

Social Services

Charging for Care and Support Services



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Overview

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Consultation and Approval

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1.0 PURPOSE

On 6 April 2016 the Social Services and Well-being (Wales) Act 2014 (“the Act”) came into force. The ‘Act’ gives to Local Authorities in Wales the right to charge for care and support services. When Local Authorities do decide to charge, they must do so in accordance with the regulations and code of practice set out in the ‘Act’.

The Social Services & Well-being (Wales) Act places a JOINT responsibility on individuals and Local Authorities for meeting needs and delivering outcomes. In this context, a need is only eligible to be met through a Local Authority Managed Care & Support Plan if it CANNOT BE MET IN ANY OTHER WAY. This includes the ability for individuals to use their personal resources, including financial resources, their willing family and social networks and accessible services/activities available within their community, with support from the Local Authority to do so if required.

2.0 LEGAL CONTEXT

The Regulations in relation to financial assessment and charging are:

- The Care and Support (Choice of Accommodation) (Wales) Regulations 2015
- The Care and Support (Charging) (Wales) Regulations 2015
- The Care and Support (Financial Assessment) (Wales) Regulations 2015
- The Care and Support (Deferred Payment) (Wales) Regulations 2015
- The Care and Support (Review of Charging Decisions and Determinations) Wales Regulation 2015

2.1 Codes of Practice

The code of practice in relation to financial assessment and charging is:

- Part 4 & 5 Code of Practice (Charging and Financial Assessments)

3.0 INTRODUCTION

To confirm that Flintshire County Council will charge for both residential/nursing and non-residential care and support services.

To confirm that all the requirements in both the regulations and code of practice will be adopted as Flintshire County Council policy.

Where the regulations and code of practice allow or require Flintshire County Council to use its discretion, for example, in setting charging rules that may be more generous than the minimum requirements of the regulations. Unless it is specified to the contrary in this policy it is confirmed that Flintshire County Council will always adopt the minimum requirements of the regulations. Furthermore, if the Welsh Government decides to periodically change its minimum requirements, it is Flintshire County Council policy to always mirror these changes. The following are examples of two minimum requirements that are regularly reviewed by the Welsh Government:

- ‘Capital Limits’ for residential and non-residential care.
- ‘Minimum Income Amounts’ for residential and non-residential care.

4.0 WHO DOES THIS POLICY EFFECT?

This policy will affect all adults who receive care and support from the Flintshire County Council. They include current and future service users, their carers, families and representatives. The policy is also relevant to staff within the portfolio who are expected to conform to this policy.

5.0 CHARGEABLE AND NON-CHARGEABLE SERVICES

This section specifies the different care and support services provided by Flintshire County Council. It shows which services will incur a charge for the service user and which services will be provided free of charge. Please note that any of the below can change.

5.1 Services that are provided free of charge:

- Aftercare services provided under Section 117 of the 1983 Mental Health Act.
- Services provided to sufferers of Creuzfeldt Jacob Disease (CJD).
- Intermediate care services.
- Reablement services that are time limited.
- Doubled staff packages – service user will only pay for 1 staff.
- Carer services provided under Section 2 of the Carers and Disabled Children Act 2000.
- Supporting People Services.

5.2 Services that are chargeable

- Residential and Nursing Care provided in a Care Home. Includes permanent, temporary and short-term care.
- Home care services purchased by the Council directly. Includes a range of personal care, which in some cases may include social and leisure activity all aimed at enabling a person to live at home or in a non-residential setting.
- Home care services provided during nighttime hours.
- Telecare services.
- Supported Living Accommodation.
- Direct Payments, unless provided to purchase a service for which there is no charge.
- Day Care.
- Meals and Refreshments provided at day care centres (Refer to section 6.0 ‘Flat Rate Charges’).
- DWP Appointeeship and Court of Protection Deputyship services.

Appendix 2 contains a list of the current standard fees charged by Flintshire County Council for all chargeable services within the county. Specialist, non-standard and out of county care and support may incur different standard charges. In some circumstances, obtaining adequate provision of care

may not be possible at the standard rate. Service users will be informed of the total cost of their care at the time it is arranged.

6.0 FLAT RATE CHARGES

A flat rate charge is permitted by the Act for low-level, low-cost care and support. It is also permitted as a means of charging for preventative services and assistance.

A flat rate charge is payable by all recipients of these services. The Council will not offer a means test (financial assessment) to the recipients of these services. If a means assessment is conducted with regards to the provision of other chargeable services, the flat rate charge will be payable in addition to any maximum weekly charge set. The flat rate charge is also payable when the recipient is assessed to pay no contribution for other services that they may receive.

