

Nottinghamshire Adult Social Care Charging Policy

April 2026



Nottinghamshire
County Council

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1. Introduction / Overview

Purpose

This policy sets out how Nottinghamshire County Council will charge for the provision of care and support services. We understand that the way funding works for care and support can often be complex and sometimes difficult to understand. This document is designed to guide you through the process and help you understand what to expect.

Legal Framework

Nottinghamshire County Council charges in accordance with the Law. This policy has therefore been produced in accordance with the legal requirements set out in:

- Care Act 2014
- Care and Support (Charging and Assessment of Resources) Regulations 2014
- Care and Support (Deferred Payment Regulations) 2014
- Care and Support (Preventing Needs for Care and Support) Regulations 2014
- Care and Support (Personal Budget: Exclusion of Costs) Regulations 2014
- Care and Support (Direct Payment) Regulations 2014

The Council must also follow the Department of Health & Social Care; Care and Support Statutory Guidance (July 2025) as updated from time to time, in particular Chapters 8 and 9 and the associated annexes of the [Care and support statutory guidance - GOV.UK](#), unless it has clear reasons not to do so.

2. Scope

The policy applies to adults aged 18+ receiving care arranged or funded by the Council, and covers both residential and non-residential (community) charging.



Residential	Services in a care home or care home with nursing, both short term and long term.
Non-residential	Care and support services that are provided in your own home; this includes if you live in supported living or extra care. Other non-residential services include day services and shared lives.

**The key terms referred to in this policy are described in Appendix A - Glossary.*

3. Charging Principles

Principles and expectations for the Council

- The Council is committed to ensuring that people are not treated less favorably because of age, race, ethnicity, religion, gender, sexual orientation, physical or mental impairment, caring responsibilities and political or other personal beliefs.
- Financial payments contributions are calculated openly and transparently, and you will be treated in a fair and equitable manner.
- All adults whose needs are being met by the Council will be given an explanation for any decisions made in respect of their care and assessed contributions, so they have clear information about what they have been assessed to contribute towards their care costs.
- A financial reassessment will be conducted annually or when your circumstances change.
- The Council recommends that you seek financial advice before agreeing to make any additional payments for your care.



Principles and expectations for you

- You will provide the Council with all relevant information required to complete the financial assessment/annual reviews.
- If you or your authorised representative do not cooperate with the financial assessment process within 28 days of being asked, if the Council decides to meet your needs you may be assessed as having financial resources above the £23,250 threshold, and therefore responsible for the full cost of your care.
- You will be assessed to pay a contribution towards your care and support from the date your service commences/the date the Council becomes responsible for meeting your needs.
- You will keep the Council informed of any changes in your personal and financial circumstances.
- If you are paying the full cost of your care, you should **notify the Council** before your savings and assets are reduced to below the £23,250 threshold.
- If you are unable to continue making payments, you will contact the Council at the earliest opportunity.
- If you refuse to pay your assessed contribution, the Council may instigate recovery proceedings, including court action to recover unpaid sums.
- You or your carer/family will inform the Council if there are any breaks in your care. This includes planned breaks, such as days out or holidays, or emergencies such as hospital admission.
- If you choose to use a service that exceeds your personal budget allocated by the Council, you or a third party will be responsible for making a top-up payment. (Please refer to Section 10 - Top-Up Payments for more information).



4. When does the Council charge for care?

Individuals are assessed for contributions towards care based on their financial circumstances, taking into account both income and capital and certain outgoings. There are clear capital thresholds: if a person's capital is above the upper limit

(£23,250), they are expected to pay the full cost of their care, while those below the lower threshold (£14,250) are not required to contribute from their capital, but they may still be required to pay something from their income.

5. Services that are not chargeable

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 free to people who meet the criteria.

- Completion of care needs and financial assessments.
- Services relating to mental health aftercare commissioned under Section 117 of the Mental Health Act 1983. You will be required to pay any agreed top-up charges.
- Up to 6 weeks of any intermediate care or reablement support services.
- Care and support provided to adults with a diagnosis of Creutzfeldt-Jakob disease.
- Services that are the responsibility of the NHS under its statutory duties.
- Community equipment, aids, and minor adaptations. Aids must be provided free of charge whether provided to meet or prevent/delay needs. A minor adaptation is one costing £1,000 or less.

5.1 Carers' services

The Council does not charge for services provided directly to support carers.

