



Charging Policy for Non-Residential Services

Communities, Health and Adult Social Care

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Charging Policy

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1. Introduction/Policy Statement

1.1 This document sets out Buckinghamshire County Council's ("The Council") policy for charging for non-residential social care services.

1.2 This policy aims to reflect the provisions relating to charging from April 2015 as detailed in the Care Act 2014, the Care and Support (Charging and Assessment of Resources) Regulations 2014 and chapters 8 and 9 of the Care and Support Statutory Guidance issued under the Care Act by the Department of Health. These form the basis of this policy, except where the Council exercises its discretion where permitted by the regulations.

1.3 The Government Guidance can be viewed by visiting:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

In this policy reference to "you" refers to the person receiving a service arranged or provided by Buckinghamshire County Council.

2. Purpose

2.1 Section 14 of the Care Act enables a local authority to decide whether or not to charge a person for services when it is arranging to meet a person's care and support needs or a carer's support needs. Section 17 of the Care Act enables a local authority to undertake a financial assessment to determine if a person is able to pay towards the cost of care and support services to meet their needs.

2.2 Receipt of most, but not all chargeable services, entitle you to have means-tested financial assessment to be carried out by the Council to establish how much you will need to pay towards the cost of your care. Some services such as meals have standard charges for which you will need to pay the full policy charge.

3. Aims/Outcomes

3.1 The aims/outcomes underpinning the Charging Policy are:

- Contributions will be calculated openly and transparently and you will be treated in a fair and equitable manner.
- You will be required to complete a Statement of Financial Services Form to enable the Council to calculate your contribution towards the services you receive. If you decline to complete the form or fail to do so upon request you will be required to pay for the full cost of your services.

- A reassessment will be carried out annually or following a request arising due to a change of circumstances.
- Care services will not be withdrawn if you refuse to pay your assessed contribution, but the Council may instigate recovery proceedings, including court action to recover unpaid sums.
- The financial assessments for non-residential services will consider any additional costs that you may have as a result of your disability known as Disability Related Expenditure (DRE).
- The lower and upper capital savings limits for non-residential packages of care will apply in line with Government guidelines.
- Earnings will be disregarded from your financial assessment in order to encourage and enable those who wish to stay in or take up employment, education or training.
- You will be given an explanation for any decisions made so you know what you will be charged.

4. Scope

- 4.1 This policy applies to all service users and carers who have been assessed as having an eligible need, under the Council's Assessing and Supporting Your Care Needs and are receiving services arranged by the Council.
- 4.2 Following an assessment, Buckinghamshire County Council agrees support plans to address your unmet and eligible needs. The cost of the care in the support plan forms the basis of your personal budget which can be used either to pay for council commissioned services, or managed directly by you, in the form of a direct payment, or a combination of both.

5. Circumstances Where Service Users Will Not be Charged

- 5.1 The Council is not permitted to charge for the following services in accordance with section 14 of the Care Act, therefore they will be provided by the Council free from charges, to service users who meet the criteria:
- Services relating to mental health after care commissioned under section 117 of the Mental Health Act 1983.

- Intermediate care including up to 6 weeks care, known as Reablement, to help you recover from a major event such as a stay in hospital.
- Care and support provided to adults suffering from variant Creutzfeldt-Jakob disease.
- Any service or part of service which the NHS is under a duty to provide. This includes Continuing Health Care (“CHC”).

5.2 All other services will be subject to charges in accordance with this policy.

6. Circumstances When People Will be Charged in Full

6.1 You will be charged in full in the following circumstances:

- You have capital savings above the Upper Capital Limit (£23,250 as at 01.04.2019 and reviewed annually by the Department of Health).
- You are assessed as a self-funder by the means test because you have sufficiently large weekly/monthly income taking into account the standard allowances.
- You refuse to comply with the council’s financial assessment process.
- The service you receive is not subject to a means tested financial assessment being a flat rate charge. See 10.2.

6.2 For all other service users, a charge based on their maximum assessed contribution will apply. The assessment will take into consideration income and expenditure, leaving you with no less than a protected income as set out by Government guidelines.

7. Carers

7.1 Section 14 of the Care Act 2014 provides local authorities with the power to charge for services provided directly to a carer where they have an eligible need for care and support. In recognition of the role of carers in supporting the people they care for the council does not currently charge for services delivered to carers.

7.2 The Council will provide services to carers to meet their care and support needs if they meet the eligibility criteria for care and support.

