



My Care Planner

My Care Planner is a guide to choosing and paying for later life care in England and a record of your care journey. Helping you to find the information and support you need to guide you through the care maze. With a jargon buster and key contacts, it is somewhere to keep important information to help you, and those closest to you keep up to date with what is happening in your life and plan for long term care.

2021/22



INTRODUCTION

It is often at a time of crisis that we face choosing and paying for care for a loved one. The care and benefit system can be overwhelming and with little time or no previous experience it can be hard to navigate.

Whether planning for a future or an immediate need making informed care decisions can give you real choice and control over where you live and the care you receive. Making sure that the care you choose is affordable and sustainable throughout your lifetime can give peace of mind, save money and enable you to express your wishes while making provision for your nearest and dearest



We hope this guide will help but if you would like to speak to someone, 'Care Navigators' understand how difficult it can be. They will help guide you through the care and benefit maze, dedicated to providing quality assured advice they are expert practitioners, adult Care Consultants, Financial and Legal advisers.



Care
Navigators

www.carenavigators.co.uk

0800 999 25 27 | 01280 818 784

help@carenavigators.co.uk

My Care Planner has been written using English law and guidance. April 2021 – 2022. Correct at time of printing, reasonable care and skill has been taken to provide accurate information but neither the author nor the Care Adviser Network can be held responsible for individual interpretations, decisions made based on the information or for any loss occasioned by a person acting or refraining from acting based on the information in this care planner, which should not be used for giving advice. ALL works are protected by copyright laws with all rights reserved. Copyright © 2011 - 2021 Care Adviser Network. V16 revised April 2021.

CONTENTS

	MAKING DECISIONS	4
	LEGAL CAPACITY	5
	CARE AT A TIME OF CRISIS	6
	CARE AND HOUSING OPTIONS	7 - 9
	PAYING FOR CARE	10
	NHS FUNDING	12 - 14
	LOCAL AUTHORITY FUNDING	15 - 16
	BENEFITS	17 - 18
	FINANCIAL ADVICE	19
	LOSING A LOVED ONE	20
	JARGON BUSTER	21 - 23
	YOUR RECORDS	24 - 28



MAKING DECISIONS

Stay in control

While you are able to manage your own affairs it is important to consider that in the future you may not be able to make arrangements or decisions for yourself (at any age) as an accident or illness can affect our ability to make decisions and may lead to someone else having to help or even make some decisions on your behalf in the future.



Please don't assume, as many do, that if anything happens to you your partner/spouse/children will be able to 'manage your affairs' for you, they may not be allowed to if there is no legal provision in place.

The ability to understand and make a decision when it needs to be made is called 'mental capacity'.

The Mental Capacity Act 2005 (MCA) is a law that protects and supports those who can't make some or all decisions for themselves. It has a 'Code of Practice' for those who are assessing someone's capacity and supporting them to make decisions.

Making Plans

Choosing someone to manage your decisions, should there be a time when you are not able to, can help give peace of mind. It can save money and make sure that those caring for you take into account your wishes if they are having to make decisions in your best interests.



- Who would manage your finances or health decisions if you are no longer able to?
- Do you have an Enduring or Lasting Power of Attorney?
- Have you made a Will or set out your wishes for your care, property/estate or family?



LEGAL CAPACITY

Lasting Power of Attorney (LPA)

A Lasting Power of Attorney enables a person who is over 18 years old with capacity to choose another person or people to make decisions on their behalf. There are 2 different types of Lasting Power of Attorney; Property and Financial affairs and/or Health and Welfare.

An LPA **must** be registered with the Office of the Public Guardian (OPG) before it can be used. A fee is charged for registration of each Lasting Power of Attorney application, registered with, and administered by The Office of the Public Guardian.

The Office of the Public Guardian – 0300 456 0300.

Enduring Power of Attorney (EPA)

An Enduring Power of Attorney that was signed by both the Donor and Attorney before Oct 2007 can still be used and registered. You should make the application to register the EPA as soon as you have reason to believe the Donor is losing the mental capacity to manage their affairs.