Examples of flat rate charges:

- Meals and Refreshments provided at a day care centre.
- Telecare.
- Carelink.

7.0 TRANSPORT

The local authority has a legal duty to provide transport for users of services in certain circumstances. Until otherwise identified we will assume that service users who have been assessed as needing day services can transport themselves to that service.

There is separate Transport Policy document which covers the authority's legal framework and eligibility criteria.

8.0 TREATMENT OF CAPITAL

Annex A of the Welsh Government code of practice contains detailed guidance on the treatment of capital. A copy of the code of practice is attached to this policy at Appendix 1. The Council will adopt as its own policy the guidance contained in the code of practice.

All of a service users' savings and capital will be taken into account in charging assessments for residential/nursing and non-residential care, with the exception of those capital and property disregards as detailed in the code of practice.

The capital limits for residential/nursing and non-residential care is outlined in Appendix 2 – Fees and Financial Details. The only other difference between is that the value of the property occupied by the service user as their main home or only home, is disregarded from a non-residential care means assessment.

Ownership of savings and capital in excess of the capital limit (as per Appendix 2) as set by the Welsh Government will result in the service user paying the full standard rate for their care in a residential/nursing care home. In the case of non-residential care, it will result in the service user

paying the full standard rate for all the services that they receive up to the maximum weekly charge amount as set by the Welsh Government (currently £100.00 per week).

If a service user has capital below the capital limit, their contribution towards the cost of the care will be based on what they can afford to pay from their income. This will be determined by a financial assessment.

9.0 TREATMENT OF INCOME

Annex B of the Welsh Government code of practice contains detailed guidance on the treatment of income. A copy of the code of practice is attached to this policy as Appendix 1. The Council will adopt as its own policy the guidance contained in the code of practice.

All of a service users' income will be taken into account in charging assessments for residential/nursing and non-residential care, with the exceptions of all income disregards required as detailed in the code of practice.

9.1 Income that is disregarded

- Earnings – from employment as defined in the regulations and code of practice.
- Direct payments.
- Guaranteed Income Payments made to Veterans under the Armed Forces Compensation Scheme.
- The Mobility component of DLA & PIP (& Mobility Supplement).
- Working Tax Credit.
- Annuity income when purchased with a loan secured against the service users main/only home, or with a gallantry award such as the Victoria Cross Annuity or George Cross Annuity. See code of practice for further details.
- Mortgage Protection Insurance. See code of practice for further details.
- Armed Forces Independence Payments and Mobility Supplements.
- Child Support Maintenance Payments and Child Benefit.
- Child Tax Credit.
- Council Tax Reduction Schemes where this involves a payment to the person.
- Christmas Bonus.
- Dependency increases paid with certain benefits.
- Discretionary Trust.
- Gallantry Awards.
- Guardian's Allowance.
- Income frozen abroad.
- Income in kind.
- Pensioners' Christmas Payments.
- Personal injury trust, including those administered by a court.
- Resettlement benefit.
- Social Fund payments (including winter fuel payments).
- War Disablement Pension.
- Any grants or loans paid for the purpose of education.

- Payments made in relation to training for employment.
- Any payments from:
 - Macfarlene Trust.
 - Macfarlane (Special Payments) Trust.
 - Macfarlane (Special Payments) (No 2) Trust.
 - Caxton Foundation.
 - The Fund (payments to non-haemophiliacs infected with HIV).
 - Eileen Trust.
 - MFET Limited.
 - Independent Living Fund (2006).
 - Welsh Independent Living Fund Scheme.
 - Skipton Fund.
 - London Bombings Relief Charitable Fund.
 - Charitable and voluntary payments. Refer to code of practice.
 - Housing Benefit.
- Any payments received in relation to Adoption, Fostering and Special Guardianship Allowances.

9.2 Income that is partially disregarded

- £10.00 a week on Widows and War Widowers special payments.
- Savings Credit Disregard as set by the Welsh Government.

9.3 Income that will be fully taken into account

- Attendance Allowance, including Constant Attendance Allowance and Exceptionally Severe Disablement Allowance.
- Bereavement Allowance.
- Severe Disability Premium.
- Carers Allowance.
- Disability Living Allowance (Care Component at the highest rate paid).
- Employment and Support Allowance or the benefits this replaces such as Severe Disablement Allowance and Incapacity Benefit.
- Income Support.
- Industrial Injuries Disablement Benefit or equivalent benefit.
- Jobseeker's Allowance.
- Maternity Allowance.
- Pension Credit.
- Personal Independence Payment (at the highest rate paid).
- State Pension.
- Universal Credit.
- Private/Occupational Pensions/Annuity.

