



The Charging Policy Education, Health and Social Care Services

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Education, Health and Social Care

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Summary

Headlines

The revised policy ("the policy") takes in to account the changes brought about by the Care Act 2014. This will generate income that will contribute and help to maintain Adult Services within Education, Health and Social Care. Charges levied for non- residential services will be subject to an equitable and robust financial assessment process. For clarity the policy will ensure all chargeable services fall within the same policy framework. The policy is written in accordance with the framework set out in the Care and Support Statutory Guidance (issued under the Care Act 2014) and The Care and Support (Charging and Assessment of Resources) Regulations 2014.

For persons who require care and support in their own homes the policy includes face to face financial assessments to ensure persons are supported to understand the assessment process. The policy includes a description of what is meant by disability related expenditure in order that appropriate costs for individuals are considered. The financial assessment is based on the person's financial circumstances. The face to face assessment will also help ensure that services users receive the appropriate benefits.

For persons who require permanent or temporary residential care, assessments will be based on the person's financial circumstances and these financial assessments will usually be conducted via telephone.

Carers who are assessed as requiring support to enable them to continue in their caring role will not be subject to a financial assessment.

Responsibility for this policy is with Education, Health and Social Care, and the implementation of the policy is the responsibility of Cornwall Council's Charging Assessment Team.

Distribution

This policy will affect all people over the age of 18 that have been assessed as needing care and support either in their own homes or in residential care facilitated by Education, Health and Social Care.

Operational staff within the Older People and Physical Disabilities and Learning Disabilities Services need to be aware of this policy. Staff within the Charging Assessment Team will need to be aware of this policy to ensure that it is implemented appropriately.

Context

Background

The Statutory Guidance states (at paragraph 8.2):

Where a local authority arranges care and support to meet a person's needs, it may charge the adult, except where the local authority is required to arrange care and support free of charge.

Charging for home care has been in place in Cornwall since the introduction of the Community Care Act in 1993. In response to the Government's aim to reduce inconsistencies in the application of charging for services across Local Authorities in England and Wales the Fairer Charging Guidance was introduced in 2002. This has been superseded by the Care Act 2014.

Previously local authorities have had discretion in designing their own fairer charging policies for domiciliary care subject to meeting minimum requirements detailed in the Fairer Charging Guidance. This policy has been amended in light of the amendments made to the Care Act 2014 Statutory Guidance (issued March 2016) . This includes residential financial assessments as this is now under one framework.

Objectives

Paragraph 8.45 of the Care and Support Statutory Guidance states Cornwall should have its own policy and process. The Statutory Guidance also describes the objectives that should be considered in the design of the policy.

Cornwall Council to have a fair but robust policy for financial assessments in relation to care and support services.

The financial assessment and any resulting financial contribution are based on the person's financial circumstances.

To ensure that the person has the relevant information and support in order for the financial assessment to be fair and consistent.

To help ensure that the person is in receipt of all the benefits that they are entitled to.

Charges applied will not exceed the cost of the service provided and no part of the charge will be for the Council's administration costs.

The Council will ensure that the elements of any benefits being included in the financial assessment are appropriate to the type of care the Council is facilitating (e.g. the night element of high rate DLA/ AA should be included only when night care is being facilitated by the Council).

Scope

The policy will apply to all people aged 18 and over who are assessed by Education, Health and Social Care as having eligible needs for services under the Statutory Guidance. This will include meeting people's assessed eligible care needs in their own home or in a residential care setting.

Exceptions

The following people are exempt from the financial assessment process:

- People who are assessed as meeting the criteria for Continuing Health Care, funded by the NHS.
- People receiving after care services under Section 117 of the Mental Health Act 1983.
- People with Creutzfeldt- Jakob Disease (CJD).
- Children and young people under the age of 18.
- People receiving services under the Short Term Enablement and Planning Service (STEPS). NB this only applies where there is an element of intermediate care and applies to the initial period of care for a period of up to 6 weeks.
- Carer who are assessed as requiring support to enable them to continue in their caring role

Where a reduced or nil charge may be applicable

Paragraphs 8.68 to 8.70 of the revised Care Act 2014 Statutory Guidance (issued March 2016) gives a person subject to an assessed charge the right to ask the council for a review of the charge which has been assessed if the person considers that he/she cannot afford to pay it.