If you are a carer, you can contact the Council to discuss your needs and request an assessment as an unpaid carer, and the outcomes that you would like to achieve. The Council will identify and connect you with appropriate support within your local community, offer access to breaks (subject to eligibility) and where there is a specific need identified, you could be offered a one-off payment to help support you. This payment will be made directly to your bank account, and the payment given will be reviewed by the Council to ensure that the funding will help you with your caring role and responsibilities.

Where support is required for the person you care for to enable you to get a break from caring, there are two ways this can be accessed, depending on the needs of the person you are caring for and you as the unpaid carer.

For further information please go to our website at www.nottinghamshire.gov.uk/care/adult-social-care/carers/support-for-carers.

6. Services that are chargeable

6.1 Charging for care and support services

The Council charges for care and support services unless it is prevented by law from doing so. A list of services the Council will not charge for are listed in Section 5 of this policy.

If you are assessed as having eligible care and support needs, and the Council is under a duty to meet those needs or has exercised its discretion to meet your needs where it is not under a duty to do so, the Council is responsible for ensuring that your eligible needs are met. The amount you will be charged is calculated through a financial assessment and will apply from the date the service started/ the date the Council becomes responsible for meeting your needs.

A list of rates for services is available in Appendix C – Adult care and support limits, allowances and rates 2025/26.

6.2 Flat Rate Charges

The Council will make charges for non-care related support, such as transport to and from day services or activities, in accordance with the Law. Additionally, the Council will apply discretionary charges, including arrangement fees for its universal deferred payments scheme.

A comprehensive list of all applicable flat rate charges is available in Appendix D – Adult social care and support flat rate charges.

If you feel that any flat rate charges detailed in Appendix D would cause you financial hardship, you should contact the Council on 0300 500 80 80 as soon as possible. The council will consider your individual circumstances and may reduce or waive the charge.

6.3 Breaks in care

If you have suspended or cancelled your care and support without giving 1 weeks' notice, you will be charged up to the end of the week in which you notify the council.

7. How much will I be charged

You will not be charged more than the amount the council pays for your care. The outcome of your financial assessment will determine the amount you will have to pay and is known as an 'assessed charge.'

The minimum assessed weekly charge for adult care services is £2.00 a week.

If your financial assessment determines that you cannot afford to pay, you will not be charged by the Council for your care and support services.

8. Financial Assessment Process

If you ask the Council for help with your care and support costs, the Council will first assess your needs. This is done by completing a care and support assessment. At this time, social work colleagues will speak to you about paying for care and how you may have to contribute towards this. They will ask you to sign a form to say you understand this.

As part of the financial assessment process, the Council takes all capital and income into account except where the Council is prevented by law from doing so.

Financial assessments are completed on a case-by-case basis, and the following list determines what can be taken into account when completing a financial assessment to establish how much you may be able to contribute towards the cost of your care.

- Your capital (savings and investments)
- Your income and expenditure
- Any property you own
- Any Disability-related expenditure (for non-residential care only)
- Your 'Minimum Income Guarantee' (MIG)
- Your Personal Expense Allowance (PEA) (for permanent residential care only)

The Council carefully assesses your income, savings, or assets, following the law on how these should be treated. The guidance includes situations where someone may deliberately reduce their assets—such as giving away money or property—to avoid paying for care or reducing the amount they have to pay towards care. This is known as the “deprivation of assets”. By following these guidelines, the Council ensures that

the process of charging for care services is conducted fairly, consistently, and transparently, in line with the law.

Annex E of the [Care and support statutory guidance](#) provides further information on deprivation of assets.

For Nottinghamshire please see Appendix B: Factsheets for more information about deprivation of assets.

8.1 Completing a financial assessment

A high proportion of financial assessments are completed online through our website <https://nottinghamshire.bettercare.org.uk/>. As part of this process, you will be able to complete a benefits check to ensure you are getting all the benefits you are entitled to, and you can include any disability related expenditure that may be taken into account in your financial assessment.

At the point your online financial assessment is submitted, you will be provided with an indication of the amount you need to contribute towards the cost of your care and support.

If you are unable to complete your financial assessment online, you have the option to fill out a paper version instead.

If you do not complete a financial assessment within 28 days of being asked, the Council may assume you have savings above £23,250 and you will be charged the full cost of your care. The full cost of your care and support will continue to be charged until a financial assessment is completed and returned. Your assessed

contribution following your financial assessment will be backdated to when your service started, or the date the Council becomes responsible for meeting your needs. Any changes to the amount you need to pay will appear on future invoices or credit notes.

