is liable to pay their contribution from the day the care and/or support is provided and, normally, invoices will be raised from that date.

The **forms** required to undertake a financial assessment are available from care management staff and support is available to complete them. The forms request details of an individual's **income, assets and expenditure**. Details of what is taken into account and what is disregarded is given in the section entitled Income and Allowances later in this policy. All details will be captured even although some of this may be disregarded during the financial assessment process. If a supported person has appointed someone else to manage their financial affairs, they will be contacted to assist with the assessment process.

The financial assessment is undertaken by a dedicated team within the Finance section of Aberdeen City Council. The outcome of the financial assessment confirming the level of the contribution required will be advised to the supported person by letter. Individuals have the **right to appeal** against the advised level of contribution they are expected to pay (see later section entitled Appeals). In certain circumstances, the Chief Finance Officer of ACHSCP can authorise the charge for an individual's contribution to be **waived** (see later section entitled Waiving of Charge).

Individuals can choose whether to divulge their finances. Where the supported person **refuses a financial assessment, or refuses to provide the information requested**, it will be assumed that they can make the **full contribution** towards the cost of their package of care and support and full costs will be invoiced from the day care provision started.

The supported person will be **financially assessed as an individual**. Income of others in the household/family is not taken into account. If a person is married or living with a partner, half of the rent or mortgage, council tax, board and lodgings, property insurance will be allocated as allowances. Any joint bank accounts, investments or savings will be divided equally between the joint owners and only the supported person's share will be taken into account.

It is the responsibility of the supported person to advise if their situation changes, as their contribution may need to be adjusted. Financial Assessments will be **reviewed on an annual or as requested basis**.

INCOME MAXIMISATION

During the financial assessment, consideration will be given as to whether an individual should be referred for a **benefit check** to ensure they are in receipt of all of the appropriate income available to them dependant on their individual circumstances. This will only be done with the supported person's permission. The check will be undertaken by the Financial Inclusion Team (FIT) which is managed separately, out with Social Care Services.

INCOME AND ALLOWANCES

The first step in assessing whether an individual will contribute to their care is to consider what **income** they have. This may be from employment, pension, or benefits. This type of income is relatively straightforward to evidence via payslips, official documents and/or bank statements.

If someone has significant capital (property, investments, savings etc.) then a notional income from the total value of these is calculated and also considered. This is known as **tariff income**. Types of capital include:

- Property
- National Savings Certificate
- Premium Bonds
- Stocks and shares
- Individual Savings Accounts
- Personal Equity Plans (ISAs PEPs)
- Savings held in building society and bank accounts

Please note this is not an exhaustive list.

The value of the **property**, where an individual lives, is not normally considered. However, the value of any other property that the individual owns will be.

When considering tariff income the first **£10,000** of capital/savings is **disregarded**. Individuals with capital above **£16,000** are asked to make the **maximum contribution**.

Between £10,000 and £16,000 the weekly tariff income is calculated at **£1 for each additional £500 or part thereof rounded up to the nearest pound**. This calculation is part of the guidance to all local authorities received from COSLA.

Tariff Income Calculation Example	
Total Capital	£13,458.47
Disregard	<u>-£10,000.00</u>
	=£ 3,458.47
Tariff Income = £3,458.47 divided by £500.00 = £6.91	
In this example the tariff income figure would be £7.00	
(£6.91 rounded UP to the nearest whole pound)	

There are specific **household costs** which may be deducted from income before a contribution is assessed. These are subject to variation but currently include:

- Rent (including Factors fees in flatted properties)
- Council Tax (including water and sewerage costs)
- Mortgage/Mortgage Interest Payments
- Property insurance premiums

NB: If a person is actually paying a higher rate for any of these costs due to a recouping arrangement for arrears only the **normal rate** that they should be paying will be deducted.

There are some **types of income sources** or amounts that are wholly or partially disregarded. These include:

- Housing Benefit (or that element of Universal Credit that covers this)
- War Pensions
- Pensions Savings Credit

Further detail is available is available via care management or the Finance Team.

There is no set disregard for **dependent children** however, income derived from all benefits paid on behalf of dependent children will be disregarded.

There are a number of other disregards which are applied if the supported person is **married or in a civil partnership**.

Where an individual has **debts**, these are not an allowable deduction however this can form the basis of a request to waive any contribution (see later section).

The National Guidance on Charging for non-residential services suggests a guaranteed weekly minimum amount of income known as a **personal allowance** (intended to cover daily living costs such as food, clothing, heating and electricity etc) below which a person is not required to contribute to the service(s) they receive. These are known as minimum income thresholds and are currently **£135** for someone under pension qualifying age and **£210** for someone over it.

Where assessable / available weekly income (total income minus total allowances) is **less than the income threshold** the individual will **not be charged** for a care and support service.

If the available weekly income is **more than the income threshold** the supported person may be asked to contribute towards the cost of their care and support services provided.