If, following a review, the Council is satisfied the person's means are insufficient for it to be reasonably practicable for them to pay for the service the amount which they would otherwise be obliged to pay for it, the Council will not require the person to pay any more than it is reasonably practicable for them to pay. This may mean the person will pay either a reduced charge or no charge for the service.

Details

Policy details

Policy Statement

The Department of Health requires all Local Authorities to have a charging policy in relation any care and support services being provided by Education, Health and Social Care which support the delivery of the Choice and Control Agenda.

The revisions in this policy are to reflect the changes as set out by the Care & Support Statutory Regulations and Guidance (issued under the Care Act 2014).

It was agreed on 6th January 2015 by the Directorate Leadership Team to continue financially assessing people for care and support services that they are assessed as needing, that are facilitated by Education, Health and Social Care. This also included the decision not to financially assess carers for any support that they may require.

Process

Non Residential Care Provision (including respite)

The financial assessment will take in to account a person's income, including disability related benefits, capital, relevant expenditure relating to housing costs and disability related expenditure.

There will be no limit to the amount a person may be assessed to contribute. The amount will be based on the financial assessment and the cost of their support plan. This will be limited to the cost of the support plan where this cost is lower than the assessed charge.

Disability related expenditure will be deducted in the financial assessment (please see below). Disability related expenditure is defined in accordance with the Care and Support (Charging and Assessment of Resources) Regulations 2014 (at Schedule 1 point 4 pg. 12):

"Disability- related expenditure" includes payment for any community alarm system, costs of any privately arranged care services required including respite care, and the costs of any specialist items needed to meet the adult's disability.

Appendix 7 provides further details for the assessment of disability related expenditure.

After making a contribution towards their care a person must be left with the minimum income guarantee (MIG) which is specified by the Department of Health. The MIG amounts are published yearly by Department of Health and are updated on Cornwall Council's website which can be accessed via www.cornwall.gov.uk/health-and-social-care/adult-social-care/ .

Financial Contributions towards Non- Residential Adult Care, Health and Wellbeing Services- The Formula

Assessable income (including disability related benefits) and capital

Minus

Housing related expenditure (where applicable)

Minus

Disability related expenditure

Minus

Minimum Income Guarantee (MIG)

Equals

Service User Contribution

Where a person's Personal Budget is to be paid through a direct cash payment into their bank account the financial contribution will be deducted from their Personal Budget prior to the payment being made. If the services are purchased by Education, Health and Social Care on their behalf then the amount that Education, Health and Social Care will pay to the provider will be reduced by the person's contribution and the person will have to pay their contribution direct to the provider. Assessed charges below 50p per week will not be applied due to the resulting administrative costs.

In accordance with the current Care and Support Statutory Regulations and Guidance, services to meet eligible needs will not be withdrawn if the person does not pay their contribution to the provider or if the service user is pursuing a complaint or legal proceedings against the Council. Unpaid contributions will be treated as a civil debt and as such will follow the Council and Education, Health and Social Care debt recovery policy/ procedures (see appendix 5)¹. The Council will also have regard to the principles in the Guidance underpinning the approach to debt recovery.²

Residential Care Provision

The financial assessment will take in to account a person's income and capital.

If the person requires temporary residential care, the value of property that the person resides in will not be included in the financial assessment, and certain housing related expenditure will also be included within the financial assessment.

¹ See Statutory Guidance Annex D on the recovery of debts

² Annex D paragraphs 6 - 10

For permanent residential care, the value of the person's interest in property and land owned by the person may be included in the financial assessment.

Light touch assessments

A person does not have to disclose details of their finances, where they are satisfied that they can afford the charge for the particular service being delivered. However, in these circumstances the person will be assessed as being able to pay the full cost of their support plan.

If the person wishes to disclose details of their finances at a later date, they may request a review at any time. The assessed charge will only apply from the date of the new financial assessment (unless agreed otherwise by a Team Manager). Also, they may be asked to provide financial information dating from the time of the earliest financial assessment request to ensure there has been no deprivation of capital.

