

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 15th May, 2024

2.00 pm

**Council Chamber, Sessions House, County Hall,
Maidstone**



AGENDA

ADULT SOCIAL CARE CABINET COMMITTEE

Wednesday, 15 May 2024 at 2.00 pm
Council Chamber, Sessions House, County Hall,
Maidstone

Ask for: **Dominic Westhoff**
Telephone: **03000 412188**
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Membership (17)

Conservative (12): Mr A M Ridgers (Chairman), Ms L Wright (Vice-Chairman),
Mrs P T Cole, Mr N J Collor, Ms S Hamilton, Mr J Meade,
Mr D Ross, Mrs L Game, Mr A Kennedy and Mrs L Parfitt-Reid

Labour (2): Mr A Brady and Ms J Meade

Liberal Democrat (1): Mr R G Streatfeild, MBE

Green and Independent (2): Ms J Hawkins and Mr S R Campkin

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

- 1 Introduction/Webcasting Announcement
- 2 Apologies and Substitutes
- 3 Declarations of Interest by Members in items on the agenda
- 4 Minutes of the meeting held on 13 March 2024 (Pages 1 - 8)
- 5 Verbal Updates by Cabinet Member and Corporate Director
- 6 24/00048 - Adult Social Care Charging Policy - Self Funding Arrangement Fee (Pages 9 - 66)
- 7 24/00049 - Adult Social Care Charging Policy - Higher Level Disability Benefits (Pages 67 - 160)
- 8 Adult Social Care and Health Performance Q4 2023/2024 (Pages 161 - 188)
- 9 Adult Social Care Contract Pipeline (Pages 189 - 192)
- 10 Making a Difference Everyday Approach Self-Directed Support (Pages 193 - 206)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Benjamin Watts
General Counsel
03000 416814

Tuesday, 7 May 2024

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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KENT COUNTY COUNCIL

ADULT SOCIAL CARE CABINET COMMITTEE

MINUTES of a meeting of the Adult Social Care Cabinet Committee held at Council Chamber, Sessions House, County Hall, Maidstone. on Wednesday, 13th March, 2024.

PRESENT: Ms L Wright (Vice-Chairman), Ms S Hamilton, Mr J Meade, Mr A Kennedy, Mr A Brady, Mr R G Streatfeild, MBE and Mrs L Parfitt-Reid

ALSO PRESENT: Mr D Watkins

IN ATTENDANCE: Richard Smith (Corporate Director of Adult Social Care and Health), Michael Thomas-Sam (Strategic Business Adviser, Social Care), Mark Albiston (Director of Adult Social Care (Operations) Kent) and Sydney Hill (Director Adult Social Care)

UNRESTRICTED ITEMS

185. Apologies and Substitutes
(Item. 2)

Apologies have been received from Mr Ridgers, Mr Collor, Jenni Hawkins and Ms Meade.

186. Declarations of Interest by Members in items on the agenda
(Item. 3)

Mr Streatfeild noted that a family member was the director of education, innovation and operations at Supajam Education Swanley.

187. Minutes of the meeting held on 18 January 2024
(Item. 4)

RESOLVED that the minutes of the meeting held on 18 January 2024, subject to the correction of spelling errors, were correctly recorded and that a paper copy be signed by the Chair.

188. Verbal Updates by Cabinet Member and Corporate Director
(Item. 5)

1. The Cabinet Member for Adult Social Care and Public Health, Mr Dan Watkins provided a verbal update on the following:

Consultations – Mr Watkins provided the committee with an update on ongoing consultations.

- a. Two for the Best Start for Life programme: Nourishing our next generation: a 5-year infant feeding strategy and Nurturing little hearts and minds: a perinatal mental health and parent-infant relationship strategy. Both were open until 3 April 2024.

- b. Two for the Adult Social Care Charging Policy: changes to Self-Funding Arrangement Set up Fee and Higher Level Disability Benefits. Both were open until 7 April 2024.
- c. The Future of Blackburn Lodge Care Home which would be open until 7 May 2024.

Ageing Without Children East Kent meeting – Mr Watkins noted that he had met with the community group that represented adults who may require care on the 28 February 2024 to discuss the issues and challenges that this group faced on navigating the care system in the absence of children. There was a concern about the power of attorney when there is no next of kin.

Technology Enhanced Lives stall – The Cabinet Member said there would be a stall at the next County Council meeting, 28 March 2024. The stall would demonstrate to all Members some of the technology, tools and services available through the service.

2. The Corporate Director for Adult Social Care, Mr Richard Smith, provided a verbal update on the following:

Consultations – Mr Smith thanked his staff for all the work they were doing on the ongoing consultation and noted that this would be a feature of the work going forward as the service was being remodelled and reshaped. It was said that the digital story in Kent was something to be proud of with considerable progression made in the area which was gaining attention nationwide.

Making the senior leadership team more visible - It was said that due to the impact of the Covid-19 pandemic and hybrid working an increased effort was being made to make the senior leadership team more visible to staff. Sessions had been arranged to allow for the opportunity for all new starters to meet with the leadership. The sessions allow for the occasion to discuss the Making a Difference Everyday strategy and set the tone for the whole service.

Making a Difference Everyday Strategy – Mr Smith said that the Scrutiny call-in had given the team time to review the strategy which was underway. It was noted that global events over the past 3 years had impacted the strategy.

Visits – Mr Smith visited three social work teams in Whitstable, Dover and Sittingbourne. It was noted the importance of getting the balance right on hybrid working to get more joined-up working going forward.

Practice Assurance Panels – It was said that the panels had been recently established to implement spending controls. A live event with several hundred staff was held to launch the panel.

Joint Visit – Mr Smith said that he had a joint visit with the CEO of East Kent Hospitals University NHS Foundation Trust (EKHUFT) to an establishment in Folkstone and spoke to staff about how to make the pathway from hospitals into the community easier.

Joint Divisional Meeting – It was noted that a meeting had been held with the Council's Public Health team to work on the preventive health strategy.

Live Staff Event – An event was held to discuss staff survey results and the pledges on how the service would act on the results.

3. In response to comments and questions, it was said.

- a. A Member asked what the response would look like to the consultation on the Adult Social Care charging policy, if there was a threshold against the charges would they be revisited. Mr Watkins said there was no threshold at which a different approach would be taken but the information would be used to inform the decision. The details of lived experience and the real-world impact of the changes would be taken into account. It was said that all adult social care-related consultations would be brought to the cabinet committee at an appropriate time for discussion.
- b. It was asked how the Council supports those adults receiving care without children differently from those with children. Mr Watkins said that the advocacy group had been recently formed but that the cohort of care users without children was expected to increase going forward. It was noted that working with this advocacy group could help the Council arrange support to help them overcome the issues they face.
- c. A Member asked about the recruitment and retainment of Occupational Therapists and if more data could be provided. It was said that the numbers could be circulated after the meeting. It was noted that this was a challenging area of recruitment as they were competing with the NHS and there was a national shortage of candidates. The service was looking at growing their apprenticeship scheme and progression opportunities for occupational therapist assistants.
- d. A Member asked about the Councils which had issued a Section 114 notice and if there were lessons to be learnt about the impact on service provision. Mr Watkins said that the commissioners would decide what were the most essential services. Richard Smith said that the Professional Association for Directors of Adult Social Care had a wealth of information on what all other Councils were spending on their social care services and could benchmark where the Council was. It was noted that none of the Councils that had issued a Section 114 had done so due to the impact of people's services, due to statutory grants from the central government, but due to unprecedented demand, this could change in the future. Richard Smith said that the service was currently at the minimum level to meet all statutory requirements.
- e. It was said that Birmingham City Council had to cut £100 million from their Adult Social Care budget following the Section 114 notice, was asked what was the percentage equivalent for Kent. Richard Smith said that more information was required to understand how that could be implemented legally.

189. Risk Management Adult Social Care and Health
(Item. 6)

Alison Petters, Risk and Delivery Assurance Manager, was in attendance for this item.

1. Alison Petters introduced the report. An overview of the report was provided and the notable changes since last year were highlighted.
2. In response to comments and questions, it was said.
 - a. It was asked how much was being spent on external consultants and when would their reports be available. Richard Smith said that specialist support for some pieces of work was required and delivered value for money. The cost of the consultants would be circulated outside the meeting.
 - b. A Member expressed concern that the Council was not actively engaging with providers which was required to help mitigate risks. Richard Smith said that they were aware of the challenges that providers were facing. It was said that engagement was occurring on a regular basis and fee uplifts could only be provided in line with what had been budgeted.
 - c. It was asked what the Council's provider of last resort was if the risk of provider failure or market sustainability failure was realised. Richard Smith said that it was difficult to give an answer for the whole of Kent as different areas had different needs and challenges. The local authority would be the provider of last resort. Mark Albiston said that work was ongoing examining the quality of the market and how resources can be realigned to provide support while working alongside the regulator.
 - d. A Member asked if each individual risk could be aggregated into a top-line risk. Alison Petters said that the Corporate Risk Register was an aggregation of all the risks held across the whole organisation. Richard Smith said that Adult Social Care would continue to be a high-risk environment for the foreseeable future. Mark Albiston said that they would look to provide clarity on which areas of Kent faced higher risk.
 - e. It was asked how the risks were being controlled now and how much was based on future implementation of strategies. Richard Smith reassured Members that work was constantly ongoing on managing risk and looking into mitigations. Mark Albiston said that the team prioritised work based on the level of risk on an ongoing basis.
 - f. A concern was expressed that decisions being taken by the Council, and some of the savings outlined in the budget, were aggravating the risks and if an analysis of this had been undertaken. It was also asked how this would be monitored going forward. