

Our Care Guide & Services

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Allen Tomas &^{CO}
FINANCIAL MANAGEMENT



Head Office: 6 St Nicholas Court, Church Lane, Dersingham, Norfolk, PE31 6GZ T: 01485 541998
Fakenham Office: 2 Oak Street, Fakenham, Norfolk, NR21 9DY T: 01328 854706
E: info@allentomasfinancial.co.uk W: www.allentomasfinancial.co.uk

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What is the difference between social care and healthcare

- This can be a grey area but generally speaking the following help to explain the difference
- Nursing care is defined as a healthcare need and is associated with the treatment, care or aftercare of someone with a disease, illness, injury or disability
- Social care relates to the assistance of daily living for example maintaining independence, social interaction and supported accommodation such as a care home
- In theory, if you or your relative has a continuing healthcare assessment and your needs are healthcare related, i.e. as a result of disease, illness, injury or disability, then this qualifies as a nursing care need and should be free to the individual, provided for by the NHS
- If not, and your needs are, for example, age-related support; then this is a social care need
- In practice though, many people who have healthcare and nursing care needs are being cared for through the social care system
- It is worth noting, however, that if a local authority takes responsibility for care that should be provided by the NHS then this could be illegal, as highlighted by a landmark case back in the late 1990's

Your local authority and the NHS can help with assessing your social and health care needs. The important point here is that you should be assessed or considered for both assessments if applicable

Social care services might typically include:

- equipment
- help in your home
- community support and activities
- day centres
- home adaptations
- residential care
- financial support
- information and advisory services, and advocacy
- support for carers

Assessing your level of care needs

- If you need help with everyday tasks your local authority has a legal duty to carry out an assessment to find out what help you need
- Social care, have a duty to assess everyone regardless of wealth
- This is called a care needs assessment
- There is no charge for this
- It's simply a straightforward way of working out your individual care and support needs so that your local authority or trust can decide the best way to help you

Contact your local authority

How does a care needs assessment work

- The Care Act places your wellbeing at the centre of your support needs
- For example, you might want to stay in your home, and this must be taken into consideration
- Assessment and planning will take into account what is important for you, balancing wellbeing and risk
- The assessment looks at the impact on other areas of your life and how this affects your general wellbeing

Contact your local authority

What happens at the care needs assessment

- Together you will explore how difficult you find it to carry out activities in your everyday life, such as washing and dressing, managing your toilet needs or living safely in your home. These are known as care outcomes
- If someone already helps you with these activities, this still counts as a need you have, so you should make sure that the assessor knows you find it hard to carry out these tasks either with or without help
- They need to know how many care outcomes you are unable to achieve to work out whether you are eligible for support
- The Care Act 2014 imposed a general duty on local authorities to fully consider a person's wellbeing when assessing and providing care and support services
- It's a good idea to take a friend or family member with you to the assessment so that they can help you explain how your condition affects you
- If there isn't anyone who could go with you and you would find it very difficult to understand the assessment or to explain your needs, the council must arrange an independent advocate to help you at the assessment

The assessment will be carried out by a care specialist on behalf of the local authority or NHS

This could be an occupational therapist, a nurse or a social worker, or a combination to avoid having to undergo multiple assessments from different agencies

Wellbeing is described in the guidance that accompanies the Care Act as relating to the following areas:

- Personal dignity
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control over day-to-day life
- Social and economic wellbeing
- Suitability of living accommodation
- The person's contribution to society through work, training, education or volunteering
- Domestic, family and personal relationships

What happens after the care needs assessment

- Once your care needs assessment has been completed, your local authority or trust will decide what care services it can provide or arrange for you, or that you can organise yourself through a direct payment from the local authority
- This decision is made by comparing your care needs with a set of nationally agreed criteria which all local authorities must use. The assessor must also take into account how these needs affect your general well-being when they decide if you need support

You can find out about the eligibility criteria on your local authority's website

Agreeing a package of care

- Detailed information about the care services you need will be included in your care plan, which you'll get a written copy of
- Care services can include:
 - Residential care or nursing homes
 - Disability equipment and adaptations to your home
 - Home care help with things like cleaning and shopping
 - Day care for your child if either you or they have a disability
 - Day centres to give you or the person who cares for you a break
- Councils will offer a personal budget, which is an agreed amount of money that is allocated to you personally following an assessment of your care and support needs. This is support that you decide and control, in other words you control the money for your care and support. A personal budget is a statement of the amount of money needed to meet your eligible social care needs. It allows you (or your representative) to control the financial resources for your support and the way the support is provided to you