Any income that is not listed in 8.1 and 8.2 above should be taken fully into account.

9.4 Notional Income

Service users may be treated as being in receipt of notional income under certain circumstances. This may be as a result of being entitled to claim an income that has not yet been applied for, or intentionally depriving themselves of an income in order to avoid charges for care. The Council will take account of notional income in accordance with the guidelines detailed in the code of practice.

10.0 MINIMUM INCOME AMOUNT

When undertaking a financial assessment, a local authority must leave a service user with a minimum amount on income (MIA). Different MIAs are set for Residential/Nursing and Non-Residential care services.

10.1 Residential / Nursing Care

The minimum, MIA for residential and nursing care is set by the Welsh Government. It is set monetary amount, details of which are noted in Appendix 2.

It is Flintshire County Council policy to use the MIA set by the Welsh Government as its standard MIA. This does not preclude service users from requesting a higher MIA under certain circumstances. All requests to increase the standard MIA will be treated in accordance with the guidance provided by the Welsh Government code of practice.

10.2 Non- Residential Care

The MIA for recipients of non-residential care is calculated in accordance with a formula set out by the Welsh Government in its regulations. Rather than being a set monetary amount, the MIA for non-residential care is based on each individual's Basic Entitlement to relevant Welfare Benefits. Full details of how to calculate the MIA for non-residential care are set out in the regulations and code of practice. A simplified illustration would be as follows:

Basic Entitlement to Benefit + 35% + 10% = Minimum Income Amount

It is Flintshire County Council policy to give all service users a Minimum Income Amount based on their individual basic entitlement to welfare benefit.

10.3 Basic Entitlement

Because a person who receives care and support outside of a care home will need to pay their daily living costs such as rent, food and utilities, the charging framework seeks to ensure they have enough money to meet these costs. As a result, after charging local authorities must leave a person who is being charged with a minimum income amount (MIA), equivalent to a 'basic entitlement' plus a buffer of 35% of that amount. In addition, to assist with disability-related expenditure, those being charged must also be left with an additional 10% of their 'basic entitlement' towards the cost of this. The level of these allowances may change from time to time.

The ‘basic entitlement’ does not include the Severe Disability Premium. (See Annex B and Regulation 12 (Part 2. Charging under Part 5 of the Act) of the Regulations).

10.4 Buffer

The minimum buffer is currently set by the Welsh Government at 35% of a service users’ basic entitlement to benefits. The Flintshire County Council policy is to always apply the minimum buffer as required by the regulations.

10.5 Disability Related Expenditure (DRE)

The minimum amount that must be allowed for disability related expenditure is currently set by the Welsh Government at 10% of the basic entitlement to benefits. It is Flintshire County Council policy to always apply the minimum requirement for DRE as required by the regulations.

This does not preclude a service user from requesting a review of their charges if they are of the opinion that their disability related expenditure is in excess of the 10% standard amount allowed.

11.0 CHARGES FOR SERVICES

All fees and financial details as set out in Appendix 2 will be reviewed on an annual basis and are likely to increase.

For domiciliary care and some short-term residential placements, the maximum charge is up to £100.00 per week; dependant on outcome of individuals financial assessment. For any short-term residential placements to be considered at this rate the service user must intend to return home within 8 weeks and this return must be a realistic possibility.

For permanent residential care and some short-term residential placements, the maximum charge is up to the full-cost of the service: dependant on the outcome of the individual financial assessment.

11.1 Short-term residential placements

Short-term care is a stay in a care home that lasts between 0 to 8 weeks.

Short-term care meets the care and support needs for an individual while they are unable to be at home or because it has been determined that they require ongoing assessment in a more appropriate setting for example. This can be a “step-up” from the community or a “step-down” from hospital.

There are many reasons why an individual may need a short-term stay in a care home for a short period, for example but not limited to:

- Awaiting the start of a reablement / domiciliary care package.
- To facilitate a discharge from hospital.
- Emergency admission.
- Respite.

11.2 Residential / Nursing Care in a care home

Long-term care in a care home is a stay that lasts longer than 8 weeks. Long-term placements can be either temporary or permanent.

- A temporary placement can last up to 52 weeks.
- A permanent stay can be agreed at any point from admission.