Income Taken into Account in the Financial Assessment

See appendix 1

Income Ignored from the Financial Assessment

See appendix 2

Capital taken into Account in the Financial Assessment

See appendix 3

Capital Ignored from the Financial Assessment

See appendix 4

Housing Related Expenditure (non residential care, respite care and temporary care setting)

Certain housing related expenditure will be considered within the financial assessment for care and support services delivered in the person's own home or for respite care in a residential setting. Costs in relation to housing may be considered as relevant expenditure where these costs are not met by the Department for Work and Pensions (DWP) or by Housing Benefit and Council Tax Support and where the person is legally liable for these amounts.

Housing Costs Taken into Account as Expenditure in the Financial Assessment (non residential care, respite care and temporary care setting)

- Mortgage payments- where the person is one of the mortgagees.
- Rent- where the person is legally liable to pay rent. Rent to a family member will not be treated as allowable expenditure unless the person is jointly liable to pay rent (further evidence may be required).
- Council Tax- where the person is legally liable to pay Council Tax.

- Service Charges- where the service user is legally liable to pay service charges (other than service charges which are ineligible under schedule 1 to the Housing Benefit Regulations 2006).
- Ground rent- where the person is legally liable to pay ground rent.
- Secured loans- where the person is legally liable for loan repayments. Unsecured loans will not be taken into account.

Additional expenditure for Financial Assessments relating to Temporary Care

In addition to the above housing related expenditure, some further allowance may be made in respect of ongoing costs the person is liable to pay in order to maintain their property in their absence from the home, e.g. household insurance, standing charges on utilities.

Couples' Financial Assessment

If one of a couple is receiving care, they will be assessed as an individual but the MIG applied will reflect that for a member of a couple. If income is received jointly, then it will be usually be assumed that the person in receipt of care and support receives an equal share of that income. If a person jointly holds capital with their partner it will be divided equally.

Review and Appeals

Reviews will be undertaken annually as close to the anniversary of the initial financial assessment.

Reviews may also be requested at other times. In particular, a review may be requested:

- If a person has a significant change of circumstances, e.g. a change in their income or capital (for example, inheritance) or a change in members of the household.
- If a person is unhappy with the outcome of their financial assessment, they may request a reconsideration, by contacting the Charging Assessment Team in the first instance.
- If after a review a person remains dissatisfied please see appendix 6 for the appeals process.

Deprivation of Capital

If the Council feels a person or their representative may have spent or transferred their capital or other assets in order to pay a reduced contribution, the Council may apply a notional capital amount equivalent to the value of the asset or capital, as if the person were in possession of that amount.

In such cases, it will be the person or their representative's responsibility to prove that they no longer own the capital or asset and that they did not purposefully deprive themselves of it.

Benefits Advice

People who receive a financial assessment for care and support in the person's home will also receive advice to ensure they are receiving the appropriate levels of benefit during the financial assessment process. The Assessor will check that the person is receiving appropriate level of benefits and advise accordingly if the person needs to seek further advice on this.

Date Contributions Begin

For care and support in the person's home, the contribution will take effect from the first Saturday immediately following the financial assessment and is calculated at a weekly rate.

For contributions towards care in a residential setting, this will usually commence from the date of admission and is calculated pro rata.

Data Sharing

The Council may use information obtained from the DWP for determining whether a person applying for or receiving a specified state pension or benefit is liable to contribute to the cost of that service and if so the amount of that contribution.

Management

Policy management

The revised policy will be implemented from 1st April 2016. It will be administered by the Charging Assessment Team in Education, Health and Social Care.

Breaches and non-compliance

These will be dealt with following Cornwall Council's existing procedures.

How the impact of the policy will be measured

This policy has been reviewed in light of the changes set out in The Care and Support (Charging & Assessment of Resources) Regulations 2014, issued under the Care Act 2014. This policy will be monitored and reviewed by the Charging Team in Education, Health and Social Care.

Evaluation and review

See above.

Document information

Contacts

Policy prepared by Sam Clapp, Service Manager – Charging Assessment Team, Commissioning, Performance and Improvement, 25th May 2016

Further information

Further information can be obtained from www.cornwall.gov.uk/health-and-social-care/adult-social-care/paying-for-adult-social-care/

Alternative formats

If you would like this information in another format please contact:

Cornwall Council, County Hall, Treyew Road, Truro TR1 3AY

Telephone: **0300 1234 100** email: enquiries@cornwall.gov.uk

www.cornwall.gov.uk

Please consider the environment. Only print this document if it cannot be sent electronically.