CALCULATING THE CONTRIBUTION

There are 3 steps to calculating the contribution: -

Step 1: A “maximum income” contribution

A **taper** is applied on available income which is currently set at **67%** to provide the maximum contribution an individual could be expected to make, regardless of the cost of their care and support. That means that if the supported person has a possible contribution of £100, the expectation would be that they could pay £67. This is known as the individual's **Net Disposable Income**. The contribution would never exceed the cost of their care and support, or the amount allocated as their individual budget. Where a supported person receives multiple services, their available income should be split evenly across all chargeable services.

Maximum Income Calculation Example

Supported Person A is 58 years of age with a weekly income of £315.40 and has no capital.

<i>Total Weekly Income</i>	<i>£315.40</i>
<i>Total Allowable Expenses and Disregards</i>	<i>-£ 81.40</i>
	<i>£234.00</i>
<i>Less Personal Allowance</i>	<i>-£134.00</i>
	<i>£100.00 (available income)</i>

*67% taper applied (“Available” Income x Percentage Taper) £100 x 67% = **Net Disposable (Available) Income of £67.00 per week***

So, supported person A would be assessed as being able to contribute up to £67.00 per week towards the cost of their care and support package.

Step 2: Maximum Cost of Care and Support Package Contribution

The full cost of the chargeable element of the package of care and support or the individual budget will be identified however the **maximum contribution** an individual will make is **70%**.

Cost of Care Package Calculation Example

Supported Person A (as in above example) has been assessed as eligible for care and support to achieve agreed outcomes. The total weekly cost of the chargeable element of the Care Package is £201.70 pw and this is their Individual Budget.

Maximum Contribution = 70% of £201.70 i.e. £141.19 per week

Step 3: The “lowest figure” calculation

The supported person’s confirmed actual contribution amount will be the lowest figure of Step 1: Net Disposable Income and Step 2: Maximum Cost of Care Package Contribution.

Lowest Figure Example

Supported Person A will contribute the lowest figure out of the Maximum Income Contribution and the Maximum Cost of Care and Support Package Contribution which in this individual case = **£67.00 per week**. NB: Supported person A may still be required to pay an additional amount for non-assessed services such as meals.

PAYMENT OF CONTRIBUTION

If, following a financial assessment, an individual has been assessed as being able to make a contribution, the charge will be based on the allocated individual budget. How this is paid will be **determined by the SDS option they have chosen**. Regardless of the option contributions are made **from the day the care and/or support is provided** and, normally, the calculation will be made on the invoice raised from that date.

For option 1, Direct Payment the payment will be made **net** of the amount of the assessed contribution (i.e. the assessed contribution will be deducted before the payment is made). This will be paid 4-weekly in advance directly into the supported person's bank account. Where a managed payroll provider is being used payments will be made gross and the supported person will be invoiced for their contribution on a 4-weekly basis.

For option 2, Individual Service Fund, the contribution will either be collected from the individual via invoice on a 4-weekly basis where ACHSCP is managing the budget **or** the budget will be paid to the 3rd party **net** of the amount of the assessed contribution (i.e. the assessed contribution will be deducted before the payment is made).

Where the supported person chooses to engage with an agency whose charges are higher than the amount allowed for in the budget there is an expectation that the supported person will be **liable for the additional cost**. Before deciding to go ahead with an agency, the supported person should ask questions about the fee and what it covers. They will be supported to do this by their care manager and/or the SDS team.

For option 3, where an individual's care and support is arranged by ACHSCP, the supported person will be **invoiced for their contribution** on a 4-weekly basis.

RECONCILIATION

Arrangements for care change constantly. Supported people's needs and their personal circumstances change. A spell in hospital means that planned care is not received, or a fall or illness could mean care provision needs to increase on a temporary basis.

Individuals are **liable to pay their contribution as long as the care is being received**. If a person goes into hospital, into residential respite or is away on a planned break for a period of time, they are not liable for a contribution as long as they are not receiving the care. If care is arranged but is not able to be delivered, for example if carers are refused entry, the supported person is still liable for their contribution. Invoices will be raised to an individual's estate, after death, as long as there is a Next of Kin or Power of Attorney dealing with this. Invoices will be raised as soon as possible, and the Next of Kin or Power of Attorney will be advised of the anticipated final value.

In terms of charges for Housing Support in Sheltered and Very Sheltered Housing, and for Community Alarm Telecare (with or without the GPS option) these are **linked to the tenancy/equipment still being in place** so the charge will **continue** during periods of temporary absence. Charges will normally begin on the date the tenancy started and/or equipment installed. If a supported person goes into hospital prior to the end of their tenancy, charges will cease at the point they went into hospital.

Some charges are made in advance. Should the liability for the charge cease prior to the end date of the charged period an adjustment will be made accordingly.

For all care related charges, **a reconciliation exercise will be undertaken quarterly.** Should supported people have over contributed to the care they received during that quarter this will be credited back to them. Only if any under contribution is significant i.e. **greater than 33% above their normal contribution**, will consideration be given to requesting top up payments to cover the additional contributions. Approval to seek top ups can only be given by the **Chief Financial Officer**. In such circumstances this will be discussed fully with the supported person and arrangements for payment agreed in advance of any invoice being issued.