7.3 Services to carers do not include services that are directly provided to the person being cared for by a carer.

8. Financial Assessment

- 8.1 The Council will charge for care and support services delivered in a person's own home or as part of a package of care which is not in a residential or nursing placement setting.
- 8.2 You must first satisfy an eligibility assessment for care and support. Only if you have an eligible care and support need will you require a financial assessment. A financial assessment will be undertaken by the Council to establish your ability to contribute towards the services you receive. You must co-operate with the Council's financial assessment. If you choose not to have a financial assessment or refuse to disclose full financial information you will be required to pay the full cost of the services and will be a self-funder.
- 8.3 The Council's Welfare Benefits Team is able to support service users with completing the Statement of Financial Circumstances form in order that the financial assessment can be carried out.
- 8.4 The Council will undertake a financial assessment based, as a minimum, on income, capital, housing costs and disability related expenditure (DRE) (see appendix 3). Service users with capital in excess of the higher capital limit will be responsible for meeting all of their care and support costs. See 6.1.
- 8.5 If you are receiving care and support in a non-residential setting your care and support costs will be administered through a personal account. A personal account is a combination of the amount of money that is required to meet your eligible care and support needs, and the amount you can contribute towards that cost. The difference is the amount of funding support that the Council will provide.
- 8.6 Where a service user has an eligible care and support need, the Council will calculate how much it will cost to provide the necessary care using its Resource Allocation System (RAS) to produce what is known as an indicative budget. Once the indicative budget is known, the care and support planning process, taking into account the customers desired outcomes, will determine your personal budget.
- 8.7 You will have the option to take a personal budget for Council commissioned services or as a direct payment or a combination of both.

8.8 If you choose to use your personal budget as a direct payment you may purchase alternative types of care to meet your care and support needs as defined in Sections 31 to 33 of the Care Act 2014.

8.9 The Council has a Direct Payments policy that sets out the criteria for care and support being managed through Direct Payments.

8.10 You will be given a written record of the financial assessment explaining how it has been carried out, what the charge will be, how often it will be made, and if there is any fluctuation in charges, the reason. You will be informed of the weekly amount you must contribute towards your care and support costs after the financial assessment has been finalised. Contributions are payable from the date care commences.

8.11 If you receive care and support through Direct Payments further information can be found in the Direct Payments Policy.

8.12 You must inform the Council of any change in your financial circumstances and a reassessment will be carried out. Your financial assessment will be reviewed annually.

8.13 Should you not advise the Council of a change in financial circumstances at the time it occurs charges will be backdated.

9. Capacity

9.1 When a care and needs assessment is carried out the assessor will consider if you have capacity to consent to the care plan in accordance with the principles in the Mental Capacity Act 2005.

9.2 We understand that some people have family or friends who may help them with their financial affairs. With your permission we can discuss your case with your chosen representative. All documentation, however, must be signed by you, unless you have:

- Authorised someone else to do so under a Lasting Power of Attorney.
- An appointee who has been accepted by the Department for Work and Pensions as authorised to deal with your social security benefits.
- A Deputy who has been appointed by the Court of Protection to look after your financial affairs.

9.3 If there is no one acting on your behalf, Care Management staff will take steps to find out if there is someone who is willing and able to provide this support.

9.4 The provision of services will not be delayed whilst enquiries and applications are being made.

10. Charging for non-residential services

10.1 All non-residential services fall within the scope of this policy and include the following chargeable services:

- Home Care
- Personal care
- Live in Care
- Assisted Shopping
- Cleaning
- Rehabilitation Services
- Supported Living
- Extra Care
- Shared Lives Service
- Day Care services building based and in the community
- Befriending
- Sleepover/Waking Nights
- Transport
- Telecare and assistive technology
- Housing related support services
- Personal budgets taken as a Direct Payment or managed service
- Services for carers as outlined in their care plan are not currently charged for

10.2 It should be noted that charges for meals whether in a Day Centre or in a community setting will be charged for at a flat rate. This charge is not part of the Financial Assessment for Non-Residential Services as it is not subject to a means test. Telecare services are also a standard charge depending on the type of property you live in and the benefits you receive, otherwise they may be subject to a means tested financial assessment.