An Attorney can use the power straight away if that is the Donors wish or the Donor could make it clear that the EPA is only to be used if they become mentally unable to manage their affairs in the future.

Court of Protection - Deputy

If there is no Enduring or Lasting Power of Attorney and someone lacks the capacity to make their own decision the Court of Protection can appoint Deputies to make decisions in the best interests of those who lack capacity.

Court of Protection - 0300 456 4600

Worried about an older person? Please contact;

Action on Elder Abuse – 080 8808 8141



www.carenavigators.co.uk

0800 999 25 27 | 01280 818 784

help@carenavigators.co.uk

If you would like advice, a Certificate Provider for a Power of Attorney or an Independent Mental Capacity assessment, [please contact us](#).



CARE AT A TIME OF CRISIS

One in three of us, over the age of 65 will need some long-term care and support. It may be that over time you need a little more help to stay independent, but often the need for help is brought on by a sudden and unexpected event.

Going into Hospital

Whether sudden or planned this can be a worrying time especially if you are living alone, caring for someone else or frightened of having to stay in longer than expected or not being able to go home



Speak to an expert who can help guide you through the care maze and help you to find good care and support for when you are ready to leave.

Hospital Discharge

A stay in Hospital may be the very thing needed to make us feel better and able to return home but it can also make you feel more dependent or make you realise that maybe you weren't managing as well as you had thought.

Many people want to go home but maybe feeling tired, less confident or able to manage. A spouse/partner or friend, family, carer may feel unable to cope. Sometimes this need is being highlighted for the first time, it's a shock and the situation can seem unmanageable.



COVID – 19 has led to Discharge to Assess pathways for Hospital Discharge with short term funding either at home or in a short-term placement to enable ongoing care needs to be assessed.

Ask yourself who is paying for the care you are or may be receiving and will that continue? For how long? Is it free or means tested?

If you would like advice or help to find good care we may be able to help, [please contact us](https://www.local.gov.uk). 0800 999 25 27/01280 818784



CARE AND HOUSING OPTIONS

As we are living longer, care is something we are likely to be faced with but don't consider until it becomes unexpectedly urgent.



Please don't struggle in stoic silence or rely on a loved one who may find it difficult to manage your care and support needs alone. Specialist care advice can help you consider the options, choose and arrange care and work out how it will be paid for.

Getting Help

Choosing the right care and support early enough to help you stay as independent as you can for as long as possible is essential. So, how do you find good care and who can help?

- The Local Authority can provide services that help you stay independent for example; pendant alarms, aids and adaptations to the home, meals and laundry services or support for a carer. **Some of these are free**
- Managing your finances in advance can help you save time and money and claiming your benefit entitlement, which may help you to stay independent
- Making a Will or a Power of Attorney can help you to ensure your wishes are adhered to, if and when there is a time you are not able to.
- Voluntary organisations may offer support services for you or your carer, advice and guidance or advocacy services
- Your GP may need to review your medication and can provide access to other NHS community services for example; district nurses, mental health services or falls prevention classes.

The care and benefit system can be overwhelming and with little time or no previous experience it can be hard to navigate.

Expert Advice saves you time and money. Support and Guidance help you find good care, make sure that you have had the right assessments and are claiming your benefit entitlements and not paying for care that you shouldn't be.

If you would like advice or help to find good care we may be able to help, [please contact us](#). 0800 999 25 27/01280 818784



CARE AND HOUSING OPTIONS

Care at Home

Quality care and meal provision, adaptations to the home and innovations such as stair lifts, sensors, community alarms, assistive technology and other specialist aids are readily available. Information and advice, advocacy and community support can all help provide independence in the home and a better quality of life.



Have you thought about asking for?

- A hot meal delivery, help with the laundry
- A pendant alarm or medication reminder
- Aids and adaptations to your home
- Some help with the garden, cleaning or personal care
- Information on local groups/clubs

Many people would like to stay at home for as long as they can. The Local Authority and NHS have services designed to support independent living.

Please ask for help, it may support you stay at home and prevent a carer from becoming exhausted to enable them to continue in their caring role.