There is no maximum weekly charge for residential/nursing care. If a service user requires financial assistance from the Council to contribute towards the cost of their care, they are required to apply for a means (financial) assessment. This assessment will confirm the level of the service user contribution required. This could be the full cost of the care, or a lesser amount.

11.3 Non-Residential Care

The Welsh Government has set a maximum weekly charge for non-residential care services; see section 7 of the code of practice (Appendix 1 of this policy). The current maximum weekly charge is £100.00.

It is Council policy to apply the maximum weekly charge as set by the Welsh Government. This maximum charge will apply to all recipients of non-residential care services, unless, as a result of their individual means assessment a lower maximum weekly charge is set on the basis of what they are deemed to be able to afford.

11.4 Reablement - Short-term residential placements and non-residential care

Reablement is a programme of short-term assessment and support, designed to help service users to regain or maintain their independence. This can mean reablement in a care home or in their own home.

During the initial four weeks of reablement, it is expected that the individual's long-term outcomes will be assessed. Following this assessment, the individual's support may:

- Be extended for up to a further two weeks, where eligibility is confirmed.
- Cease, if the individual is no longer eligible.
- Transition to a longer-term, chargeable arrangement.

Reablement support is provided free of charge for a maximum of six weeks, or until the individual is deemed no longer eligible—whichever occurs first.

In exceptional cases, reablement may be provided beyond 6 weeks. Any extension will have to be approved by Panel with the required level of assurance that the individual will achieve clear reablement goals with an extension of no more than 2 weeks. In such circumstances, panel will also seek reassurance that such an extension has a realistic opportunity of further rightsizing any long term need for a package of care. Where such assurance is not achieved, the delivery of a long term package of care should nonetheless always provide for individuals to achieve/maintain maximum independence through a strengths based/enabling approach.

11.5 Residential Colleges, Colleges of Further and Higher Education

Residential college placements can be day only or full time during term time. Accommodation, support and education are provided as part of the placement.

The charges for these placements are in relation to social care and support provided, mainly during evenings and weekends for students in residential college – educational aspects are not chargeable under this policy.

These fees are chargeable under the residential fee structure, during term time only and are on a pro-rata basis based on hours staying in college per week.

11.6 DWP Appointeeship Services

In certain circumstances, the Council may provide DWP Appointeeship Services to support individuals to manage their finances.

Appointeeship charges are paid annually, based on savings held on the 1st April each year. For information on the charges levied for these services see 19.2 Appendix 2 Fees and Charges.

11.7 Court of Protection Deputyship Services

In certain circumstances the Council may provide Deputyship through the Court of Protection to support individuals to manage their finances.

Court of Protection Deputyship is a chargeable service and the fees for this are set centrally by the Court of Protection. For further information on the charges levied for this see the information available on the Court of Protection website:

<https://www.gov.uk/courts-tribunals/court-of-protection>

12.0 PROCEDURE FOR DETERMINING A CHARGE

12.1 Residential / Nursing Care

For residential/nursing care, the service user contribution will be confirmed either before the care starts, or at the earliest opportunity following the start of the placement. All contributions for Residential/Nursing care are payable from the first day that the service is provided.

Any subsequent changes to the service user contribution will be communicated in writing, or in an alternative agreed format. Any changes to contributions following the initial assessment will apply from the date of the notification.

When terminating a residential or nursing care placement, service users are required to give 1 weeks' notice. When absent from the care home the service user contribution will still be payable.

12.2 Non-Residential Care

To calculate the amount that a service user needs to pay for a service or combination of services in any one week (a week will always be from Sunday to the following Saturday) the Council will proceed as follows:

- Identify all the actual chargeable services that the service user receives on a weekly basis. If this is not possible by the time an invoice is generated (four sometimes five weekly in arrears), the charge will be based on the specific care plan of the individual.
- Apply the relevant standard charge to each service add all standard charges for services provided to give a total charge for the week.
- Apply the maximum weekly charge (this may not be relevant if the total weekly charge is less than the maximum); or, if it is lower; apply the individual service user's maximum weekly charge as determined by the service users individual means assessment (if one was requested)

All contributions for non-residential care are payable from the first day that the service is provided. The service user contribution will be confirmed in writing before the care starts, or at the earliest possible opportunity following the start of the care. Any subsequent changes to the initial service user contribution will be communicated in writing, or in an alternative agreed format. A change to a charge will apply from the date of notification.

13.0 THE FINANCIAL ASSESSMENT

All service users who receive a chargeable service, with the exception of those services for which a flat rate charge is made, will be informed that they have the right to request financial assistance from the Council to pay for their care. This request can be made by completing a Financial Assistance Claim Form. Service users will be given 15 working days to complete and return the Financial Assistance Claim Form. If the form is not returned within this time the Council will assume the service user does not wish to apply for financial assistance from the Council and an invoice for the full weekly charge will be sent to the service user.