Your local authority is responsible for your personal care needs

Please note health care needs are the responsibility of the NHS

Reviewing your care and support plan

- Once your care and support plan has been agreed you have a right to ask for a review at any time if you think your care and well-being needs or your financial situation has changed
- Even if nothing has changed, the local authority must review it regularly, usually once a year

The local authority is responsible for this

Benefits you can claim when you have care needs

- If you have care needs or a disability or you are caring for someone who does, there are benefits to help you manage with the extra costs. Most of these benefits aren't affected by income or savings and you may be able to keep them if you have to go into a care home
- It is important to speak to somebody regarding benefits such as:
 - Council Tax support
 - Council Tax discounts and exemptions
 - Housing Benefit
 - Discretionary Housing Payment
 - Attendance Allowance
 - Personal Independence Payment
 - Disability Living Allowance
 - State Pension and Pension Credit
 - Winter Fuel (can be less when in a care home!)

Your local council or Solicitor should be able to help

King's Lynn and West Norfolk for example have a benefits advice and review team –
Tel: 0800 7312253

Norfolk County Council for example have a Welfare Rights Unit –
Tel: 01603 224447

Paying for long term care - Who pays for what

- This all depends on your health and mobility, what level of help and support you need, the value of your savings, assets and income, and what local authority or NHS funding you might be entitled to
- You could end up paying for all of it, some of it or nothing at all
- If you have a disability or complex medical problem, you might qualify for free NHS continuing healthcare (CHC) if you're an adult, or free NHS continuing care (CC) if you're under 18
- Your local authority may be able to help you with the costs of a care home, or if you prefer, and it's appropriate, they can help you stay in your own home by providing carers, support for carers, equipment and specialist services
- Exactly how much funding you receive will depend on:
 - Your individual needs (based on a care needs assessment)
 - How much you can afford to pay towards the costs of care yourself (based on a financial assessment)
- A deferred payment agreement is a loan you can request from your local authority. It's applicable if you don't have enough money to pay care home fees and are finding it difficult to sell your home, or don't wish to sell your home. If you're eligible, the local authority will help pay your care home bills on your behalf. You can delay repaying the council until you choose to sell your home, or until after your death
- A 12-week property disregard is where your local authority must disregard the value of your property for the first 12 weeks of you moving into a care home on a permanent basis, provided your other savings total less than the upper savings threshold for care

The Financial Assessment/Means test looks at:

- Your regular income – such as pensions, benefits or earnings
- Your capital – such as cash savings and investments, land and property (including overseas property), and business assets

If your capital is above a certain threshold, you'll have to pay the full costs of your care yourself. If your capital is below that threshold but above a lower limit, it's taken into account by assuming it produces an income (called the 'tariff income') at a set rate

If you move permanently into a care home, the value of a home you own or your share of it if you own it jointly might be counted as capital after 12 weeks. However, your home won't count as capital if for example your husband, wife, partner or civil partner still live there. In regards to Tenants in Common, the local authority's financial assessment for the surviving partner will only take into account their share of the home

If you receive care in your own home, the means test works as described above, but with these differences:

- The value of your home isn't taken into account when working how much you have to pay
- You're allowed to keep a much higher amount of income so you still have enough to pay your bills and to live on
- Each local council should publish and make available details of its charging policy for home care

The personal expenses allowance is the minimum income amount that individuals are allowed to keep when they are in social care (£24.90 per week)

What is NHS continuing healthcare (full funding)

- NHS continuing healthcare (or NHS CHC) is free healthcare provided by the NHS to individuals who have significant and ongoing healthcare needs. This package of care can be received in any setting outside of hospital including care homes, hospices or even within your own home. It is incorrect to state that a person can only be eligible for continuing healthcare funding if they are in a nursing home. Their health needs, not their location, is the key factor
- In order to be eligible for NHS CHC, it must be established that your need for care is primarily health related. Additionally, this need must be assessed as complex, substantial and ongoing
- It doesn't matter what your income is or what savings you have, if you meet the criteria, you are entitled to free NHS CHC funding. Remember, NHS continuing healthcare funding is not means tested and it can cover up to 100% of care costs
- If you are currently paying, or have previously paid for care, you could be eligible for funding to cover future care costs or to recover care costs which have already been paid

The initial checklist assessment can be completed by a nurse, doctor, other healthcare professional or social worker. You should be told that you're being assessed, and be asked for your consent