Extra care/assisted care/ supported living/care villages

This may provide Independent living with flexible care services. Schemes vary and may be privately rented, shared ownership, owned properties or have a social landlord. There may be shared living schemes in your area which can include living with support in a family home.

Residential Care Homes

If you need more help with day to day care, these homes have care assistants but do not usually provide Health/Nursing care.

Nursing Homes

If your needs include medical care, then nursing homes have registered nurses and often a higher staff/resident ratio which may be a more suitable option for long term health or uncertain/unpredictable care needs.

Specialist Care - Elderly Mentally Infirm (EMI) is an outdated but still used term for more specialist care provision, often these homes have a secure environment, sometimes with a dedicated wing/floor for a specific type of care which may be



If a permanent move is needed to manage your care needs, bear in mind that some homes provide help with personal care, while others provide care from a registered nurse, some do both and have 'dual registration' with the Care Quality Commission. There are homes that concentrate specifically on rehabilitation or cater for specific needs for example; brain injury or group of people such as ex service personnel.



CARE AND HOUSING OPTIONS

Moving into a care/nursing home

You may consider moving into a care or nursing home for a period of convalescence or respite. A time of crisis may not be the right time to make a permanent move or it may be exactly what is required. Be aware that needs may change and start with what is important to you but may help to consider these key points.

The Building

- Location – do you want to be closer to family, friends. How easy is it for a spouse/partner or other loved ones to visit?
- Size – Would you be more comfortable in a larger bedded property or smaller home with fewer people
- Local facilities – Do you want a paper delivered daily or need access to a bus, is there a resident hairdresser, chiropodist?
- Access – Can you or your visitors, pets move around easily? Lifts, stairs, wheel chair access. Public transport routes close by? Do you want Wi-Fi or a telephone in your room, can you get a signal on the mobile?
- Visitors – Are there any restrictions, can they stay over, and is there a visiting time, can children visit and/or stay?
- Grounds - Are they accessible, do you need your own space, is there somewhere to sit outside, can you help tend a garden or have a patio area?
- Security – are the grounds secure, what are the safeguards for you personally and for your possessions

First impressions

- Does it feel clean, smell fresh?
- Are the rooms light and airy? Are there en-suite facilities if you want them?
- Is there enough space? Do you have private outdoor space?
- Can you have your own things in your room?
- Do the other residents seem happy, are they busy and motivated, are there any activities going on- is that what you want?
- Is there somewhere quiet to go for reading, prayer if you need that?
- Are the staff welcoming and friendly, are they interacting with the residents and seem interested?

Meeting a care need

The home should assess your care needs to make sure that they can meet it before agreeing to a move but you may want to check;

- What happens if my needs change in the future?
- How many members of staff per resident? How does this ratio change from day to Night time? Is there a manager or nurse on site, can you have your own GP?
- Do the staff change frequently, how are they trained?
- What specialist equipment is available should you need it?
- What % of the staff are agency workers, speak your language?
- How will specific needs be met; religious/cultural beliefs, pets, pub!?
- What's the menu like? Can your guests use the facilities? Do you have special dietary requirements? Can you have a fridge or tea making facilities in your room?



PAYING FOR A CARE

“Can I afford this?” The cost of care can vary greatly, depending on your need and area, but having the ‘money conversation’ before choosing a provider gives peace of mind and ensures continuity of your care and support.

Please seek expert advice when choosing care to make sure that it is appropriate and sustainable, it may save you money and prevent the need for change later

Paying for the care

- Will I be funding this care?
- Should I contact the Local Authority for a care needs assessment, to find out what type of care is the most appropriate for my needs?
- Do I need someone to represent me? An Enduring or Lasting Power of Attorney, Court of Protection Deputy.
- Do I need financial advice? How do I find someone I trust?
- Specialist advice for managing your wishes and assets
- Would you be eligible for NHS funding?
- Will Funded Nursing Care Payment apply? How would this payment be invoiced by a registered nursing home?
- Check your benefit entitlement as your circumstances are changing...



A [Care Funding and Benefit check](#) will explain a care and financial assessment including **Choice of Accommodation, Top Ups, Deferred Payment Agreements, Personal Budgets and Direct Payments** and can make sure you are not missing out on care and financial support or paying for care that you shouldn't be.