Service users are liable to pay for their care from the first day that it is received. Before any charges are made the Council will issue the service user with a statement detailing what amount they are to pay and how this amount has been calculated.

Periodically the amount that is to be paid will change, this may be because of:

- A change to the type or care received,
- A change in the service users means (financial assessment),
- A change in the cost to the Council of providing the care.

Any change to the amount to be paid will be communicated to the service user by statement. Any changes will apply from the date of that statement.

Service users have the right to request a means assessment at any time, even if they have decided not to request one in the past.

The Council are under no obligation to back date any assessment conducted at a later date if no request has been made by the service user for a means assessment previously. The service user will remain liable for any amount due between the date of the original financial assessment and the date of the new financial assessment if one is requested.

13.1 Assessment of service user as a single person

The Council will assess all service users as a single person and their ability to pay based on their individual means and ignore any income, savings or capital held or received in the sole name of their partner.

The assessment will take into consideration the following:

- 100% of all income received in the service users name alone,
- 50% of capital/savings held jointly,
- 100% of capital held in the service users name alone.

14.0 EXPENSES AND COSTS (NON-RESIDENTIAL CARE)

In some circumstances certain expenses and costs must be taken into account when conducting means assessment. When a service user incurs these costs, the 'minimum income amount' will be increased by a corresponding weekly amount. This will allow the service user to retain sufficient monies to pay these expenses before they have to start paying for care.

The following expenses will be taken account of in a non-residential means assessment.

- Mortgage Payments,
- Rent Payment (Net of housing benefit),
- Council Tax (net of Council Tax reduction).

The following basic principles apply in relation to Residential/Nursing care, although each case will be assessed on its' own merits:

- Where a person has a dependent child, the Council will consider the needs of the child in determining how much income a person should be left with after charges. This applies whether the child is living with the person or not.
- Where a person is paying half their occupational or personal pension or retirement annuity to a spouse or civil partner who is not living in the same care home, the Council may disregard this money if it meant putting the partner remaining at home in financial hardship. This does not automatically apply to unmarried couples although the Council may wish to exercise its discretion in individual cases to do so.
- Where a person is temporary in a care home and is a member of a couple (whether married or unmarried) the Council will disregard any Income Support or Pension Credit awarded to pay for any allowable home commitments and will consider the needs of the person at home in setting the minimum income amount. It will also consider costs related to maintain the couple's home (see below).
- Where a person's property has been disregarded the Council will consider whether the minimum income amount is sufficient to enable the person to meet any resultant costs. For example, allowances will be considered for fixed payments (like mortgages, rent and council tax), building insurance, utility costs (including basic heating during the winter) and reasonable property maintenance costs.
- Where a person is funding their own residential care and has a deferred payment agreement in place the local authority must ensure the person retains sufficient resources to maintain

and insure the property in line with the appropriate minimum guarantee used in those agreements.

A service user must present evidence that such expenses and commitments are paid and are due to be so into the future before they can be accounted for in the means assessment. Financial Assessments will not be changed retrospectively if the necessary information was not supplied when required for the initial assessment.

Any expenses or costs incurred by a service user living alone will be taken into consideration in full. If the service user lives with a partner or other adults over the age of 18 that are not in full time education, any expenses or costs will be halved or divided in equal portion to reflect each adult resident's contribution to the costs of the household.

15.0 DEFERRED PAYMENT AGREEMENTS (RESIDENTIAL / NURSING CARE)

After the first 12 weeks of permanent residential/nursing care the value of a service users main or only home will be included as capital in their financial means assessment (although there are exceptions, see Appendix 1 code of practice, Annex A, section 3). This will mean that their capital will exceed the capital limit, and as a consequence they will be assessed to pay the full cost for their placement. At this point, if they have no other assets or means of paying the full cost, they will then be eligible to request a deferred payment from the Council. A deferred payment agreement allows the service user to secure the debt against their property. Deferring payment can help the service user to delay the need to sell their home at a time that can be challenging for them and their family as they make the transition into residential care.

The Council will adopt as its policy the requirements and guidance relating to deferred payments as set out in the Welsh Governments code of practice, see Appendix 1 code of practice, annex D. The Council has a leaflet 'The Deferred Payment Scheme' (see Appendix 3) (*To be added when complete*) this describes what the scheme is about and the service user's responsibilities. An application form must be completed to establish the service user's eligibility for the scheme.