8.2 Mental Capacity

During your care and support assessment, your social care worker will need to consider if you have capacity to consent to the care plan and manage your finances in accordance with the principles in the Mental Capacity Act 2005.

We can discuss your requirements with your chosen representative. You must sign all documents unless you can provide evidence of the following:

- A person has been authorised under a Lasting Power of Attorney (LPOA) which must be registered with the Office of the Public Guardian.
- An appointee has been accepted by the Department for Work and Pensions as authorised to deal with your social security benefits.
- A deputy has been appointed by the Court of Protection to look after your financial affairs.

If you are assessed as lacking capacity to make decisions in relation to your finances and property, and you do not have any of the above people with authority to be involved your affairs, you may require the appointment of a property and affairs deputyship through the court of protection. The Local Authority shall not charge for care and support until someone is formally

appointed to manage your affairs, at which point a backdated financial assessment will be completed. Your social worker will take steps to find the right support for you in these circumstances.

8.3 Capital (Savings and Assets)

Capital is usually any bank or savings account, but it can include other assets such as investments, property, and land.

If your capital is above the upper capital limit of £23,250 you are likely to be assessed as being able to afford the full cost of their care. If you have capital between £14,250 and £23,250 you are likely to be assessed to make a contribution, known as 'tariff income', from your capital.

Where funds are held in a Trust, you will need to provide a copy of the deed of Trust to determine if any money invested or income received should be included or excluded from your financial assessment.

The lower and upper capital savings limits for care and support apply to both residential and non-residential financial assessments in line with Government guidelines.

There are circumstances where certain capital will be disregarded when a financial assessment is completed and these can be found in Annex B of the Care and [Support Statutory Guidance](#).



8.4 Property

If you are assessed as needing a non-residential service, the Council will disregard the value of your main or only home. However, the capital value of additional properties which you do not occupy as your main or only home will be taken into account.

8.5 12-week property disregard

If you are assessed as needing to permanently move into a residential or nursing care home, you may be entitled to a 12-week property disregard. This means that your former home will be disregarded for the first 12 weeks of care. You will have to pay any assessed financial contribution during this period, and any top-up payment will also apply.

You only qualify for the 12-week property disregard if:

- you will live in a care home on a permanent basis
- you have not already paid the care home fees privately
- you lived in the property as your main home directly before you entered residential or nursing care
- your savings and assets (capital) excluding the property you lived in is below £23,250

At the end of the 12-week period, you will be liable to cover the full cost of your care, and you may no longer be eligible for funding from the council unless you are eligible to join the Universal Deferred Payment Scheme (See Section 9 for more information).

Where a stay in residential or nursing care is short-term (up to 8 weeks) or temporary (stays of up to or just over 52 weeks), your main or only home will not be taken into account within your financial assessment. If however, the stay later becomes permanent, the 12 week disregard begins from the date the decision is made that the stay is permanent, and not the original admission date.

8.6 Income and Expenditure

Your income is included in a financial assessment in accordance with the law, to calculate how much you will contribute towards the cost of your care.

The Council will consider most state benefits and any other income you have, with exceptions that are disregarded. For more detail on which benefits and types of private income are disregarded, see Annex C: Treatment of Income from the Department of Health and Social Care's [Care and support statutory guidance - GOV.UK](#).

If we have informed you about benefits that you are eligible to receive and you choose not to claim them, your financial assessment may still take into account the income you would have received from those benefits as if you had claimed them as a potential deprivation of income. This will be assessed on a case by case basis.

If you need help with completing benefits claims or are unsure if you are eligible please contact our benefits team on 0300 500 8080.

We recognise that you will need to pay for your daily living costs such as rent, food, and utilities, and must have enough money to meet those costs when receiving care in the community. Your income must not be reduced below a specified level after charges have been deducted. This is known as 'Minimum Income Guarantee' (MIG) and is designed to promote independence and social inclusion.

In some circumstances, such as short-term care and in the first 12 weeks of permanent care, expenditure to maintain your home, such as rent, water rates, and insurance premiums, may be offset against your income to reduce your contribution.

If you receive residential care, this is known as the Personal Expense Allowance (PEA).

These allowances are set by the Department of Health and Social Care and are reviewed annually.

For further information on limits and allowances see Appendix C - Adult care and support limits, allowances, and rates 2025/26.