Contracts

- Is there a trial period?
- Can you see a copy of the contract; does it include everything you need or will there be extra charges for things like transport, hair, nail care, outings.
- What are the contractual fees during hospital stay or periods following death or a move?
- Top ups – if your funds reduce will the home accept your personal budget from the Local Authority without the need for a top and put that in writing?
- What happens if my money runs out or the needs change?



CARE PROVIDER RECORD SHEET

Type of care	
--------------	--

Current care provider (if appropriate)	

Care agency shortlist/visited	Contact

Care/Nursing Home shortlist/visited	Contact

Preferences	Cost of care

Notes

Please check if the provider has had a recent Care Quality Commission report



What is Continuing Healthcare?

NHS Continuing Healthcare (CHC) is a package of care arranged and funded solely by the NHS in England for a person who is aged 18 or over and has been found to have a '**primary health need**' that has arisen because of disability, accident or illness. This is regardless of where the care is to be provided and includes: care at home, residential or nursing homes.

Who administers CHC?

Clinical Commissioning Groups (CCGs), replaced Primary Care Trusts (PCT) as NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. The Clinical Commissioning Group (CCG) that holds the contract with the GP practice responsible for care at the time of application is responsible for deciding eligibility to Continuing Healthcare.

COVID – 19 has led to Discharge to Assess pathways for Hospital Discharge with short term funding either at home or in a short-term placement to enable ongoing care needs to be assessed.

The CHC Checklist

The **National Screening Continuing Healthcare Checklist** can be used in a community or a hospital setting and aims to help trained health/social care professionals identify people who should have a full assessment to determine their eligibility.

Following the checklist, if appropriate, a full assessment will be carried out by a Multi-Disciplinary Team (MDT) and the **Decision Support Tool** (DST) used to establish eligibility to CHC.

The checklist is based on 11 out of 12 care domains (areas of care need) used in the decision support tool. The domain 'other significant needs' is not used in a checklist

Checklist completed by (if appropriate)	
Date	
Outcome	
Appeal (if appropriate)	
Notes	



Challenging a decision not to proceed to full assessment

If a person has been screened out from full consideration following use of the Checklist, they may ask the CCG to reconsider its decision and agree to a full assessment of eligibility.

Full assessment and the Decision Support Tool (DST)

Where appropriate the Decision Support Tool should be used following a comprehensive multi-disciplinary assessment (often called a Multi-Disciplinary Team Meeting - MDT) of a person's health and social care needs.

The primary health need should be assessed by looking at all of the care needs and relating them to twelve care domains (below) **AND** four key indicators; **nature, intensity, complexity and unpredictability**.

The Decision Support Tool is not an assessment in itself but a way of bringing together and applying evidence in a single practical format to provide an overview of the levels chosen and a summary of the person's needs.

Care Domains

P								P	P	P	
S	S			S	S		S	S	S		S
H	H	H	H	H	H	H	H	H	H	H	H
M	M	M	M	M	M	M	M	M	M	M	M
L	L	L	L	L	L	L	L	L	L	L	L
N	N	N	N	N	N	N	N	N	N	N	N
Behaviour	Cognition	Psychological/ Emotional needs	Communication	Mobility	Nutrition, Food and Drink	Continence	Skin Tissue and viability	Breathing	Drug Therapies	Altered State of Consciousness	Other significant care needs

Multi-Disciplinary Meeting (if appropriate)

Date	
Domain application	1) 2) 3) 4) 5) 6) 7) 8) 9) 10) 11) 12)
Outcome	
Appeal (if appropriate)	



Challenging an assessment decision

Where a full assessment has been undertaken of potential eligibility using the Decision Support Tool (or by use of the Fast Track Pathway Tool), and a decision has been reached, challenging that decision should be addressed through the local resolution procedure, initially.

