



MANCHESTER
CITY COUNCIL

Non-Residential Charging Policy

2026/2027

Adult Social Care Directorate

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If you require this document in an alternative format, such as Braille, audio, easy read, or large print, please contact the Charging Team on 0161 234 5383

1 Introduction

- 1.1 The purpose of this Non-residential Charging Policy is to say how we charge for care services in your home or in the community. You may be offered these services when we have assessed your care needs.
- 1.2 You will receive a care assessment from a care assessor. If they decide that you have eligible care needs the care assessor will inform the Council's Charging Team. Your care assessor will evaluate the cost of your eligible care needs. This is called your Personal Budget. The Charging Team will undertake a financial assessment based on your personal financial circumstances to calculate how much you can afford to contribute towards the cost of any care you may receive.
- 1.3 In this policy when we say, 'us' or 'we', we mean Manchester City Council. When we say 'you' we mean the citizen (the person receiving care or services).

2 Legal Framework

- 2.1 All our charges are worked out using The Care Act 2014 and the Department of Health's Care and Support (Charging and Assessment of Resources) Regulations 2014.
- 2.2 Section 14 of the Care Act 2014 allows us to charge for care and support services.

3 Principles of the Non-residential Charging Policy

- 3.1 The aims of our Non-residential Charging Policy are that we will:
 - Calculate your charges in line with the Department of Health's Charging and Assessment of Resources Regulations 2014,
 - Tell you where you can get benefit advice,
 - Assess everybody for their charges in the same way,
 - Not charge you more than the actual cost of your care paid to providers by the Council (on the agreed contract payment terms). Note the homecare contract is subject to re-procurement and changes related to charging arrangements under the new contract terms are detailed at Appendix L. Transition to the new contract will commence in the Spring 2026,
 - Consider any personal costs relating to a disability or illness you may have, when we are assessing your ability to pay (Disability Related Expenditure),

- Make sure that everyone who can pay for some or all of their care costs, does pay for them,
- Collect any unpaid charges in line with our Charging and Debt Recovery Policy for Home Care & Residential Services Debt.

4 Service Covered by the Non-residential Charging Policy

- 4.1 We will charge for all assessed non-residential social care services, which include:
- Virtual Personal Budget – This is where we arrange care services for you.
 - Direct Payments – This is where you arrange care services for yourself, or with the help of a Personal Assistant.
 - Individual Service Fund – This is where a chosen provider arranges care services for you.
 - Short Break Care – This is where you receive a short break service in a care home. (Not the same as temporary residential care, which is charged for under the Residential Charging Policy)

5 Services not covered by the Non-residential Charging Policy

- 5.1 We charge for temporary and permanent residential care services and accommodation under our Residential Charging Policy.

6 Services we do not charge for

- 6.1 We do not charge for:
- Advice and information about assessments,
 - Assessments of care needs and care planning,
 - After care services under Section 117 of the Mental Health Act 1983 (Appendix A),
 - Services provided to people who have Creutzfeldt Jacob Disease (CJD),
 - Services provided as part of Intermediate Care, including reablement, for up to the first six weeks,
 - Any service or part of a service which the NHS is under a duty to provide. This includes Continuing Healthcare and the NHS contribution to Registered Nursing Care,
 - Any services that we have a duty to provide through other legislation,

- People who are diagnosed with end stage terminal illness (Appendix B).

7 Capital Thresholds

- 7.1 We will apply capital limits in compliance with The Care and Support (Charging and Assessment of Resources) Regulations 2014.
- 7.2 We will apply this legislation, together with the relevant case law to value savings and assets.
- 7.3 Within the Non-Residential Charging policy, we exercise the lower capital threshold of £14,250 and upper capital threshold of £23,250 as set nationally by the Department for Health and Social Care.
- 7.4 This means that if you have more than £23,250 in capital (not including the value of your main and only home) you will be liable for the full cost of your Non-Residential care and support services.
- 7.5 You are therefore required to 'self-fund' your care and support services.