8.7 Disability Related Expenditure (DRE)

Disability Related Expenditure (DRE) is an allowance made in the financial assessment for additional expenses you may have due to a disability. In Nottinghamshire, a standard disability allowance of £20 is assumed for every person in receipt of disability benefits who receives care at home.

If you feel this is insufficient and 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.

Annex C of the [Care-and-support-statutory-guidance](#) issued under the Care Act 2014 includes examples of possible DRE.

Further details for Nottinghamshire are provided in Appendix B - Factsheets.



9. Universal Deferred Payment Scheme

If you are a homeowner who has been assessed as responsible for the full cost of your residential or nursing care home, or extra care housing, but are unable to pay these costs due to your capital being tied up in your property, you may qualify to defer care expenses against the value of your home. This arrangement allows payment to be postponed until a future event, such as the sale of the property. This is known as a Deferred Payment Agreement. The scheme effectively offers you a loan using your home as security, with your care costs deferred until your property is sold.

The amount of care costs that can be deferred will be calculated based in part on the amount of equity you have in the property and the law. The maximum amount that can be deferred will be governed by an equity limit. The equity limit will be set at 90% of the value of a person's property less the lower capital limit. The amount to be deferred will not be more than this figure but may change during the lifetime of the Deferred Payment Agreement, if the value of the property changes. The amount of the deferred payment will be agreed between the Council and you.

Property valuations will be reviewed annually.

9.1 Deferred payment agreement

If your eligible care and support needs are to be met in a residential or nursing care home setting and you are eligible for a deferred payment agreement, the Council will offer you the option of deferred payment.

The [Care and Support Statutory Guidance](#) specifies that all three criteria must be met to be eligible to join the Deferred Payment Scheme in the first instance:

- a) you have eligible care needs that are being met by the provision of care in a residential or nursing home.
- b) you have less than £23,250 in assets excluding the value of your main or only home.
- c) you own or have part legal ownership of a property, which is not benefitting from a property disregard, and your property is registered with the Land Registry (if the property is not, you must arrange for it to be registered at your own expense).

The Council will be required to take a legal charge over your property as security for the loan. There can be no other beneficial interests on the property, for example outstanding mortgages or equity release schemes, unless this is approved by the Council.

A person entering a Deferred Payment Agreement must have mental capacity to enter the agreement, except in the case of a person who has a court-appointed deputy to act for them or a registered lasting power of attorney who must consent on behalf of the person to the deferred payment agreement and ensure all other paperwork is signed appropriately.

Eligible people wishing to join the scheme need to pay the flat rate charges detailed in Appendix D – Adult social care and support flat rate charges.

9.2 When the Council may refuse a deferred payment agreement

The Council may refuse a deferred payment agreement in the following situations:

- The Council is unable to secure a first charge with the Land Registry on the property.
- The property is uninsurable.

Other circumstances which may mean a deferred payment agreement is not possible are:

- You or your authorized representative refuse to engage in the deferred payment process or refuse to sign the deferred payment agreement.
- In the case of a jointly owned property, if all owners or those people with a legal interest in the property refuse to consent to a legal charge against the property.

9.3 Interest on deferred payments

The Council charges interest on the deferred payment loan amount. Interest rate charges can go up to but not exceed the rate set by the Government. The interest rate used for the Council's deferred payment scheme is based on the cost of government borrowing and will change on the 1st January and 1st July every year (these dates may be subject to change). The council currently charges 4.75%. This interest is compounded on a 4-weekly basis, and regular statements are sent advising you how your interest has been calculated and what the accrued amount on your deferred payment account is.

9.4 Ending a deferred payment

The council will end a deferred payment agreement when the equity limit is reached.

The Council may decide to discontinue to accrue a debt against the property under the Deferred Payment Agreement when:

- A spouse or close relative dependent moves into the property after the Deferred Payment Agreement commences, and the Council exercises its discretion to disregard the property in the financial assessment.
- Where a relative who was living in the property prior to you entering residential care subsequently becomes incapacitated.

A deferred payment agreement can be ended in the following way:

- By repaying the full amount due to the Council (this can be done at any time).
- When the property is sold and the Council is repaid in full. Any deferred fees are to be repaid to the Council within 90 days of the sale of the property.
- When the person dies and the full amount is repaid to the Council.

Any extensions must be approved by the Council in writing.

For further details please see Appendix B - Factsheets.

10. Top-Up Payments

You are entitled to care that meets your assessed needs safely and in line with Council standards. If you wish to choose care and support services that are more expensive than your identified personal budget, you may need to pay a top-up fee.