Calculating the Charge for Non-Residential Services

- 10.3 Your ability to pay is determined in accordance with national policy. You are expected to pay for care in line with your ability to pay as determined under the Regulations.
- 10.4 The calculation to identify the charge that will apply will be as follows for non-residential services:

Capital

- 10.5 The Council will not take into account the value of the interest in your main or only home if you reside there as your main residence. The Council will take into account the value of your interest in any other property or land.
- 10.6 Examples of capital include but is not limited to the following:
- 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:
 - Buildings society accounts.
 - Bank current accounts, deposit accounts or special investment accounts. This includes savings held in National Savings Bank, Giro bank and Trustee Savings Bank
 - SAYE schemes
 - Unit Trusts
 - Co-operatives share accounts
 - Cash
 - Trust funds
 - ISAs
 - Investment Bonds
- 10.7 As at April 2019 if you have capital resources below £14,250 this will be disregarded (that is, you will be assessed on the basis of your income alone) but if you have capital resources between £14,250 and £23,250 the council will add £1.00 per week to your income (called tariff income) for each £250.00 or part thereof between these amounts (i.e. £15,000 capital would attract a tariff income of £3.00 per week as this is £750 over the disregarded capital resources). See Appendix 2 for more details. If you have more than £23,250

in capital (excluding the value of your main home) you will be required to pay the full cost of your care. Also see 10.5.

- 10.8 Where funds are held in a Trust, the financial assessment will seek to determine whether income received or capital held in a Trust should be disregarded or included in the assessment. The Council may take capital into account for example, where you have received personal injury compensation (held now in Trust or administered by the courts) for the same services that you ask the Council to provide. You will be required to provide the Council with copies of Trust documents in the financial assessment.
- 10.9 If you have joint capital/savings with another person half of the balance will be taken into account unless you can provide evidence that the savings are not held equally.

Income

10.10 The council will take into account state benefits and any private income you have including (but not limited to) the following:

- Pension income.
- All state benefits with the exception of Disability Living Allowance (DLA) (Mobility component) and Carers' Premium.
- Tariff income of £1 a week for every £250 (or part of £250) between £14,250 and £23,250.
- Income that accrues to personal injury compensation held in Trust or administered by the courts and personal injury periodical payments that are income.
- Any other income other than earnings and interest from savings and investments.
- Occupational Pension – The Council will disregard half of an occupational pension if the service user is living with a partner.

10.11 Some benefits and income are disregarded. Any income from the following sources will be fully disregarded:

- Guaranteed Income Payments made to Veterans under the Armed Forces Compensation Scheme.
- Carer Premium (paid as Guaranteed Credit or Income Support).
- The mobility component of Disability Living Allowance.
- The mobility component of Personal Independence Payments.
- The first £10 of War Widows Pension.
- War Disability Pension/War Pension and Army Disability Pension.
- War Widows Supplementary Pension.
- Savings credit award.

10.12 You will be expected to claim all benefits to which you are entitled.

10.13 As part of the financial assessment process the Council will support service users by reviewing their individual entitlement to welfare benefits or signposting non service users to agencies who can assist. The Council's Welfare Benefits Team will assist with claims for eligible benefits on service users' behalf.

Allowances

10.14 A service user who receives care and support outside a care home will need to pay their daily living costs such as rent, food and utilities, and must have enough money to meet these costs. Your income must not be reduced below a specified level after charges have been deducted. This known as the 'Minimum Income Guarantee' and is designed to promote independence and social inclusion.

10.15 The following allowances will be made against income along with any other disregards set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014.

- A sum equal to basic Income Support Personal Allowance plus premiums for up to age 59 years, level of disability (but not Severe Disability Premium) plus 25%. See Appendix 5.
- The Department of Health legislated MIG allowance for service users from 60 years of age. See Appendix 5.
- Allowable housing costs such as mortgage and rent that is net of any housing benefit received including payments made under a mortgage protection scheme.
- Any council tax payable net of council tax benefit.
- The additional expenditure incurred as a result of a disability (Disability Related Expenditure) NB – appropriate evidence will be required to confirm expenditure and you must be in receipt of a disability related benefit. Payments to family members will not be allowed as DRE unless there are exceptional circumstances.
- All earnings from paid employment.

Minimum and maximum charges

10.16 A minimum assessed contribution of £2.50 per week will be necessary for charges to be payable.

10.17 If you have sufficient capital resources or income you will pay the maximum costs for your care.

Treatment of Couples

10.18 In this policy, for the purposes of financial affairs a couple is defined as two people living together as spouses or partners. A partner's income/savings does not affect the charge applied to you and the Care Act requires that financial assessments are treated individually.

Treatment of property

10.19 The Council will disregard the value of your main residence, but the capital value of additional properties will be taken into account in the financial assessment.

10.20 If you are living in supported living or extra care accommodation your property may be taken into account in the calculation of your care fees. You may be eligible for a deferred payment of the fees in this instance. Please ask for further information if you believe this applies to you.

11 What If My Circumstances Change?

11.1 If your financial situation changes at all you must let us know immediately so that we can ensure your contribution is correct.