The Fast Track Tool

The Fast Track pathway tool is used when a person has a rapidly deteriorating condition and may be entering a terminal phase. It can only be completed by an 'appropriate clinician' and contains sufficient evidence to establish eligibility. Where it is appropriate to use the Fast Track Pathway Tool, this replaces the need for a Checklist and DST to be completed

Funded Nursing Care Payment

NHS continuing healthcare must be considered, and a decision made prior to any consideration of eligibility for NHS-funded nursing care. Funded Nursing Care Payment is currently a weekly payment of £187.60 per week (2021/22), provided by the NHS to homes providing nursing care, to support the provision of nursing care by a registered nurse.

The National Framework for NHS Continuing Healthcare and NHS funded nursing care, sets out the principles and processes for determining eligibility



A Care Funding and Benefit check can explain how the NHS contributes towards the cost of care and can make sure you are not missing out on care and financial support. Our services include an Independent CHC Checklist, please contact us for advice and support.



The Care Act 2014

The Care Act 2014 is the legal framework for Adult Social Care. It is supported by the Care and Support Regulations and Statutory Guidance and came into force on 1st April 2015. Social care funding is under review and further reform expected.

Care and Support needs assessment

There are National criteria for assessing care and support needs and Local authorities must promote wellbeing when carrying out any of their care and support functions.

Once assessed with an eligible care need, a financial assessment will determine any client and/or Local Authority contribution.

Personal Budget

The care and support planning process will determine what type of accommodation will best suit the person's needs. As part of that, the local authority must provide a personal budget. The personal budget is defined as the cost to the local authority of meeting the person's needs which the local authority chooses or is required to meet.

Financial Assessment

In all cases, a local authority has the discretion to choose whether or not to charge following a person's care needs assessment. Where it decides to charge, it must follow the Care and Support (Charging and Assessment of Resources) regulations and have regard to the Care and Support Statutory Guidance.

Financial Assessment – common elements

The following rules apply to financial assessment for both residential care and care at home;

Residents with over £23,250 savings/capital will meet the full costs of their care and are considered able to pay for their own care in full.

Residents with between £14,250 and £23,250 will make a contribution from their savings/capital as a tariff income of £1.00 for every £250 or part of, a contribution from income will also be assessed

Residents with Savings/Capital below £14,250 will not make a contribution from capital, but a contribution from income will be assessed.



LOCAL AUTHORITY FUNDING

Care at home

Because a person who receives care and support outside a care home will need to pay their daily living costs charging rules ensure they have enough money to meet these costs. For care at home, after charging a person must be left with the appropriate minimum income guarantee plus a 25% buffer.

Care in a Care/Nursing home

You will retain a Personal Expenses Allowance of £24.90 per week. If the Local Authority allows you to defer paying for your care against the value of a property, used as security (Deferred Payment Agreement), you may keep up to £144 per week. Please ask a Care Adviser Network member to explain these rules to you as they do not apply to everyone who owns a house.



Remember it is an individual's care need being assessed and so an individual's ability to contribute towards the cost that will be financially assessed, any joint savings will be halved during a financial assessment and your home may not be taken into account.



A [Care Funding and Benefit check](#) will explain a care and financial assessment including **Choice of Accommodation, Top Ups, Deferred Payment Agreements, Personal Budgets and Direct Payments** and can make sure you are not missing out on care and financial support

Deliberate Deprivation

If you give away an asset or do not claim an income or benefit entitlement available to you and the Local Authority and/or DWP decide that this was done with a deliberate intention to avoid paying for your care/ accommodation costs or to access a benefit entitlement, then they may treat you as still owning or having it and the financial assessment will include the amount as notional income/capital.



www.carenavigators.co.uk

0800 999 25 27 | 01280 818 784

help@carenavigators.co.uk



BENEFITS

Sometimes things happen that we can't plan for. The benefit system is a support for those who have experienced difficulties, whether financial or circumstantial. Social Security benefits are split into two main categories and are either means tested, when a full financial assessment will be required or non-means tested, when your finances are not assessed. Some of the non-means tested benefits are dependent on a national insurance contribution record.