10.1 When does a top-up apply?

Top-ups apply to when you have been assessed as requiring residential care, and you wish to choose a more expensive placement option than those being offered by the Council to meet your needs.

The 'top-up' fee is the difference between:

- the cost of the Council's identified care and support option (or your agreed personal budget), and
- the cost of the service you have chosen.

This is a separate payment from your assessed care contribution.

10.2 Who can pay a top-up?

A top-up cannot normally be paid by you. It must be paid by a third party (such as a relative or friend), except in the following cases:

- You are subject to a 12-week property disregard.

- You have a Deferred Payment Agreement with the Council that allows for top-ups.
- You are receiving accommodation under Section 117 of the Mental Health Act 1983 (mental health aftercare), and have opted for more expensive accommodation than that being offered.

10.3 What you need to consider

If you or a third party choose a more expensive option when your needs can be met in an identified placement within your personal budget, the Council must be satisfied during care and support planning that you or the third party is willing and able to pay the difference.

In these cases, you and/or a third party must sign a formal agreement with the Council.

10.4 How do I pay a top-up?

For residential services, the top-up must be paid directly to the Council by the third party every 4 weeks.

For more information about top up's please see Appendix B - Factsheets.

If you can no longer afford to pay a top-up, please refer to Section 12 - Change of Circumstances.



11. Short-Term Care

Short-term care provides temporary support for adults with care and support needs and their carers. It aims to prevent crises, enable recovery, and sustain caring arrangements at home.

Carers must have their needs assessed and be eligible for Council support to access a planned short break. The person they care for must also have a care and support assessment and meet Council eligibility and support agreed as part of the overall support for the cared-for person.

11.1 How long is short term care

Normally short-term-care is for no longer than 8 weeks.

11.2 Is there a charge for short-term care?

All short-term care is subject to a means-tested financial assessment unless exempt. Your charges will be calculated by the Council as though your care and support is being delivered to you at home, in accordance with the Law.



12. Changes in Circumstances

If your financial situation changes at all, you must let our Financial Assessment and Assistance Team know immediately (see Section 13 for contact details) so that we can ensure your contribution is correct.

If your third party is unable to continue paying the top-up fee for residential or nursing care, the Council must be provided with a minimum of 8 weeks' notice as soon as you or your third party is aware.

The Council will not be responsible for debts incurred by you or a third party before you or your representative requests a review of your financial assessment.

12.1 Care needs are reviewed

You will receive a regular review of your care needs to check that you are receiving the correct level of support. If following a review your care needs increase or decrease, and your package of care and personal budget are amended accordingly, and your financial assessment will be re-assessed by the Financial Assessment and Assistance Team in Adult Care Financial Services.



12.2 Breaks in receiving care

If there is a break in your care and support services lasting between 1 and 6 days, such as when you choose to decline the support, are away on holiday without notifying the Council or your care agency, or for other reasons where the break in care was not coordinated with the Council, you may still be charged for the services you would have normally received during this period. The only exception is for short overnight breaks, which will be credited for any length of stay regardless of the reason for the absence.

12.3 Reduction in capital

If you have been paying the full cost for care, and your funds (savings and assets) have been reduced towards the threshold of £23,250 you should notify the Council that your funds have reduced. If you or your representative does not contact the Council before your funds fall below £23,250 and the Council is required to meet your care needs, the Council will not reimburse you for any expenses incurred for care costs before you notified the Council.

The Council will arrange for a care needs assessment and financial assessment to take place to determine your support needs and to see whether the Council is required to meet any of your needs. If you wish to receive support in addition to your assessed eligible needs, this will be funded directly by you or a third party. If you are in residential care or a nursing care home, if the cost of your placement is higher than your assessed personal budget the Council will not necessarily pay for your current accommodation and may instead pay for your eligible needs to be met, for example in another category of room in the same home or in another care home.

In deciding how to meet your needs, the Council will take into account your needs and wellbeing, whether it would be proportionate to expect you to move into another care home or nursing home even though, for example, the current accommodation costs more than your assessed personal budget. Whether a third-party top-up and/or deferred payment agreements can be entered into would be considered as an option to avoid any move. The Council will make decisions on a case by case basis.



13. Appeals, Complaints and Compliments

13.1 What if I don't agree with my assessment?

In the first instance:

- 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

you should contact:

Adult Care Financial Services - Financial Assessment and Assistance Team

Telephone: 0115 977 5760 (Option 3)

Email: acfs.financialassessments@nottsc.gov.uk

If you still disagree with the outcome of the financial assessment, you have the right to appeal.