The Council will charge compound interest on all deferred payment agreements at the maximum rate allowable by the regulations. This is 0.15% above the 'relevant rate'. The relevant rate being the market gilts rate specified in the most recent published report by the Office for Budget Responsibility. The relevant rate will change every six months on the 1st of January and on the 1st of July.

Interest is chargeable from the 1st day after the end of the 12-week disregard period.

16.0 ADDITIONAL COSTS (RESIDENTIAL / NURSING CARE ONLY)

The Council pays a standard fee for each category of care (see Appendix 2 for the current years' rates). These fees are reviewed annually and based on open book accounting to determine what is reasonable to pay for the type of care being commissioned.

Some independent care homes charge fees which are higher than the usual amount that Social Services may be able to contribute to adequately cover the costs of providing care required to meet the individual's assessed needs. The reasons for additional fees will vary from one home to another but for example, a home might charge extra for a room which is superior in some way to a standard room. However, these additional fees can cover anything provided by a home which is outside the 'usual costs' which Social Services will cover to provide care to meet the individual's assessed needs.

The additional cost is the difference between the amount that the Council will pay and the cost of the chosen care home, these can be reviewed, and the amounts changed over time.

In circumstances where a service user chooses to reside in a care home that charges more than the Council standard fee, an arrangement may be possible if, in specific circumstances, detailed below the individual can meet these costs themselves or, alternatively if there is a third party willing to pay the additional cost.

The Council will allow the service user to pay their own additional cost if:

- They are subject to a 12-week property disregard.
- They agree to enter into a deferred payment agreement.

Deferring payment of the additional costs will not be allowed in circumstances where the available equity in the property that is to be used as security is limited. An additional cost will have to be paid for the duration of the placement. Therefore, the Council will assess the sustainability of each request to defer an additional cost. If it is deemed that there is insufficient equity in the property to enable the service user to pay the full cost for their care for the duration of their placement, a request to defer an additional cost will be refused.

The Council will require the care home to collect any additional payments directly from the third party.

If a third party should cease to pay the additional cost that they have agreed to pay, they will remain liable for the cost. The Council may take legal action to recover the cost. In addition, subject to a full assessment of their care needs, it may have to make alternative arrangements to meet the needs of the service user in an alternative care home that does not charge additional costs.

From 6th April 2023 the Council will not pay additional costs for any **new** placements so that its limited budget can be used fairly across the sector on the base rate fees offered.

Any current arrangements in place with the Council will be honoured until the placement ceases however no new agreements will be made unless there are exceptional circumstances or no other options available within or outside of county.

If the provider is currently charging the family additional fees and the family can no longer afford this Flintshire Council will not automatically pick up the cost of this additional payment and understand that placement may be at risk.

There is a process for requesting the Council to consider covering these additional costs. A panel process will review each case on an individual basis to ensure parity and best use of limited Council budgets.

1. Is the payment of an additional cost required due to additional/changing care and support needs of an individual e.g., one to one support required at certain times (either permanently or temporarily)?	
Yes	The Social Worker must undertake a reassessment of the individual's care and support needs and services commissioned to support them.
No	Continue to question 2
2. Is the individual self-funding?	
Yes	The provider should make arrangements with the individual or their family to cover the additional costs. The Council should advise the individual / family that if the placement ceases to be self-funded and a request for assistance comes to the Council in the future, the funding available may change and could have implication for the placement.
No	Continue to question 3
3. Is the individual or a third party able to pay the additional costs?	
Yes	The individual or third party should make arrangements with the provider to pay the additional costs.
No	Consideration should be given to alternative placements including out of county. If none are available, the additional costs panel process will be followed.

17.0 RECOVERY OF DEBT AND DEPRIVATION OF ASSETS

Annex F of the Welsh Government's code of practice (Appendix 1 of this policy) sets out the requirements placed on local authorities when dealing with debt and deprivation of assets. The Council will consider non-payment of an assessed contribution or deprivation of assets in order to avoid a charge as a serious matter. Where all other options as described in the code of practice have failed to secure the required payment, the Council will pursue debt through the civil courts.

The Council's Debt Management Team are responsible for recovering outstanding debts owed to the Council including Social Services. Please refer to Appendix 4 Corporate Debt Policy (Sundry Debt Recovery) for further information.

18.0 REVIEWS AND COMPLAINTS

Any service user or direct payment recipient can request a review of their charge. A review of a charge can involve a wide range of scenarios ranging from a service user requesting a simple review of a mathematical calculation in their assessed charge or monthly invoice to a service user asking for additional disability related expenses to be considered in the calculation of the assessed charge.