8 Arranging Non-Residential care and support services for self-funders.

- 8.1 As a self-funder, you are required to fund the full cost of your care and support from your available resources without any financial assistance from us.
- 8.2 You can choose to commission services directly with a home care provider of your choice without our involvement. This would mean that you can manage any changes to your support that you may require directly with the care provider, without having to consult us.
- 8.3 Alternatively, you may want us to be involved in commissioning your care and support to help you manage the contractual arrangements and benefit from accessing services at our commissioned cost.
- 8.4 If you choose for the council to commission care on your behalf, you will be re-charged the full cost of your care. The charges will be subject to any changes in care costs made between the Council and the Provider. This may include any retrospective changes in rates.

9 Financial Assessment

- 9.1 When we assess your care charges, we will calculate your Net Assessable Income (NAI), this is the most we would expect you to pay towards your care. When we issue your charges, we will then charge you either the cost of your weekly care (i.e. the amount the Council has paid for your care to be delivered that week) or your

weekly Net Assessable Income, whichever is the lower amount. Net Assessable income is calculated from:

- Eligible income:
The Care and Support (Charging and Assessment of Resources) Regulations 2014 sets out what income we fully include, partially include, and fully disregard when completing a financial assessment. Examples of the type of income we include can be found in Appendix C.
- Tariff Income:
We will charge you £1 per week for every £250 you have in savings or assets above the lower capital threshold of £14,250 (not including the value of your main and only home) but less than the upper capital threshold of £23,250. If, however, you own a property or multiple properties that are not occupied as your main or only home, the value of this property will be included as capital on your financial assessment, and it is likely that you will be charged the full cost of your care and support services, depending on the value. For any property included in your financial assessment that is co-owned, the full market value of your percentage owned is taken into consideration.
- Your Minimum Income Guarantee (MIG):
The financial assessment process will ensure that your net income after paying any assessed charge will not be reduced below the Minimum Income Guarantee levels set by the Department for Health and Social Care. The amount is reviewed each year (Appendix D). The weekly amount is dependent on age and family make-up. There are also disability premiums which may increase your Minimum Income Guarantee dependent on the benefits you receive (Appendix E).
- The council currently applies the disability premium to all working age adults financial assessments as a minimum, regardless of whether you are entitled to this based
- on your financial circumstances or not.

Where the adult concerned is in receipt of, or the local authority considers would, if in receipt of income support be in receipt of, carer premium, the amount of the applicable premium is £55.25.

- Allowable Expenses and Disability Related Expenditure (DRE) and :

Allowable Expenses may be such things as Rent (minus any Housing benefit), Mortgage (after any means tested benefit support), Council Tax liability (minus any Council Tax Support) and Ground Rent. Disability Related Expenditure are expenses that relate to a disability or illness you may have which may, for example, cause you high heating bills, additional laundry costs or the purchase of specialist equipment (Appendix F). You will need to provide evidence of the costs, and we may talk to your care assessor about your care needs. (Appendix F). We will need evidence of these costs.

- The formula for calculating maximum charges is as follows:
(Eligible income) + (Tariff Income) – (Minimum Income Guarantee) – (Disability Related Expenditure and Allowable Expenses) = NAI. Examples of the Financial Assessment calculation for Non-Residential Care are shown in Appendix G
- We will never charge you more than the cost of your Personal Budget.

9.2 If applicable, we will add onto your assessed charge any additional charges for:

- Network Rent,
- Network Service Charges,
- Community Alarm service.

9.3 Your weekly charge for care services will always count first towards the funding of your care. We contribute towards the cost by topping up what you cannot afford to pay.

9.4 We will take all of your Attendance Allowance or Disability Living Allowance Care Component /Personal Independence Payment Daily Living Allowance into account as eligible income.

9.5 If you were previously assessed as not needing night-time care as part of your Personal Budget, and received a night-time disregard in your financial assessment, we will apply a 30% Transitional Relief Protection for one year of £10.97 per week. When assessing you we will consider how this might affect the finances of your

9.6 partner at home (if you are part of a couple).

Your charges may change if the cost of the care you receive in a particular week

9.7 drops below your maximum weekly assessed charge.

If your maximum weekly assessed charge is higher than your planned care

9.8 package you will be charged the full cost of your care. This means that your charge can go

down (if the actual cost of care that week falls below the planned level) or up (if the actual cost of care is above planned).