Appendix 1

Income Taken into Account in the Financial Assessment

Income also takes into account transitional arrangements from Social Security benefits preceding those listed below. Includes:

- Attendance Allowance, including Constant Attendance Allowance and Exceptionally
- Severe Disablement Allowance
- Bereavement Allowance
- Carers Allowance
- Disability Living Allowance (Care component)
- 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 benefits
- Jobseeker's Allowance
- Maternity Allowance
- Pension Credit
- Personal Independence Payment (Daily Living component)
- State Pension
- Universal Credit
- Working Tax Credit.

- Income from certain types of investment where the capital value has been ignored from the financial assessment
- 'Tariff Income'* on savings between the lower capital threshold and the upper capital threshold.

*£1 for every £250 or part £250

Appendix 2

Income Ignored from Financial Assessment

Includes (but not exhaustively):

- Disability Living Allowance/ Personal Independence Payment- Mobility component
- Where a person makes a contribution towards the Independent Living Fund (ILF), that contribution will be deducted from their assessable income as an exceptional expenditure item (please see below)*
- Earned income from employment
- Child Support Maintenance Payments and Child Benefit
- Child Tax Credit
- Guardians Allowance
- War Pensioners Mobility Supplement
- War Widows Supplementary Pension
- Guaranteed Income Payments (but not Survivor Guaranteed Income Payments)
- Armed Force Independent Payments and Mobility Supplement
- Council Tax Reduction Schemes
- Student Loan and grant income

In some cases it may not be clear if income should be disregarded. Further information may be needed before a decision can be made.

** Prior to 23rd August 2010, ILF contributions were calculated based on a set formula. With effect from 23rd August 2010, ILF contributions which have already been determined will not change unless there is a decrease in the assessed contribution towards care provided by the Local Authority.*

Appendix 3

Capital Taken into Account in the Financial Assessment

The capital included in the financial assessment is in accordance Care Act 2014 Guidance. The list below is not an exhaustive one but provides an indication of what is included in the financial:

- Buildings
- Land
- National Savings Certificates and Ulster Savings Certificates
- Premium Bonds
- Stocks and shares
- Capital held by the Court of Protection or a Deputy appointed by that Court
- Any savings held in:
 - Building society accounts.
 - Bank current accounts, deposit accounts or special investment accounts.
This
 - includes savings held in the National Savings Bank, Girobank and Trustee Savings Bank.
 - SAYE schemes.
 - Unit Trusts.
 - Co-operatives share accounts.
 - Cash.
 - Trust funds

In some cases ownership of capital may not be clear. Further information may be needed before a decision can be made.

Appendix 4

Capital Ignored from the Financial Assessment

The capital ignored from the financial assessment is in accordance with the Care Act 2014 guidance, and includes:

- The house in which the person lives in specified circumstances (see page 6)
- Personal possessions (e.g art work or antiques)
- Payments in kind from a charity

Surrender value of:

- Life insurance policy

Payments made or derived from:

- The MacFarlane Trust
- The MacFarlane (Special Payments) Trust
- The MacFarlane (Special Payments) (No. 2) Trust
- The Fund (payments to non- haemophiliacs infected with HIV)
- The Caxton Foundation
- The capital value of Trust Funds held or administered by a court which are from a payment for personal injury (e.g vaccine damage, criminal injuries compensation)
- The Eileen Trust
- The MFET Limited
- The Independent Living Fund
- The Skipton Fund
- The London Bombings Relief Charitable Fund
- Payments from a Trust where the funds are damages for personal injury

Appendix 5

For non- payment of contributions in residential care, the guidance is set out in the terms and conditions of the residential contract.

Providers Guidance on non-payment of Contributions for Domiciliary Care

Part of the contractual arrangements between Cornwall Council - Education, Health and Social Care and Service Providers, is that Service Providers, in the first instance, will arrange collection of the person's assessed contribution.