13.2 Letting the Council know when things go right or when things go wrong

You can also let the Council know your suggestions for how things could be done better to help the Council improve its services. There are a few ways to send a compliment or make a complaint:

- By telephone: 0300 500 80 80
- By email: complaints@nottsc.gov.uk
- In writing: Complaints and Information Team, County Hall, West Bridgford, Nottingham, NG2 7QP

You can also submit a compliment or complaint via the Council's website by following the link:

www.nottinghamshire.gov.uk/contact-and-complaints/complaints/complaint-comment-compliment

14. Debt Recovery

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. The Council actively pursues debts and seeks to prevent debts escalating, with affordable repayment plans an option in order to clear arrears. Legal action to recover debt through the County Court will only be taken by the Council as a last resort when all other alternatives have been pursued without success.

There are a couple ways to contact the Council's Debt Recovery Team:

- By telephone: 0115 977 2727 (Option 2, Option 1, Option 3)
- By email: debt.recovery@nottsc.gov.uk

for further information please go to our website here

[Debt recovery and enforcement](http://www.nottinghamshire.gov.uk/debt-recovery-and-enforcement)
[Nottinghamshire County Council](http://www.nottinghamshire.gov.uk)

15. Appendices

Appendix A: Glossary

Adult Social Care

Support and services provided to adults who need help due to age, illness, disability, or other circumstances, to help them live as independently as possible.

Capital

Financial assets such as savings, investments, property, or land, considered during a financial assessment to determine contributions towards care costs.

Care Act 2014

The primary legislation governing adult social care in England, setting out the legal framework for assessment, charging and provision of care.

Care and Support Assessment

This is a process carried out by the Council to determine an individual's care and support needs, and whether they are eligible for support.

Carer

A person who provides unpaid support to a family member or friend who cannot manage without their help due to illness, or disability for example.

Community (Non-Residential) Services

Care and support provided in an individual's own home or in the community, such as home-based care, day services, or supported living.

Deferred Payment Agreement

An arrangement allowing individuals to delay payment of care home fees by having the Council pay the fees and recover the costs later, usually from the sale of property.

Disability Related Expenditure (DRE)

Additional costs incurred due to disability, which are considered in the financial assessment for non-residential care.

Direct Payment

A payment made by the Council to an individual so they can arrange and pay for their own care and support services.

Extra Care

A type of housing designed for older adults or people with care needs, combining independent living with access to on-site care and support services. Extra Care schemes typically offer self-contained apartments, communal facilities, and flexible care and support tailored to individual needs. This enables residents to maintain independence while having support available as required.

Financial Assessment

A review of an individual's income, capital, and expenditure to determine how much they should contribute towards their care and support costs.

Financial Hardship

Paying the assessed charge or flat rate charge would cause you or your dependents to forgo basic needs and necessities, such as housing, food, utilities, transport, clothing, essential disability costs, and debt repayments that would have a serious detrimental effect on health and wellbeing

Flat Rate Charges

Standard charges applied for certain services (e.g., transport, arrangement fees) that are not subject to a financial assessment.

Minimum Income Guarantee (MIG)

A minimum level of income that must be left for individuals after care charges are deducted, to ensure they can meet daily living costs.

Ordinary Residence

The local authority area considered responsible for providing care and support, based on where the individual normally lives.

Personal Budget

The amount of money allocated by the Council to meet an individual's assessed care and support needs.

Personal Expense Allowance (PEA)

A set amount of money that individuals in residential care must be allowed to keep for personal use after paying care charges.

Residential Care

Care provided in a care home or nursing home, either on a short-term or long-term basis.

Tariff Income

An assumed weekly income calculated from capital between the lower and upper thresholds (£14,250 and £23,250), used in financial assessments.

Top-Up Payment

An additional payment made (usually by a third party) when the chosen care home or service costs more than the amount the Council would usually pay.

Upper/Lower Capital Limit

The thresholds (£23,250 upper, £14,250 lower) used to determine how much capital is considered in financial assessments for care charges.