- 9.9 If you do not wish to have a financial assessment, we will charge you the full cost of your care.
- 9.10 If you do not provide us with enough information to complete a financial assessment, we will charge you the full cost of your care due to non-disclosure.
- 9.11 If you are charged the full cost of care, the charges will be subject to any changes in care costs made between the Council and the Provider. This may include any retrospective changes in rates.
- 9.12 If you have given away savings, capital, or income to reduce your care charge, we will assess you as though you still have those assets. This is called deprivation (Appendix H).
- 9.13 The minimum weekly charge for adult care and support services is £1.00 a week.
- 9.14 Financial Assessments may be undertaken concurrently with pending NHS Continuing Health Care Assessments without delay, ensuring you are advised as early as possible how much you may need to pay towards your care.

10 Notifying you of your assessed charge

- 10.1 If your care assessor asks for a Pre-Service Assessment to be carried out, we will calculate the maximum amount you could be asked to pay towards care services. This will be based on the information available to us. We will notify you or your representative of the outcome of your financial assessment to confirm your assessed charge. Once you have received this you can notify us of any additional financial details and tell us about any housing or disability related expenses that you would like to be considered. Where authorised, we will review your financial assessment to include these expenses in the calculation. No charges will be applied until your care commences.
- 10.2 When your care assessor confirms that your care has been purchased, we will supply you, or the person responsible for your finances (Appendix I), with a breakdown of how we have calculated your charges and whether there are any changes to the Pre-service Assessment amount previously confirmed.
- 10.3 If a Pre-Service assessment has not been requested/completed and your care service has started before you have been financially assessed, we will carry out an assessment based on the information available to us and will notify you or your

representative of your assessed charge. The charge will commence from the notification date. Once you have received this, you can notify us of any additional financial details and tell us about any housing or disability related expenses that you would like to be considered. Where applicable, we will review your financial assessment to include any authorised expenses in the calculation and revise your assessment retrospectively from the original notification date.

11 Payment Arrangements

- 11.1 We will send you an invoice for your care charges once every four weeks.
- 11.2 You can pay for your charges in different ways. We offer the following payments methods (Appendix J for more details):
- Standing Order
 - Online Transaction
 - Bank Transfer
 - Telephone
 - Paypoint/Post Office
- 11.3 We aim to send a final invoice within 6 weeks of the death of a citizen.

12 Change of Circumstances

- 12.1 If your financial circumstances change you must inform us. Contact details for the Charging Team can be located in Appendix K. The Charging Team will review your financial assessment reflective of any reported changes in your financial circumstances. check your financial assessment. We will notify you in writing of any changes to your assessed charge. We will usually backdate any changes to your charges from the date that your circumstances changed.
- 12.2 If you are charged the full cost of care, the charges will be subject to any changes in care costs made between the Council and the Provider. This may include any retrospective changes in rates.
- 12.3 There is no time limit for applying backdated charges and this can include delayed charges or delayed increased charges due to administration delays with external providers.

13 Annual Re-assessments

- 13.1 We will automatically adjust your charges every year in April, to take account of any changes in your benefits, private pensions, and charging regulations set by the Department for Health and Social Care. We may not be able to confirm all of your income and may write to you to ask for more information. When we have reassessed your charges, we will write to you asking for you to confirm the information we have. This is to ensure that what we charge you is correct.

14 Reviews and Reconsiderations

- 14.1 When we notify you of your charges by letter, we will offer to call you or visit you to explain any charges that you do not understand. If you still think that your charges for care are incorrect, we can review the assessment of your charges. We have a two stage Review and a Reconsideration process. You can contact the Charging Team (Appendix K) to request a Review or Reconsideration.

Stage One - Review

A Charging Officer will check that the assessed charges have been calculated correctly. The Charging Officer will inform you of their decision by letter or a telephone call.

Stage Two - Reconsideration

If you do not agree with the outcome of the Review, a manager on our Charging Team will look at your case to see whether the assessment and Review were completed correctly. They may need to talk with your care assessor. The manager will inform you of their decision by letter usually within 14 days.

Where a person feels they may face financial hardship as a result of their full financial assessment or has other exceptional circumstances, the council will consider these cases on an individual basis.