This table puts the main benefits into a category and has colour coded them as follows;







Means tested



Non-Means Tested - Non Contribution Based



Non-Means Tested – Contribution Based

 <p>Families</p> <p> Child Benefit Child Tax Credit Guardians Allowance Maternity Grant Maternity Allowance Statutory Paternity/Maternity/Adoption Pay Widowed Parents Allowance Free school meals/milk Universal Infant Free School Meals Healthy start scheme </p>	 <p>Work</p> <p> Job Seekers Allowance Employment Support Allowance Working Tax Credit Universal Credit Incapacity Benefit (no new claims) State Retirement Pension Statutory Sick Pay </p>
 <p>Health</p> <p> Attendance Allowance Disability Living Allowance (no new claims) Personal Independence Payment Carers Allowance Statutory Sick Pay Industrial Injuries Disablement Benefit Bereavement Allowance Bereavement Payment Winter Fuel Payments </p>	 <p>Low Income</p> <p> Pension Credit Universal Credit Income Support Local Emergency support Budgeting advance/loans Housing Benefit/costs Council Tax support/reduction/exemption Cold weather payments Funeral Payments Health costs – prescription, dental costs, eye tests/glasses, travel to hospital, wigs Boiler Grant Loft and cavity wall insulation grants </p>

We can help you to complete the application forms and check your benefit entitlement.



BENEFITS

Attendance Allowance (AA) – 0800 731 0122

Attendance Allowance is a tax free, non-means tested benefit for someone who suffers from an illness/disability and has care and/or supervision needs.

To qualify you must be **65yrs or over** old when applying and have had a need for at least 6 months and expect to have needs for at least another 6 months. There are **special rules** for people with a short life expectancy, when the qualifying period does not apply. Attendance Allowance may be awarded at one of two rates;

- 1) Higher rate £89.60 – if the need is through the Day **and** Night
- 2) Lower rate £60.00 – if the need is through the Day **or** Night

Disability Living Allowance (DLA) – 0800 121 4600

Disability Living Allowance has been replaced by Personal Independence payment for people aged between 16 and 64 yrs. **No new claims for DLA**, however someone who was already 65 years old on the 8th April 2013 and in receipt of DLA will continue to receive it (for the length of the award and providing they still meet the qualifying criteria) and it can be upgraded providing the qualifying criteria are met.

PIP – Personal Independence Payment - PIP Claim line 0800 917 2222

The Welfare Reform Act 2012 introduces Personal Independence Payment (PIP) as part of wider welfare reform. It is **non-means tested** and **non-taxable** and will replace DLA for eligible claimants aged 16 to 64 from 8th April 2013.

Carers Allowance – 0800 731 0297

A **non-means tested, taxable benefit** payable for those who look after someone receiving a qualifying disability benefit such as Attendance Allowance/DLA Care component at the middle or high rate/ PIP daily living at either rate.

You do not have to be related to, or live with, the person that you care for but will be aged 16 or over, spend at least 35 hours a week caring and not earn over £128.00 per week after deductions. Carers Allowance is £67.60 per week and may affect a means tested benefit that the cared for person receives.

Pension Credit – 0800 99 12 34

Introduced in 2003 it is a **means tested, non-taxable** benefit for people over the qualifying age which is in line with the Women's State retirement age. Entitlement varies depending on the circumstances. It has no savings/capital upper limit, although over £10k will be given an assumed income of £1 for every £500 or part of.

Please remember 'Care Adviser Network' members can check your benefit entitlement, especially if your circumstances change. These are just a few of the many benefits often left unclaimed;

- Funeral Payments
- Council Tax reduction scheme/Council Tax exemption
- Employment Support Allowance
- Health Related Costs
- Industrial Injuries Disablement Benefit



FINANCIAL ADVICE

Helping people to understand the financial implications of having care and support needs might include unregulated financial information and advice such as help with completing benefit applications, providing debt advice and money management/budgeting services but it may also require regulated financial advice for example considering property options, paying for care, providing for loved ones and wealth/tax management.

Some financial advice can only be given by advisers who are regulated by the Financial Conduct Authority (FCA), this is called regulated financial advice.

ONLY financial advisers who are regulated by the FCA can give **REGULATED** financial advice and recommend regulated financial products.

The FCA recognises two types of regulated adviser; 'independent' and 'restricted'.

Independent financial advisers (IFAs) can offer the full range of financial products from all providers. Other regulated advisers may be 'restricted' and must explain the nature of the restriction.