A

Appendix B: Factsheets

Help with benefit entitlements

[Benefits advice and information | Nottinghamshire County Council](#)

Paying For Support

[payingforsupport.docx](#)

Deprivation of assets

[www.nottinghamshire.gov.uk/care/adult-social-care/social-care-publications/deprivation-assets](#)

Universal Deferred Payment Scheme

[www.nottinghamshire.gov.uk/care/adult-social-care/social-care-publications/universal-deferred-payments-scheme](#)

Paying for residential care

[www.nottinghamshire.gov.uk/care/adult-social-care/social-care-publications/paying-for-residential-care](#)

Living in a care home

[Living in a care home - how we work out what you pay | Nottinghamshire County Council](#)

Living at Home – Paying towards your personal budget

[livingathomepayingtowardsyourpersonalbudget.docx](#)

Top Ups – Care Homes

[www.nottinghamshire.gov.uk/care/adult-social-care/social-care-publications/care-home-third-party](#)

B

Appendix C: Adult social care and support limits, allowances and rates 2026/27

Financial Limits and Allowances

Item	Amount
Higher Capital Limit	£23,250
Lower Capital Limit	£14,250
Personal Expense Allowance	£31.80 per week

Minimum Income Guarantee

Item	Amount
18 Years to under pension credit age	£197.10 per week
Pension credit age and over	£241.45 per week

Homecare rates

District	Hourly Rate*
Bassetlaw	£27.55
Newark & Sherwood	£26.88
Mansfield & Ashfield	£27.16
Gedling	£27.83
Rushcliffe	£25.94
Broxtowe	£26.31

**These homecare rates also apply to individuals waiting for their long term care and support to be arranged following a period of reablement.*

Direct Payments

Category of how the Direct Payment is used by the individual	2026/27 maximum rates per hour
Employed PA	£15.76
Self Employed PAs	£18.91

Direct Payments being used to commission a care agency	2026/27 maximum rates per hour
Bassetlaw	£25.31
Newark & Sherwood	£25.58
Mansfield & Ashfield	£24.91
Gedling	£24.91
Rushcliffe	£25.39
Broxtowe	£24.80

Extra Care Rates

District	Rate
Bassetlaw	£25.08
Gedling (St Andrews)	£22.31
Mansfield/Ashfield (Poppy Fields)	£22.94
Newark & Sherwood (Bilsthorpe Bungalows, Gladstone House, Moorfield Court, Vale View)	£24.08
Rushcliffe Hilton Lodge	£25.06

Supported Living

Supported Living Category	2026/27 rates per hour
Supported Living under 65 at standard rates	£24.00
Supported Living under 65 at enhanced rates	£26.36
Outreach/community under 65	£24.51
Nonstandard packages under 65 below standard rates	£24.00
Nonstandard packages under 65 above standard rates	£25.11
Waking nights standard rates	£24.00
Waking nights at enhanced rates	£26.36
Sleep in nights	£13.83

Day Opportunities

The Council has established matrix rates for day opportunity, based on the following categories shown in the table below, which reflect levels of need. The table below details the matrix rates for 2026/2027.

Person's Needs	Rates
Complex	£51.42 per session
High	£26.52 per session
Medium	£18.79 per session
Low	£12.95 per session
1:1 support	£16.53 per hour
2:1 support	£33.07 per hour



Residential and Nursing Care costs

Care Home Rates 2026/27 (per week).

Banding	Care Home	Care Home (Including Dementia Quality Mark)	Nursing care	Nursing care (Including Dementia Quality Mark)
Band 2	£776.20	£853.96	£869.03	£934.91
Band 3	£824.30	£897.74	£914.89	£984.01
Band 4	£843.31	£915.67	£935.02	£1,003.06
Band 5	£867.85	£942.43	£962.98	£1,025.62

Care Home Rates 2026/27 (per hour).