12 What If I Don't Agree?

12.1 You have the right to appeal against your assessment if one of the following applies:

- If you think that the charge has been incorrectly worked out
- If you think you have expenses which we have not taken into account
- If you feel that you cannot afford the charge as it would cause you financial hardship

12.2 If you think one of the above applies you should contact:

Finance Assessments Team
Finance Operations
Buckinghamshire County Council
New County Offices
Walton Street
Aylesbury
HP20 1YU

Telephone: 01296 387912

13 Preventative Services

13.1 The Care and Support (Preventing Needs for Care and Support) Regulations 2014 allows the Council to charge for the provision of certain preventative services, facilities or resources. The Regulations also provide that some other specified services must be provided free of charge.

13.2 If the Council charges for preventative services it will ensure that you are able to afford any charges made.

13.3 The Council will not charge for the following:

- Preventative services to an adult suffering from Creutzfeldt-Jakob disease
- Intermediate care and reablement support services for up to first 6 weeks

14 Deprivation of assets

Deprivation of assets is the disposal of income and capital for the purpose of avoiding or to reduce care charges. For example, a disposal of income or capital may be when ownership is transferred, consideration for a transfer was less than the value of the asset or there was no consideration for the transfer. You will be asked by the Council and required to prove that you no longer own income or capital assets.

14.1 The Council will decide whether to conduct an investigation to determine whether deprivation of assets has occurred. After an investigation has been carried out, the Council will decide whether an asset has been deliberately deprived to avoid or reduce care charges. If it is found that you have

deliberately deprived assets then you will be charged as if you still owned the assets.

15 Debt recovery

- 15.1 The Care Act introduces a framework for local authorities to recover debts. The Council has the power to recover money for arranging and providing care and support services. This power may be exercised when a person refuses to pay the amount they were assessed as being able to pay. This power extends to the person receiving care and support and their representatives.
- 15.2 The Council actively pursues debts and seeks to prevent debts escalating and for the person to make affordable repayments. Legal action to recover debt through the Courts will only be taken by the Council as a last resort when all other alternatives have been pursued without success.

16 Equality and Diversity

- 16.1 The Council is committed to ensuring that no one is treated less favourably because of age, race, ethnicity, religion, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or other personal beliefs.

17 Complaints and Compliments

- 17.1 You can let the Council know when things go right or when things go wrong. You can also let the Council know your suggestions of how things could be done better to help the Council improve its services.

- 17.2 If you would like to make a complaint or send a compliment it should be sent by post to the following:

Statutory Complaints Officer
Community Health and Adult Social Care
Buckinghamshire County Council
New County Offices
Walton Street
Aylesbury HP20 1UA

Email: complimentsandcomplaints@buckscc.gov.uk

Telephone: 01296 387844

Appendix 1 - Bucks County Council Charges and Rates Effective 15th July 2019

SERVICE	CHARGE
Care Package set up fee	£300 + VAT
Main meal per day	£5.20
Tea Box per day	£3.25
Transport per return journey	£15.50
Day care per day	£72.10 (including meal cost of £5.20)
High Dependency Day Care per day	£92.70 (including meal cost of £5.20)
Home care per hour single handed	£19.40
Home care per hour double handed	£38.80
Telecare Landline per week	£4.40
Telecare Mobile SOS per week	£7.69
Telecare Medication per call	£1.78
Deferred Payment set up Fee	£620
Annual Administration Fee	£90

Appendix 2 – Capital Limits and Tariff Income

Capital Limits 2019-20

Upper Capital Limit: £23,250

Lower Capital Limit: £14,250

Tariff Income from Capital

Capital between these amounts		Tariff Income
Nil	£14,250	£0
£14,250.01	£14,500	£1
£14,500.01	£14,750	£2
£14,750.01	£15,000	£3
£15,000.01	£15,250	£4
£15,250.01	£15,500	£5
£15,500.01	£15,750	£6
£15,750.01	£16,000	£7
£16,000.01	£16,250	£8
£16,250.01	£16,500	£9
£16,500.01	£16,750	£10
£16,750.01	£17,000	£11
£17,000.01	£17,250	£12
£17,250.01	£17,500	£13
£17,500.01	£17,750	£14
£17,750.01	£18,000	£15
£18,000.01	£18,250	£16
£18,250.01	£18,500	£17
£18,500.01	£18,750	£18
£18,750.01	£19,000	£19
£19,000.01	£19,250	£20
£19,250.01	£19,500	£21
£19,500.01	£19,750	£22
£19,750.01	£20,000	£23
£20,000.01	£20,250	£24
£20,250.01	£20,500	£25
£20,500.01	£20,750	£26
£20,750.01	£21,000	£27
£21,000.01	£21,250	£28
£21,250.01	£21,500	£29
£21,500.01	£21,750	£30
£21,750.01	£22,000	£31
£22,000.01	£22,250	£32
£22,250.01	£22,500	£33
£22,500.01	£22,750	£34
£22,750.01	£23,000	£35
£23,000.01	£23,250	£36
More than £23,250		Full Fee Paying

Appendix 3 – Disability Related Expenditure

Disability Related Expenditure (DRE) is an allowance made in the financial assessment for additional expenses a service user may have due to a disability.