Depending on the outcome of the checklist, you'll either be told that you don't meet the criteria for a full assessment of NHS continuing healthcare and are therefore not eligible, or you'll be referred for a full assessment of eligibility. If you have been assessed for full funding, but turned down, ask the NHS Continuing Care Team why NHS funded nursing care has not been awarded

Full assessments for NHS continuing healthcare are undertaken by a multidisciplinary team (MDT) made up of a minimum of 2 professionals from different healthcare professions. The MDT should usually include both health and social care professionals who are already involved in your care. You should be informed who is co-ordinating the NHS continuing healthcare assessment

The team's assessment will consider your needs under the following headings:

- breathing
- nutrition (food and drink)
- continence
- skin (including wounds and ulcers)
- mobility
- communication
- psychological and emotional needs
- cognition (understanding)
- behaviour
- drug therapies and medication
- altered states of consciousness
- other significant care needs

What is NHS funded nursing care

- NHS funded nursing care is a non-means tested contribution towards your nursing costs. The NHS will pay a flat standard rate contribution directly to the care home towards the cost of this registered nursing care
- You may be eligible for NHS-funded nursing care if:
 - you are not eligible for NHS continuing healthcare but have been assessed as needing care from a registered nurse
 - you live in a care home registered to provide nursing care
- NHS-funded nursing care is paid at the same rate across England. In April 2021, the rate was set at £187.60 a week (standard rate)
- Before October 1 2007, there were 3 different levels or bands of payment for NHS-funded nursing care – low, medium and high:
 - If you moved into a care home before October 1 2007, and you were on the low or medium bands, you would have been transferred to the standard rate from that date
 - If you moved into a care home before October 1 2007, and you were on the high band, NHS-funded nursing care is paid at a higher rate. In April 2021, the higher rate was set at £258.08 a week. You're entitled to continue on this rate unless:
 - you no longer have nursing needs
 - you no longer live in a care home that provides nursing
 - your nursing needs have reduced and you're no longer eligible for the high band, when you would change to the standard rate
 - you become entitled to NHS continuing healthcare instead

You should be assessed for NHS Continuing Healthcare first. Only after that should a decision be made about NHS funded nursing care, not the other way round!

What are advocacy services

- They help people, particularly those who are most vulnerable in society to:
 - access information and services
 - be involved in decisions about their lives
 - explore choices and options
 - defend and promote their rights and responsibilities
 - speak out about issues that matter to them
- An advocacy service is provided by an advocate who is independent of social services and the NHS, and who isn't part of your family or one of your friends
- An advocate's role includes arguing your case when you need them to, and making sure the correct procedures are followed by your health and social care services

SEAP is an organisation that provides advocacy support

Some advocacy services help people with a specific condition. For example, Diabetes UK offers an advocacy service for vulnerable people with diabetes, and is available in many areas of England and Wales

Age UK gives advice and information to older people and their carers, family, friends and other people involved in their care. Some branches offer advocacy services

Carers UK has a free advice line for carers, call 0808 808 7777 or visit the Carers UK website for advice on many aspects of caring. It doesn't provide an advocacy service, but can give you information on where to go for help

Advocates from the charity VoiceAbility can help you get your voice heard and involved in making key decisions about your care and health needs

Who are the care quality commission (CQC)

- They are the independent regulator of health and adult social care in England
- They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve
- Their role is to:
 - Register care providers and monitor, inspect and rate services
 - Take action to protect people who use services
 - Speak with an independent voice on major quality issues in health and social care

Their website is <http://www.cqc.org.uk>

What other options can I consider before moving into a care home

- If living at home independently is becoming difficult it's worth considering your other options first. Some of your other options may be:
 - adapting your home to make life easier
 - getting some support at home to help you with things that are becoming difficult
 - moving into sheltered housing, where you can live independently with more support on-site
- Live-in care helps people live well at home for longer by providing specialist care in the comfort of the home. By choosing 24 hour care at home, you can:
 - Stay in control over life for longer
 - Benefit from having your routines, privacy and preferences respected and listened to
 - Maintain relationships and family life, seeing friends and family in a relaxed and familiar environment for everyone
 - Keep up with hobbies, interests and clubs in your local community
 - Use home surroundings to stimulate care, such as the ground-breaking SPECAL method for dementia

As discussed earlier arrange an assessment of needs with a social care professional, who will look into your needs to see what support can be provided

Live-in care can be funded by the local authority or through self-funding ie yourself.