The Welsh Government sets out in detail the process that should be followed by local authorities in dealing with review of charges in Annex E of the code of practice (Appendix 1 of this policy). It is the Council's policy to follow all the requirements as detailed in the code of practice.

All requests for a review of charges should be forwarded to the Financial Assessment and Charging Team of the Council. This section will manage and coordinate responses to all charging reviews on behalf of Social Services. In all cases a service user shall be provided with the name and contact number of the officer(s) dealing with their review.

Some reviews can be resolved quickly, e.g. mathematical errors in calculations. Some reviews may take more time and result in confirmation from service providers, or social workers in relation to the levels of service provided and commissioned.

In cases where request for a review cannot be resolved to the satisfaction of the service user, there is a right to make a formal complaint via the Council's standard process.

Any request by a service user for a review must state clearly the grounds upon which a review is being sought. A service user will be expected to complete a 'Waiver Application Form' and evidence must be provided why they consider their situation to be exceptional to others receiving the same type of care and support.

A request for a review can be refused if it is believed that there has been no relevant change in any of the service user's circumstances following a previous request for a review. In these cases a statement will be sent to the service user stating that such a request will not be considered for this reason.

A review may be requested by the service user or a representative acting on behalf of a service user.

A decision on the application for a review should be made within five working days of receiving the request and will be provided to the service user within that time frame. Where this is not possible a statement will be issued to the applicant within five working days, stating:

- The date on which the request was received
- The nature of the request
- The right of the service user to appoint a Representative.
- How the Council will carry out the review
- That the service user does not need to pay the charge that is subject to the review during the period of the review but the Council will always encourage individuals to continue paying their charge during this period, so they do not go into debt. If the service user wishes to stop paying, they need to inform the Council. If the review is successful, then any reimbursement will be dealt with.
- That the Council will pursue payment of any charge accrued during the review period if it becomes payable as a result of the review
- If the service user requesting the review is in receipt of a Direct Payment, the Council will make gross payments during the review period. However, this may be recovered at a later date after the review
- What additional information may be required in order to make a decision and within what time frame (15 working days) this information needs to be provided
- That a home visit can be requested by the service user to assist in the provision of the additional information
- The need to contact the Council to arrange such a home visit
- The name and contact details of the officer in the Council dealing with the review

- The contact details of any organisation that may be able to assist the Service User during the review period. This information will be contained within the Guidance Notes – Applying for a Waiver.

Any request by a service user for an extension of time within which to supply any additional information will be granted if reasonable. The Council will confirm in writing any extension to the original deadline.

If a request for an extension of time is refused by the Council this will be confirmed in writing and a reason for the decision will be provided.

If no response or request for an extension of time is received by the Council to a request for further information by the deadline set, the request for the review is treated as having been withdrawn. A letter will be sent to the service user confirming this and that the charge set is now payable with details of the amount accrued, if any, during the review period and by what date this needs to be paid.

A request for a review may be withdrawn orally or in writing by a service user at any time during the review period.

Once the Council have received sufficient information and documentation to carry out the review, they will have 10 working days to:

- Make a decision on the review and take any action that is necessary to implement it.
- Send a statement to the service user and any Representative stating the decision, the reasons for that decision and that they have the right to make a complaint under the Social Services Complaints Procedure (Wales) Regulations 2005 if they are dissatisfied with the decision.
- Advise the service users if the charge has been amended as a result of the review; a statement should be sent to the service user explaining the decision and the consequence of this decision
- Issue a Statement of Charges.

If the Council is unable to meet the deadline for responding to the request for a review (10 working days), they must send out a statement to the service user stating that they will not be able to provide a decision within the 10 working days deadline, the reason why and the date by which it will be provided.

If a decision cannot be provided by the deadline, the Council will not be able to charge the service user for services received during the period of time between the deadline and the date that a decision is provided.

18.1 Payment of the Charge, Reimbursement or Contribution during and after the review period

If a service user requests a review, they may elect not to pay their charge, reimbursement or contribution or the part which is the subject of the review, during the whole of the review period; although depending on the outcome of the review, any unpaid amount will accrue.

The Council will always encourage service users to continue to pay their contribution to ensure they do not put themselves into any debt.

If the service user decides not to pay during their review period they must notify the Financial Assessment team of this either orally or in writing within five working days.

With regards to Direct Payments recipients, if the service user decides not to pay their contribution during the whole or remainder of the review period then the Council must make gross payments to the service user during this period.