Statutory Guidance issued under the Care Act by the Department of Health includes examples of possible DRE as below. This provides that the Council should include the following although this list is not exhaustive. If you feel that you incur additional costs directly related to your disability this will be considered on the production of supporting evidence which you will be asked to provide.

- Costs of any privately arranged care services required, including respite care
- 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
 - 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 above the average levels for the area and housing type
 - Reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's 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 and 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 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.

- **Appendix 4 - Glossary**

Term	Definitions
Adult	Any person over the age of 18.
Adult with care and support needs	Any person over the age of 18 who has needs for care and support to live their day to day life.
Care and support	A mixture of practical, financial and emotional support and services that the council offers or can support, for any person aged 18 or over in order for them to live their day to day life.
Carer	Any person over 18 who provides or intends to provide care or support to another adult who needs care. This includes emotional care and support as well as physical. A person who is paid to provide care or does so as a voluntary worker is not considered a carer.
Carers Assessment	This is where the Council gathers information to help determine the carer's need for care and support to help them live their day to day life and continue to provide care for the adult they are caring for. It also helps to determine whether or not they meet the eligibility criteria.
Direct Payment	Payments made by the council directly to a person with care and support needs so they can chose where, how and when to get their own care and support.
Duty	Something that the law says the Council must do.
Financial Assessment	This is the dialogue the Council has to have with the service user or their representative to gather information and the formal means-test under the relevant charging policy rules, once all the information has been gathered. This helps determine whether or how much an adult can afford to contribute towards any care and support services and to record other financial details such as benefits.
Indicative Budget	The maximum monetary value that indicates how much the council believes is required to meet your care needs as calculated by our RAS
Independent Advocate	An appropriate individual separate from the Council who

	can represent a person where they are not able to themselves.
National Eligibility Criteria	These are the minimum levels of care and support needs for a person which the Council must support to meet the assessed needs.
Needs Assessment	<p>This is the dialogue the Council has with an adult to gather information that helps to determine the adult's needs for care and support in order to help them live their day to day life.</p> <p>It also helps to determine whether or not they meet the eligibility criteria.</p>
Nursing Care	The social and health care provided to a person who is living in a care home registered with the Care Quality Commission as a nursing home, rather than their own home.
Personal Budget	This is a statement of what it costs the Council to meet an adults care needs. The breakdown includes the amount the adult with care and support needs pays towards the total cost as well as the amount the Council pays towards the total cost. It also looks at other funding options available to meet needs and considers services where there is no cost, such as a community resource.
Prevention	The individual interventions the Council makes to promote health; improve skills or functioning for one person or a group; or reduce the impact of caring on a carer's health and wellbeing.
Reablement	Free of Charge Intermediate care including up to 6 weeks care to help you recover from a major event such as a stay in hospital.
Residential Care	The care provided to a person who is living in a care home on a temporary or permanent basis (any establishment providing accommodation with personal or nursing care) rather than their own home.
Respite Care	Temporary residential care for the cared for person which enables a carer to look after their own health and wellbeing and to take a break from caring.

Self-Funder	Any person who funds all their own care and support services or who has their care costs paid for by a third party such as a family member.
Wellbeing	The individual aspects of wellbeing are those outcomes most relevant to a person with care and support needs and carers.

Appendix 5 – MIG Allowances 2019-2020

Premium & Thresholds	Lowest Age	Highest Age	Weekly Amount	Disregard	Calculated
BCC Allowance NO EDP (18-24)	18	24	£115.31	-	Age 18-24 PA £72.38 + DP £42.93 = £115.31 both figures include the 25%
BCC Allowance Plus EDP (18-24)	18	24	£136.31	-	Age 18-24 PA £72.38 + DP £42.93 + £21.00 = £136.31 all figures inc 25%
BCC Allowance No EDP (25-59)	25	59	£134.31	-	Age 25-59 PA £91.38 + £42.93 = £134.31 all figures include 25%
BCC Allowance EDP (25-59)	25	59	£155.31	-	Age 25-59 PA £91.38 + £42.93 + £21.00 = £155.31 all figures inc 25%
Pension Credit Threshold 60+	60	-	Remains at £189.00	-	No Change to this figure since 2015.This is DOH policy