15 Complaints

- 15.1 If you are not happy with how we have dealt with your case, you can make a formal complaint by emailing the Charging Team (address in Appendix K) stating the reason for your complaint and providing any supporting evidence.

16 Debt Recovery

- 16.1 We have a duty to recover all care charges.
- 16.2 If you do not pay what you owe for your care charges, we will follow our debt recovery processes.
- 16.3 This may lead to legal recovery action through the courts if payment is not made. You may also be liable to repay the legal costs and interest charges on the debt at a rate set by the County Court.

Glossary

Community Alarm	This is part of a range of equipment, called Assistive Technology that enables you to remain safe and independent in your own home.
Direct Payments	This a type of Personal Budget where you have your Personal Budget paid directly into a dedicated bank account by us. You can then spend this on items or services that meet your care needs. You will need to manage your budget and will be audited on your spend.
Individual Service Fund	This a type of Personal Budget where you discuss and negotiate care services directly with a service provider. You do not manage the budget and we pay the service provider directly for the service. You will have to pay your contribution directly to us.
Minimum Income Guarantee	This is a guaranteed income amount that the Department of Health set to ensure that people have enough to live on once charges have been levied.
Network Rent	This is the rental cost of the accommodation where people with disabilities are supported to live in specialist properties which have often been adapted to meet their needs and have staff available to support them.
Network Service charges	These are charges to cover, water, electricity etc. in accommodation where people with disabilities are supported to live in specialist properties which have often been adapted to meet their needs and have staff available to support them.
Preventative Services	Any services that support you from mainstream care funding such as residential/nursing care, domiciliary care, short breaks.
Reablement Service	Reablement is a short-term period of assessment and intensive support to help a person regain independence after a period of illness, the onset of a disability or a change in circumstances.
Self-funder	This is where you have above the upper capital threshold and are required to meet the full cost of your care and support costs. This may be via the council or on a private basis directly with the care provider.
Virtual Personal Budget	This a type of Personal Budget where the Council commission and purchase services on your behalf.

Appendix A – Section 117 After-Care

If the care commissioned is an 'After-care' support service provided under Section 117 of the Mental Health Act 1983, the resident is exempt from charges. However, a resident under Section 117 may choose to pay top up fees if they want to pay for extra services which cost beyond their assessed care costs.

Appendix B – Terminal Illness

What we mean by end stage terminal illness (terminally ill):

Regulation 2 of the Financial Assistance Scheme Regulations 2005 defines “terminally ill” as ‘A person is terminally ill at any time if, at that time, they are suffering from a progressive disease and their death as a result of that disease can reasonably be expected within six months’.

Appendix C – Eligible Income

Income from all sources will be considered including the following:

- Disability Living Allowance / Personal Independence Payment (Care Component).
- Attendance Allowance (Care Component).
- Severe Disability Premium.
- Income Support.
- Pension Credit
- Incapacity Benefit.
- Employment Support Allowance.
- Universal Credit.
- Maternity Allowance.
- Retirement Pension.
- Occupational and private pensions from previous employment.
- Annuity payments.
- Money from trusts.
- Money from abroad.
- Charitable and voluntary payments received.
- Maintenance payments and payments from family and friends.
- Severe Disablement Allowance.
- Industrial Injuries Disablement Benefit or equivalent benefits.

This is not an exhaustive list, and we use the rules set out in *The Care and Support (Charging and Assessment of Resources) Regulations 2014* and *The Care and Support Statutory Guidance: Annex C: Treatment of Income* when working out how much of the residents income is treated as assessable.

Appendix D – Minimum Income Guarantee

Minimum Income Guarantee rates set by the Department of Health and Social Care Person:

- a) is aged 18 or older but less than 25, the amount of £95.40.
- b) is aged 25 or older but less than pension credit age, the amount of £120.40.
- c) has attained pension credit age, the amount of £241.45.

Where the adult concerned is a lone parent aged 18 or over, the amount of £116.80.

Where the adult concerned is responsible for, and a member of the same household as, a child, the amount of £106.85 in respect of each child.

Appendix E – Disability Premiums

Where the adult concerned is in receipt of, or the local authority considers would, if in receipt of income support, be in receipt of—

- a) disability premium, the amount of the applicable premium is £51.55.
- b) enhanced disability premium, the amount of the applicable premium is £25.15.