NON-PAYMENT

If the supported person has been assessed as being able to contribute, but does not, ACHSCP reserves the right to pursue them for the sums owed. Non-payment of a valid, assessed charge will be pursued in accordance with Aberdeen City Council's Service Income Policy.

If the supported person is having problems making their contribution, they should advise their key worker (e.g. Care Manager) as soon as possible and the worker will arrange for a financial re-assessment, or for an application for a temporary waiving of their contribution to be made. The worker may signpost them to the Financial Inclusion Team or elsewhere for support as required

REVIEW

A review of the financial assessment can be triggered under the following circumstances:

- i) The assessment has been carried out in ignorance of, or with a mistake as to, a material fact, in which case the new decision takes effect from the date of the decision (i.e. retrospectively) it replaces or;
- ii) There has been a relevant change in the supported person's circumstances, in which case the new decision takes place with effect from the date of the change in circumstance.

A review should be requested within one month of the supported person being notified of the outcome of their financial assessment. The request should be made to care management who will liaise with the Finance Team

APPEAL

An appeal against the review decision can be requested. The request should be made via Care Management who will pass it on to a Service Manager.

The Appeals Panel will meet to consider:

- That the supported person is not satisfied with the financial assessment following review and considers that all relevant facts have not been taken into account;
- That the service user considers that the financial assessment has not been calculated in accordance with the Contributing to Your Care and Support Policy.

It is expected that the Appeals Panel will meet within four weeks of the request being made. The decision of the Appeals Panel will be notified to the supported person in writing within 5 days of the panel meeting and the decision of the Appeals Panel will be final.

WAIVING OF CHARGE

A waive of charge may be requested when the supported person does not consider him/herself capable of paying all or part of the assessed care contribution.

A contribution towards a package of care and support can only be waived by the Chief Finance Officer of ACHSCP and/or the Chief Officer – Finance, of Aberdeen City Council. The latter requires to be involved if the waiver includes reduced income from Housing Support that ACC provides or commissions. Each case will be considered on its own merits.

If the supported person feels that their contribution should be waived, they should tell their key worker (e.g. care manager, care co-ordinator) as soon as possible and the worker will arrange for their case to be reviewed by a Service Manager. The supported person should expect to receive a decision within 4 weeks, although this will depend on whether there is a need to contact the supported person to gather more information.

If the waiver request is not submitted early enough and an invoice is already raised AND agreement is subsequently given for the charge to be waived, any outstanding invoices need to be treated under the debt recovery process with only the Chief Officer – Finance, of ACC having the authority to write these off.

COMMENTS AND COMPLAINTS

Supported people have a right to complain or comment under the Aberdeen Health and Social Care Partnership's Complaints, Rights and Enquiries (CRE) process. Anyone wishing to do this should be referred to the "Have Your Say" leaflet which is available from Social Care offices, from the Council's website or by contacting CustomerFeedback@aberdeencity.go.uk, telephone 01224-523058

APPENDIX A: HOUSING SUPPORT SERVICE

- Develop, review and monitor individual support plans to ensure needs are met;
- Provide a daily welfare check;
- Support with basic domestic tasks e.g. emptying bins and light domestic work (NB: provided if individual is temporarily unable to undertake these due to illness)
- Support good relations with neighbours;
- Promote and encourage the organisation of and participation in social and learning activities, and support to attend them within the complex. This includes lunch clubs, physical activities, social events, intergenerational work such as nursery and school visits;
- Help to arrange appointments with your GP, nurse and other relevant professionals;
- Support and work with carers, relatives and friends to meet needs;
- Assistance to deal with letters, bills, benefit claims, financial assessments;
- Promote involvement in the development of the service, and support links with your local community;
- Signposting to access other relevant services;
- Respond to emergencies 24 hours per day – Support Workers are on site during the day and a mobile responder service overnight.
- Assistance with the security of the complex;
- Support to arrange repairs of your property;
- Ensure that all health and safety regulations are adhered to, including carrying out risk assessments, fire safety checks, alarm and emergency call system tests to provide a safe and secure environment.

APPENDIX B

The following is a list of flat rate charges in relation to services provided that are not included in Individual Budgets.

Service Provided	Charge
Housing Support (Amenity, Amenity+ (in transition blocks), and Sheltered Housing)	£5.00 per household per week
Housing Support in Sheltered Housing (ACC)	£13.16 per household per week
Housing Support (Very Sheltered and Extra Care Housing) (BAC)	£35.80 per household per week
Outreach Housing Support (if this has to be provided for more than 2 years)	£15.50 per hour
Day Care	£8.40 per session
Telecare Community Alarm	£3.50 per week
GPS Option for Telecare Community Alarm	£3.50 per week
Overnight/Residential Respite	£147.00 per week
Meals provided at Day Care	£4.00 per session
Meals provided at Very Sheltered Housing	£4.00 per meal
Meals provided in the community	£4.00 per meal