It is important to check the Care Quality Commission's website for information on the Live-in care provider

Make sure to look into all the options and seek advice to make the right decision for you

Choosing a Care Home

- Think of it like buying a house: you need to get a feel for what's out there before making a decision
- As a starting point, ask your friends and family - they may be able to point you towards a care home with a good reputation
- Some homes may invite you to spend the day there so you can get a feel of what it's like
- Before you visit, make a list of all the questions you want to ask and all the things you want to look out for It's useful to ask about the level of care provided, the fees and waiting list

CareHomeAdvisor.com is a website where you can search for care homes, and find out how they are rated by the Care Quality Commission, NHS Choices, Your Care Rating, Food Standards Agency and the Health & Safety Executive

It can help you understand your various options and help you make an informed decision

Alternatively, you can go direct to the Care Quality Commission's website

More information on living independently

- Most Councils will have an information and signposting website, areas covered are:
 - Things to do
 - Housing and Care Homes
 - Out and About
 - Learning and Volunteering
 - Health and Wellbeing
 - Money matters
 - Care and Support at home
 - Staying Safe
 - Looking after someone
 - Advice and advocacy
 - Dementia Guidance and Services

In West Norfolk for example “Ask Lily” provide signposting support and information for Older People living in the area – Tel: 01553 616200

Try asking your Council if there is an equivalent close to you

Safeguarding people

- Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect
- What safeguarding means for people who use care services
- Safeguarding children and promoting their welfare includes:
 - Protecting them from maltreatment or things that are bad for their health or development
 - Making sure they grow up in circumstances that allow safe and effective care
- Safeguarding adults includes:
 - Protecting their rights to live in safety, free from abuse and neglect
 - People and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening
 - Making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account

You should contact the social care department at the appropriate local authority if you are concerned about a child or a vulnerable adult

If you can't get through to your council, you can call the Care Quality Commission on 03000 616161

What is a Lasting Power of Attorney and Deputyship

- A lasting power of attorney (LPA) is a legal document that lets you (the 'donor') appoint one or more people (known as 'attorneys') to help you make decisions or to make decisions on your behalf
- This gives you more control over what happens to you if you have an accident or an illness and can't make your own decisions (you 'lack mental capacity')
- You must be 18 or over and have mental capacity (the ability to make your own decisions) when you make your LPA
- There are 2 types of LPA:
 - Health and welfare, used to make decisions about:
 - your daily routine, for example washing, dressing, eating
 - medical care
 - moving into a care home
 - life-sustaining treatment
 - it can only be used when you're unable to make your own decisions
 - Property and financial affairs
- Where an LPA has not been made and an individual then lacks mental capacity, a deputy will need to be authorised by the Court of Protection to make decisions on their behalf. There are 2 types of deputyship
 - Property and financial affairs deputy
 - You'll do things like pay the person's bills or organise their pension
 - Personal welfare deputy
 - You'll make decisions about medical treatment and how someone is looked after

We work closely with Attorneys and Deputies in providing financial advice. If you have not made a lasting power of attorney, we can recommend a professional in this area

Long term care planning advice from Allen Tomas & Co

- Allen Tomas & Co Financial Management Ltd hold the CF8 Long Term Care Qualification and are authorised to advise in this area
- Ben Allen, within Allen Tomas & Co Financial Management Ltd, is a SOLLA (Society of Later Life Advisers) member
- SOLLA helps people and their families in finding trusted accredited financial advisers who understand financial needs in later life. You can find out more about the Later Life Adviser Accreditation and what is involved by using this link <https://societyoflaterlifeadvisers.co.uk/Find-an-adviser/Why-use-a-SOLLA-member>
- We will review a client's income, expenditure, tax position, existing pensions, savings and investments assets, liabilities, risk profile, care needs and wishes
- We can advise clients, family, attorneys, deputies on the most suitable financial solutions which can include long term care annuities, pension and investment management
- Allen Tomas & Co strongly believe in cash flow and sound investment management principles to deliver the most appropriate financial advice for the care recipient
- Understanding needs - we will try to:
 - Consider your travel and physical needs (Home Visits maybe more appropriate)
 - Consider covering the information in stages to ensure that each stage is understood
 - Provide plenty of opportunities for questions to be asked and concerns to be raised
 - Follow up any queries in writing, re-iterating your response
 - Be aware of verbal and non-verbal communication
 - For clarity, use the right tone, pitch and pace of verbal communication
 - Use 'plain English' and avoid financial jargon

Please contact Allen Tomas & Co Financial Management and arrange an appointment with a qualified Independent Financial Adviser – Tel: 01485 541998