The council currently applies the disability premium to all working age adults financial assessments as a minimum, regardless of whether you are entitled to this based on your financial circumstances or not.

Where the adult concerned is in receipt of, or the local authority considers would, if in receipt of income support be in receipt of, carer premium, the amount of the applicable premium is £55.25.

Appendix F – Disability Related Expenses and Allowable Expenses

Mandatory Allowances

We will take into account the following expenses providing we have evidence:

- Rent (minus any Housing Benefit)*
- Ground Rent*
- Council Tax (minus any Council Tax Support)*
- Mortgage*
- Court or Child Support Agency imposed maintenance
- Community Alarm Charges

* Applies to your main or only home.

Discretionary Allowances (including Disability Related Expenditures)

Payments that you make in respect of County Court Judgements may be considered as an eligible expense. Each case will be considered on its own merits.

In addition, we will also consider taking into account reasonable amounts for Disability Related Expenditures that you may have. The Care and Support (Charging and Assessment of Resources) Regulations 2014 set out examples of Disability Related Expenditure. The overall aim is to allow for reasonable expenditure needed for independent living. All Disability Related Expenditure should be supported by evidence.

Examples of Disability Related Expenditure (DRE) and Evidence Required (ER):

Please note that this is not an exhaustive list.

- Activities – Any costs that are part of your Care Plan and approved by your Care Assessor's budget manager.
ER; at least four receipts over a three-month period.

- Beds and Bedding – Any costs above a reasonable expenditure that is linked to a disability you have and approved by your Care Assessor’s budget manager. ER; at least four receipts over a three-month period.
- Clothing
 - Any specific spend that can be evidenced, above a reasonable cost for that item, linked to a disability you have and supported by a care professional. ER; at least four receipts over a three-month period.
 - Any costs above a reasonable expenditure that is linked to a disability you have and approved by your Care Assessor’s budget manager. ER; at least four receipts over a three-month period.
- Communication Needs – The cost of telephone or internet services would be considered an everyday living expense, unless this cost can be proved to be linked to a disability you have and is approved by your Care Assessor’s budget manager. ER; evidence of the costs of the service.
- Diet
 - Any specific spend that can be evidenced, above a reasonable cost for that item, linked to a disability you have and supported by a care professional. ER; at least four receipts over a three-month period.
 - Any costs above a reasonable expenditure that is linked to a disability you have and approved by your Care Assessor’s budget manager. ER; at least four receipts over a three-month period.
- Equipment – Other equipment other than the items listed in the table below can be considered provided it is proven to be directly linked to a disability you have and is approved by your Care Assessor’s budget manager. ER; evidence of purchase is required.

Equipment purchased through a Disabled Facilities Grant or provided free of charge by Health or Local Authority service will not be eligible.

ITEM	AMOUNT	EVIDENCE
Wheelchair	£5.24 per week manual £12.71 per week powered	Evidence of the purchase.
Powered bed	Actual cost divided by 500 (10 year life) up to a maximum of £5.78 per week	Evidence of the purchase.
Turning bed	Actual cost divided by 500 up to a maximum of £10.12 per week	Evidence of the purchase.
Powered reclining chair	Actual cost divided by 500 up to a maximum of £4.59 per week	Evidence of the purchase.
Stair-lift	Actual cost divided by 500 up to a maximum of £8.17per week	Evidence of the purchase.

Hoist	Actual cost divided by 500 up to a maximum of £4.02 per week	Evidence of the purchase.
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- Furniture – Any reasonable expenditure that is not due to wear and tear, is directly linked to a disability you may have and approved by your Care Assessor’s budget manager.
ER; evidence of the purchase is required.
- Gardening – Reasonable expenditure to maintain a garden to a basic standard throughout the year due to a disability you may have, providing the maintenance of the garden cannot be carried out by another member of the household, family, or friend.
ER; at least four receipts over a three-month period.
- Household Fuel Usage – Any expenditure above the figures in the table below can be considered towards a DRE.
ER; we would require statements from your gas and/or electric companies for at least a twelve month period.