The amount to be collected will be identified on the Purchase Order issued by Education, Health and Social Care.

It is recommended that the person's contribution is collected either on a weekly or on a four weekly basis.

If the person or their advocate advises they have insufficient funds to pay the assessed charge, it is suggested that the Service Provider asks the person or their advocate/Assessor to contact the Charging Team to request a further financial assessment. If this results in a reduction of the person's contribution then a new Purchase Order reflecting this change will be issued.

If a debt occurs as a result of non payment of a person's contribution, the provider should take the following action:

Verbally ask for any arrears and ongoing payments and the provider should keep a written record of who they spoke to, when the contact was made and the details of what actions were agreed

This should be followed up with at least two letters over a minimum period of 8 weeks requesting outstanding amounts. Suggested wording to be included in the letter to the user or rep would be:

As part of your care at home service, we have been advised by the Directorate of Education, Health and Social Care that under the Council's Domiciliary Care Charging Policy you are requested to make a financial contribution towards your care and that you have been assessed to make a weekly contribution of £.....

As at, your account is showing an outstanding balance of £..... for the period(s)

I would be grateful if you would settle this outstanding amount within days.
Include details of payment options

If you feel that you are unable to pay this amount due to lack of income available to you, please let me know and I will contact the Council's Assessment and Charging Team to arrange for you to have a 'benefit check' or a review of your financial assessment.

If you have any other concerns regarding the payment of these outstanding charges please contact.....

Providers should keep the Council informed of any issues and should also discuss with the person or their representative what payment plans can be put in place to repay the debt and what assistance is available for advice on debt management.

The Service Provider should send copies of any letters sent, records of any verbal communication with users or their representatives and any other supporting evidence with a covering letter detailing what action they have taken, to the Senior Manager – Business Support based at New County Hall, Treyew Road, Truro, Cornwall, TR1 3AY along with an invoice for the person's unpaid contribution for payment consideration.

The relevant Senior Manager must respond to the provider on what action will be taken by Education, Health and Social Care within 4 weeks of receiving this information.

Appendix 6

What do I do if I am unhappy with the calculation of my contribution?

If you disagree with your confirmed charge decision you can do one of the following:

- Request an explanation to get more information on the assessment and confirmed charge
- Ask us to reconsider the assessed charge
- Appeal against the assessed charge.

Explanations

You can ask for an explanation of your financial assessment calculation and confirmed charge. You should make this request within one month of the date of your confirmed charge letter. Your request can be made in writing or by phone by contacting the Charging Assessments Team.

Reconsiderations

You can ask for your charge to be reconsidered. You should make this request in writing within one month of the date of your confirmed charge letter.

When you ask for a reconsideration, a different officer from the one who completed your original assessment will look at your financial assessment again and check whether the confirmed charge is correct.

If we change your assessed charge following the reconsideration, we will write to you to confirm this, detailing new appeal rights for this new decision.

If we cannot change your assessed charge, we will write to you to confirm this. This letter will also tell you if you can appeal. If you can appeal, you will have one month from the date of the letter to make your appeal.

Making an Appeal

You have the right to make an appeal, where you have not received an explanation and/or a reconsideration.

Your appeal will need to be in writing and signed by you or a person legally appointed to act on your behalf. You should make the appeal within 1 month of receiving the outcome of your request for a reconsideration. It should give the full reasons why you think that your charge is incorrect. Your appeal will be forwarded to an Technical Officer from the Charging Assessments Team for consideration.

Following consideration by the Technical Officer, you will receive a letter confirming the outcome.

Appendix 7

Staff Guidance of Disability Related Expenditure

Staff Guidance of Disability Related Expenditure (DRE)

What is Disability Related Expenditure (“DRE”)?