The Society of Later Life Advisers was founded in 2008 as a not for profit organisation, to meet the need of consumers, advisers and those who provide financial products and services to the later life market. Their aim is to ensure that consumers are better informed about the financial issues of later life and can find fully accredited adviser quickly and easily.



Making sure that you have claimed your benefit entitlement and that the NHS or Local Authority are making the right contribution with services or funding could make a difference to the care that you choose and for how long



LOSING A LOVED ONE

The loss of a loved one is hard at any time, at any age, but it can be magnified if the person left behind is older and unable to get out and about easily or occupy their time with daily tasks because of an illness or disability. The loss of the person who was also the main carer coupled with grief and loneliness can raise a worry about finding someone else to support your care needs.

What to do

It can be hard to think about practicalities at this time but some things need to be done soon after death, including sometimes arranging care for someone that the deceased has been caring for.

You must register a death with the registrar within five days. Take the certificate issued by the Doctor and, if possible, the medical card, birth certificate and a marriage or civil partnership certificate of the person who has passed away.

The registrar will give you the following and may offer a 'tell us once' service which informs Government Depts.

- Certificate allowing cremation or burial
- Certificate to give to the Job Centre or Pension Service
- Leaflet with details of bereavement benefits
- One or more death certificates (there is usually a fee for these).

Arranging a funeral

The funeral can usually only take place after the death is registered. Most people use a funeral director but you can arrange a funeral yourself. A funeral can be planned and paid for in advance. For more information, the Government has information on the 'What to do after death' GOV.UK website pages.

Who to tell

This is not an exhaustive list and some of these won't be appropriate to everyone, many will need to be sent a death certificate;

- Care provider/GP/Dentist
- Solicitor/executors of a will
- Banks/savings/investment providers/ Credit Card providers
- Pension providers/Life insurance company
- Job Centre Plus/Pension Service/DWP
- Driving Licence/Passport
- Landlord/Mortgage provider
- Local Council; Council tax, Social services
- Utility providers



JARGON BUSTER

AA; Attendance Allowance - non means tested benefit for people who are over 65 years of age

BIA; Best Interest Assessor, a professional considering a Deprivation of Liberty Safeguard application

CA; Carers Allowance - non means tested benefit for people who are over 16 years and caring for more than 35 hours per week and not earning more than £110 (net)

CB; Child Benefit is a payment that you can claim for your child, rules changed in 2012 affecting people who earn above £50'000

CC; Continuing care another name for continuing healthcare covers the cost of care for a primarily health need

CCG; Clinical Commissioning Groups are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England

CCG; Community Care Grant - abolished by Welfare Reform Act 2012 - Local Authority administers local emergency support from April 2013

CFC; Care Funding Calculator - tool that may be used by Local Authorities to work out cost of assessed care need

CHC; Continuing Healthcare another name for Continuing Care, a package of care paid for by the CCG for a primary health need

COP; Court of Protection appoints, regulates and administers Deputies who manage health/welfare and/or property/finance decisions for someone who no longer has mental capacity to appoint their own

CP; Carers Premium is an amount that may be added to a means tested benefit claim if you have entitlement to Carers Allowance- even if you are not receiving it

CTB; Council Tax Benefit was abolished by Welfare Reform Act 2012, means tested eligible housing cost payments may still be administered by the District Council until 2017 when Universal Credit is rolled out Nationally. Council Tax exemptions and reductions may apply for example if someone has moved into permanent care

CTR; Council tax Reduction is the replacement for Council Tax Benefit

DBC; Disability Benefit Centre - or DCS, administers disability benefits for the DWP

DCS; Disability and Carers Service administers AA/DLA/PIP/CA

DLA; Disability Living Allowance is a non means tested benefit for someone with a care and/or supervision, mobility need. Abolished by Welfare Reform Act 2012 and replaced by PIP, to be rolled out over the next few years

DoL's; Deprivation of Liberty safeguards. The Mental Capacity Act Deprivation of Liberty safeguards (formerly known as the Bournemouth safeguards) were introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007 to protect people from unlawful deprivation of their liberty

DP; Direct Payments are a way of buying your own services with a budget given by the Local Authority once they have assessed an eligible care need and/or provision



JARGON BUSTER

DP/DPA; Deferred Payment agreements allows local authorities to defer permanent care fees against a charge on property

DST; Decision Support Tool, this is used to help determine CHC eligibility

DWP; Department of Works and Pensions is the Government department responsible for welfare benefits/social security benefits

EPA; Enduring powers of attorney have been replaced by lasting powers of attorney. However, they may still be used if they were made and signed before October 2007 when the Mental Capacity Act 2005 came into force.