Household Type	Annual Spend (North West)
Single person - Flat/Terrace	£2,203.12
Couple – Flat/Terrace	£2,903.55
Single person – Semi Detached	£2,340.03
Couples – Semi Detached	£3,081.84
Single – Detached	£2,849.42
Couples – Detached	£3,752.01

- Incontinence Products – If the Care Plan has identified a need for incontinence products and is not funded by Health services; we can consider expenditure that is not more than the NHS Continence Team recommendation or is approved by the Care Assessor’s budget manager.
ER; at least four receipts over a three-month period.
- Laundry Costs – If your Care Plan has identified additional laundry needs, we will apply a fixed £5.02 per week DRE.
- Non-Prescribed Medicinal Expenses – We would consider this as a DRE if directly linked to a disability you have and is approved by the Care Assessor’s budget manager.
ER; at least four receipts over a three-month period.
- Petrol Costs – Any additional costs above everyday expenditure (or covered by the mobility element of your Disability Living Allowance) would need to be evidenced over a three-month period, be related to a disability you have and approved by the Care Assessor’s budget manager.
ER; at least four receipts over a three-month period.

- Prescription Charges – We would consider the annual cost of Prescription Prepayment Certificates (PPC) available through the NHS (<https://www.nhs.uk/NHSEngland/Healthcosts/Pages/Prescriptioncosts.aspx>) or the cost of actual prescriptions if lower.
ER; evidence of PPC or at least four receipts over a three-month period.
- Privately Arranged Care – We would consider this as a DRE if the care delivered was part of your Care Plan but not funded by the Council.
ER; at least four weeks of receipts.
- Water – Only where a water meter is installed, and usage is above the ‘Standard Charge’ based on the Rateable Value.
ER; one bill within the last six months.

Appendix G – Financial Assessment Examples

Example 1: Net Assessable Income is less than weekly cost of care

Mrs A is an 86 year old citizen with planned care costs of £183.71 per week.

Step	Action	
1	Income	£
	Retirement Pension	170.00
	Pension Guarantee Credit	154.05
	Low rate Attendance Allowance	76.70
	Total assessed income	400.75
2	Protected income Minimum Income Guarantee	-241.45
3	Disability Related Expenditure or eligible Housing Related outgoings	-10.00
4	Net Assessable Income	149.30

5 Mrs A's maximum contribution towards her support is **£149.30** per week as her Net Assessable Income is lower than her weekly care costs.

If the cost of her care falls below £149.30. in any given week she will be invoiced for the lower amount.

If the cost of her care increases, she will still be charged £149.30 as that's the most she can afford to contribute based on her current finances.

Example 2:

Net Assessable Income is less than weekly cost of care.

Mr B is a 44 year old citizen with planned care costs of £45.00 per week.

Step	Action	
1	Income	£
	Employment and Support Allowance	146.25
	Personal Independence Payment Standard Rate	76.70
	Savings of £14,674.00. This incurs a tariff.	2.00
	Total assessed income	222.95
2	Protected Income Minimum Income Guarantee with additional Premiums	-171.95
3	No eligible Disability Related Expenditure	0.00
	Eligible outgoings for his rent (net of Housing Benefit)	-10.00
4	Net Assessable Income	41.20
5	Mr B's maximum contribution towards his support is £41.20 per week as his Net Assessable Income is lower than his weekly care cost.	

If the cost of his care falls below £41.20 in any given week he will be invoiced for the lower amount.

If the cost of his care increases, he will still be charged £41.20 as finances.

Example 3: Net Assessed Income is Nil

Mr D is a 24 year old citizen with planned care costs of £115.38 per week.

Step	Action	£
1	Universal Credit	78.13
	Personal Independence Payment Standard Rate	76.70
	No savings	0.00
	Total assessed income	154.83
2	Protected income Minimum Income Guarantee with additional Premiums	-146.95
3	Disability-Related Expenditure	-10.00
	No Housing Related outgoings	
4	Net Assessable Income	NIL
5	Mr D's assessed contribution towards his support is nil . As his Net Assessable Income is nil , he will not be asked to contribute towards the cost of his care.	

Appendix H – Deprivation of Assets

We will consider the following points before deciding whether on the balance of probabilities deprivation has taken place for the purpose of avoiding care and support charges:

- Whether avoiding the care and support charge was a significant motivation.
- At the point the capital was disposed of could the person have a reasonable expectation of the need for care and support; and
- Did the person have a reasonable expectation of needing to contribute to the cost of their eligible care needs.

Appendix I – Mental Capacity and Financial Representatives

For guidance on the Mental Health Act and dealing with a resident's financial affairs see:

- The Mental Capacity Act 2005 www.gov.uk/government/publications/making-decisions-who-decides-when-you-cant
- Lasting Power of Attorneys www.gov.uk/powerof-attorney
- Registering existing Enduring Power of Attorneys www.gov.uk/enduringpower-attorney-duties

- Deputyship www.gov.uk/court-of-protection
- Appointeeships www.gov.uk/become-appointee-for-someoneclaiming-benefits

Appendix J – Payment Arrangements

Account Reference Number:

When making a payment you will need your Account Reference number. This is an eleven digit number (starting with 98) on your original notification letter or your statement (if you cannot find this you can call us to find out what it is on 0161 234 5383).

Payment Methods:

Paying by Standing Order

This is an instruction from you to your bank or building society, authorising them to regularly pay a fixed amount to an organisation.

If you want to pay by Standing Order you must complete the enclosed form and send it to your bank.

Paying by Bank Transfer

You can instruct your bank to make a payment to Manchester City Council using the following bank details:

Sort code: 20 55 58

Account number: 53348075

Please ask your bank to quote your Account reference number with your payment. This is shown on your original notification letter.

Online Payment

Payment can be made by Debit or Credit Card by visiting www.manchester.gov.uk/payments. Select “Pay Social Services Fees” and enter your Account reference number (This is shown on your original notification letter) in the reference number field.

Telephone Payments

For our automated service, please call 0161 234 5006. Select option 3. You will need your Account reference number (This is shown on your original notification letter and your statements).

If you cannot use any of the methods previously mentioned, then you can call us to request a social care payment card and use the method listed below.

PayPoint Payments

You may use your Social Care Payment Card to pay for your care at any Post Office or shop displaying the ‘PayPoint’ sign.

Please ensure you keep the receipt safe.

When making a payment you will need your Social Care account reference number (eleven digit number). This is shown on your original notification letter and located at the bottom right hand side of your Social Care Payment Card.

Alternatively, if you want to make your payment via a Case Management Officer you can call 0161 234 5383 between 09.00 and 16.30 Monday to Friday

Appendix K – The Charging Team Contact Details

Contact details for the Charging Team are:

Email:

caseman.enquiries@manchester.gov.uk

Address:

Charging Team
Revenues and Benefits Unit,
Benefits Service
PO Box 3
Manchester
M15 4PN

Telephone:

0161 234 5383

We will treat all information you disclose to us with the strictest confidence and will only use the information for the purposes for which it was disclosed to us. The Council is under a duty to protect the public funds it administers, and to this end may share the information you have provided on this agreement with other bodies responsible for auditing or administering public funds for the prevention and detection of fraud. The Council can data match internally or with other organisations and is currently required to participate in the Audit Commissions National Fraud Initiative (NFI) data match exercise. Further information on this can be obtained from:

<http://www.audit-commission.gov.uk/national-fraud-initiative/>.

Where specific figures are quoted in this document, they reflect the current position. Any change to the relevant legislation may mean that some figures will change.

Appendix L – Home care contract changes for Spring 2026

The new contract payment terms includes the following key points:

- The homecare provider will be commissioned as a minimum of 20 (twenty) minutes for each call to ensure appropriate delivery of tasks, that citizens are not rushed, and safe practice is ensured at all times (electronic call monitoring will be used);
- the Council will pay the homecare provider, on a weekly basis against their planned hours **and this will also be used to charge citizens**, the focus will be more on visits and quality of the delivery of the tasks/outcomes in the support plan;
- If there are regular instances of completing the tasks within the support plan below planned hours, care providers are expected to discuss with social workers and amend packages of care. One way of doing this is via the trusted assessor model; and
- Citizens will not be charged for cancelled visits (unless less than 24 hours notice is provided) or for any periods when a citizen may be in hospital or annual leave etc.