A statutory definition of what may be regarded as DRE is **in the Care and Support (Charging and Assessment of Resources) Regulations 2014:**

“disability related expenditure” includes payment for any community alarm system, costs of any privately arranged care services required including respite care, and the costs of any specialist items needed to meet the adult’s disability.¹

Further information relating to disability related expenditure is included in Care Act Statutory Guidance (“the Guidance”):

Where disability benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority.²

The Guidance relates to any privately funded arrangements which are in place to meet needs not being met by the care/support plan. The Guidance provides a general definition that is supplemented by a non-exhaustive list of specific items:

In assessing disability related expenditure, local authorities should include the following. However, it should also be noted that this list is not intended to be exhaustive and any reasonable additional costs directly related to a person’s disability should be included:

- a) *Payment for any community alarm system.*
- b) *Costs of any privately arranged care services required, including respite care.*
- c) *Costs of any specialist items needed to meet the person’s disability needs, for example:*
 - *Day or night care which is not being arranged by the local authority;*
 - *Specialist washing powders or laundry;*
 - *Additional costs of special dietary needs due to illness or disability (the person may be asked for permission to approach their GP in cases of doubt);*
 - *Special clothing or footwear, for example, where this needs to be specially made; or additional wear and tear to clothing and footwear caused by disability;*
 - *Additional costs of bedding, for example, because of incontinence;*
 - *Any heating costs, or measured costs of water, above the average levels for the area and housing type;*

¹ Schedule 1 Part 1 paragraph 4(2)

² Guidance Annex C Treatment of Income (paragraph 37)

- *Occasioned by age, medical condition or disability;*
- *Reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individuals disability and not met by social services;*
- *Purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs, where necessitated by the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local council;*
- *Personal assistance costs, including any household or other necessary costs arising for the person;*
- *Internet access for example for blind or partially sighted people;*
- *Other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs. In some cases, it may be reasonable for a council not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport, e.g. council provided transport to day centres is available but has not been used;*
- *In other cases, it may be reasonable for a council not to allow for items where a reasonable alternative is available at a lesser cost. For example, a council might adopt a policy not to allow for the private purchase cost of continence pads, where these are available from the NHS.*

The care plan may be a good starting point for considering what is necessary disability-related expenditure. However, flexibility is needed. What is disability-related expenditure should not be limited to what is necessary for care and support. For example, above average heating costs should be considered.³

Key Questions to consider in the financial assessment

- Is the item necessary to meet any needs that are not currently being met the local authority? For instance privately funded day care you will need to check if the item is necessary
- Is the cost relating to a specialist item required to meet the person’s disability? AND
 - Is the item required?
- Is the item/service directly related to the illness/disability? AND
 - Is the cost reasonable or are there other alternatives available?

³ Guidance (paragraph 37/8)

Although the financial assessment should never automatically rule out items as each will turn on its own facts, below are some examples where a DRE is unlikely:

- Items facilitated by Adult Care Health and Wellbeing, the NHS or any other organisation will not usually be considered as a DRE
- Where the informal support or the person themselves are carrying out the tasks already
- Incontinence pads – these are provided by health
- Herbal Medicine – using herbal medicine is a person's choice and not usually prescribed by a Medical Practitioner
- Privately funded respite – any essential respite should be included in the current package of care
- Alternative therapy such as, Reiki/Aromatherapy – this is a person's choice and as such is unlikely to be required to meet the person's disability
- Chiropody – will only be considered where somebody can not access the free service provided by the NHS and are not able to do it themselves or do not have carers that can do it for them.

Appendix 8 - Personal Allowances 2017/2018

Please remember that only individual assessments are now undertaken although the personal allowances will be different for single people and members of a couple as will the disability and enhanced disability premiums. The carer premium (and child premium) is awarded on an individual basis only so will be unaffected.

Single

Pension Credit qualifying age - Single	
Personal Allowance	189.00

Disabled Adults over 25 working age - Single	
Personal Allowance	91.40

Disabled Adults aged 18 to 24 - Single	
Personal Allowance	72.40

Premiums (working age only)	
Disability Premium (DLA at any rate or benefit for incapacity)	40.35
Enhanced Disability Premium (DLA high rate care or ESA support group)	19.70
Premiums (applied to all)	
Carer Premium	43.25
Child premium	83.65

Couple

Pension Credit qualifying age - Couple	
Personal Allowance	144.30

Adults over 18 working age – Couple	
Personal Allowance	71.80

Premiums (working age only)	
Disability Premium (DLA at any rate or benefit for incapacity)	28.75
Enhanced Disability Premium (DLA high rate care or ESA support group)	14.15
Premiums (applied to all)	
Carer Premium	43.25
Child premium	83.65