The Council may recover any unpaid amount that has accrued during the review period after the review period. The accrued amount that may be recovered is the amount of the charge, reimbursement or contribution that the Council have decided is correct following the review.

If the Council decide that the charge or contribution payable by the service user, is less than that previously imposed prior to the review, then the Council must within 10 working days of sending its decision to the service user, pay the service user the difference between the amount that should be payable and the amount, if any, that has already been paid by the service user.

If the Council decide that the charge or contribution that should be payable by the service user is more than that previously imposed prior to the review, then they may recover the difference between the amount of the charge or contribution that should be payable and the amount, if any, that has already been paid by the service user.

If recovering any amount from the service user, the Council must have regard to the service users personal financial circumstances; and be satisfied that the recovery of the amount will not cause the service user to suffer financial hardship. If the Council believe that the recovery of the amount would cause the service user to suffer financial hardship, then they should offer the service user the option of repaying the amount in periodic instalments.

19.0 APPENDICES

19.1 Appendix 1 – Social Services and Well-being (Wales) Act 2014 – Part 4 and 5 Code of Practice (Charging and Financial Assessment)



Appendix 1- Welsh
Government Code of

The web link for this is:

<https://www.gov.wales/sites/default/files/publications/2019-04/social-services-and-well-being-wales-act-2014-part-4-and-5-code-of-practice-charging-and-financial-assessment.pdf>

19.2 Appendix 2 – Fees and Financial Details

Residential & Nursing Care Fees Table 2025/26	
Private and Independent Sector Care Homes	
Category of Care	Weekly Fee
Residential	£804.04
EMI Residential	£915.80
Nursing	£953.05 *
EMI Nursing	£1027.51 *
*Not including the Health Board Contribution of £218.12 per week & £8.83 paid by Flintshire Social Services (rate is as per 2024/25 as 2025/26 rate not agreed to date)	

Non Residential Fees Table 2025/26	
Type of Service	Rate
Domiciliary Care	Hour - £25.28 ¾ hour - £21.04 ½ hour - £16.78
Direct Payment Rate (Personal Assistant and Microcarers)	£18.43 per hour
Direct Payment Rate (CIW Registered Domiciliary Care Agency)	Hour - £25.28 ¾ hour - £21.04 ½ hour - £16.78
Microcare Provider (no-employees) Commissioned Microcare Provider (no-employees) or Contracted Microcarer Direct Payment	£20.45 per hour
Microcare Provider (with employees) Commissioned Microcare Provider (with employees) or Contracted Microcarer Direct Payment	£20.95 per hour
Day Care Rate Older People	£54.73
Day Care LD/PD	£67.35
Sleep in rates Sleep-in payments - externally provided Supported Living/DP's/PADP's	£102.26 per night

Meal Charge Rate	£10.00
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Other Financial Details 2025/26	
Capital Limit Residential Care	£50,000
Capital Limit Non-Residential Care	£24,000
Residential & Nursing Minimum Income Amount	£44.65
Non-Residential Care Maximum Weekly Charge	£100.00

Deferred Payment Agreement Charges 2025/26	
Costs Incurred	Amount £
Valuations	£85.00
Legal Fees	£400.00
Set Up Fee	£250.00
Annual Administration Fee	£92.00
Interest charges	<p>Interest will be charged from day 1 of the Deferred Payment Agreement and will be compounded plus an additional charge of 0.15% above the 'relevant rate'.</p> <p>The relevant rate is the Market Gilt Rate which is provided on the Determinants of the fiscal forecast table which can be accessed on the following website:</p> <p>http://budgetresponsibility.org.uk/</p>

DWP Appointeeship Services	
Capital (Savings) of:	Ongoing weekly charge (per week):
£0 - £5,999	Nil charge
£6,000 - £9,999	£10.00

£10,000 - £15,999	£12.00
£16,000 +	£13.50
One off charges	
Task charged for:	One off charge:
Setting up an Appointeeship	£200.00
Closing down an Appointeeship	£200.00
Set up and ongoing management of a Motability Agreement (per Motability agreement)	£250.00

19.3 Appendix 3 - The Deferred Payment Scheme Leaflet

<https://www.flintshire.gov.uk/en/PDFFiles/Social-Services/Adult-Social-Services/SSA-A30-Deferred-Payment-English.pdf>

19.4 Appendix 4 – Corporate Debt Policy

<https://www.flintshire.gov.uk/en/PDFFiles/Sundry-Debtors/Corporate-Debt-Policy.pdf>