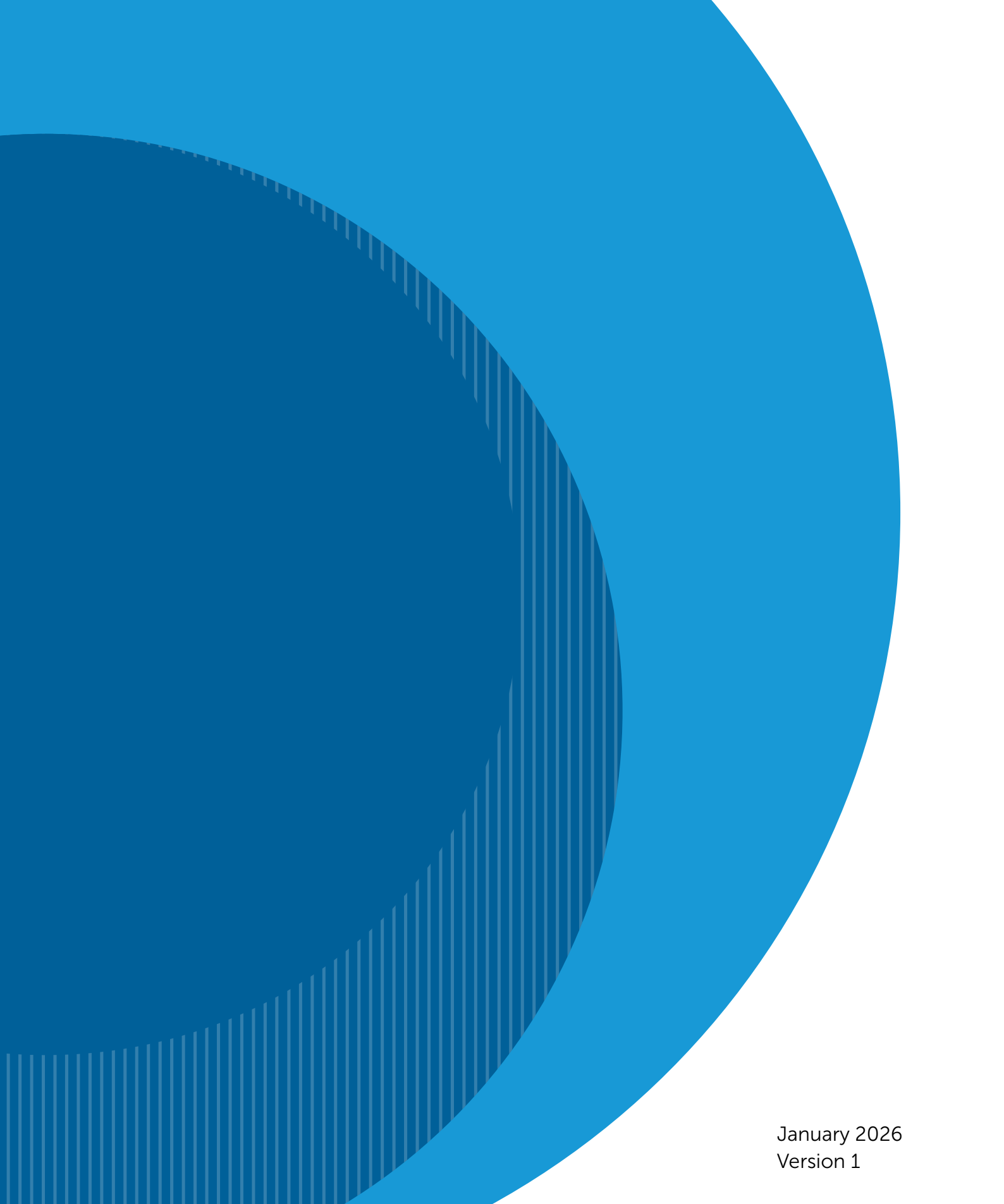
Support	Care Home	Care Home (Including Dementia Quality Mark)	Nursing care	Nursing care (Including Dementia Quality Mark)
1-1 care	£19.19	£19.19	£19.19	£19.19

**For all care homes with nursing, the above fee levels are net of Funded Nursing Care Contribution. The Integrated Care Board (ICB) administer this element of the fee.*

Appendix D: Adult social care and support flat rate charges 2026/27*

Service	Flat Fee Charge
Transport	£11.39 per return journey
Financial Services	
Self-Funder arrangement fee (homecare)	Initial set up fee: £75.97 4-weekly admin fee: £14.39
Universal Deferred Payment Scheme (UDPS)	Initial set up fee: £279 plus Land Registry fees charged at cost Legal hourly rate to cover additional legal work done: £25 Valuation fees: at cost Closure fee: £56 Admin fee: £275 annually
Appointee Fees	£61 per month
Deputyship winding up fee	£375
Deputyship bank charges	Annual fee: £6 per account
Technology Enabled Care (TEC)	
Digital and Mobile telecare	£3.15 per week
24-hour response service	£11.10 per week
Digital inclusion scheme	£3 per week

*If you are already paying the maximum amount towards your care and support we will consider whether to charge a flat rate charge in line with the financial hardship criteria and definition (see Appendix A). A copy of the flat rate hardship form can be found [here](#).



January 2026
Version 1