ESA; Employment Support Allowance CB - Contribution Based (non means tested) and/or IB -Income Based (means tested)

FACS; Fairer Access to Care Services was the criteria the Local Authority uses to assess an eligible care need before the Care Act 2014 introduced national eligibility criteria

GC; Guarantee Credit, an element of the means tested benefit Pension Credit

HB; Housing Benefit, means tested help with housing costs

IB; Incapacity Benefit, non means tested benefit for those not able to work due to disability or illness (replaced by ESA)

IFA; Independent Financial Adviser

Industrial Injuries Disablement Benefit (IIDB); is for people who are disabled because of an accident at work, or who have certain diseases caused by their work (but not if this is self-employment)

IS; Income Support, means tested top up benefit being replaced by Universal Credit

JCP; Job Centre Plus manages benefits for working age people

JSA; Jobseekers Allowance CB; Contribution Based/IB; Income Based benefit for people actively seeking work

LPA; Lasting Power of Attorney, brought in by Mental Capacity Act 2005 - came into force Oct 2007 providing for legal representation on another person's behalf and in their best interest

MDT; Multi-Disciplinary Team, a meeting of a number of professionals involved with a person's care is called an MDT. It is during one of these that CHC eligibility is discussed and a recommendation made to the CCG

OPG; Office of Public Guardian, manages the register of Attorney's

PB; Personal Budget. This is the amount that the Local Authority has assessed an eligible care need to cost them should they be required to or choose to

PIP; Personal Independence Payment, a non means tested benefit for those with care and /or supervision needs, replaces DLA from April 2013 (Welfare Reform Act 2012) for people of a working age

PC; Pension Credit, a means tested benefit for people over the women's state retirement pension age

RAS; Resource Allocation System - A system used by Local Authority's to work out the cost of an eligible need care package



SAQ; Self-assessment questionnaire. This is the form that the Local Authority uses to gather information to assess a care and support need (paper/web format)

SC; Savings Credit. One of two parts to Pension Credit, you have to be over 65 for this part of the means tested benefit

SDP; Severe Disability Premium. The disability premium on a means tested; Pension Credit

SDS; Self Directed Support. Designed to allow personalisation for care needs, a way for people to buy their care from their own choice of provider

SFC; Statement of Financial Circumstances. A form given/sent by Local Authorities to gather information required to assess a financial contribution

SRP/SP; State Retirement Pension/State Pension

UC; Universal Credit - Replaces means tested working age benefits, brought in by welfare Reform Act 2012

WTC; Working Tax Credit, means tested for those in work on a low income (age and number of employed hour rules apply)

Notes

KEY DATES

[illegible]

APPOINTMENTS

[illegible]

MEDICATION

[illegible]

PERSONAL INFORMATION	
Name	
Address	
Telephone	
Email	

EMERGENCY CONTACTS	1	2
Name		
Address		
Telephone		
Mobile		
Email		
Legal Capacity		

KEY CONTACTS	
Next of Kin	
GP	
Key Worker	
Consultant	
Hospital Co- coordinator	
Solicitor	
Financial Adviser	
Care Navigator	
Care Agency manager	
Care Home manager	
Social Worker	
Physio/Dietician	
Occupational Therapist	



WHO AM I?

Life Story

Health story

Likes/Dislikes

Wish List

Interests/Hobbies

Occupation

Extended Family

Please see emergency contacts and other key contacts



Care
Navigators

www.carenavigators.co.uk

0800 999 25 27 | 01280 818 784

help@carenavigators.co.uk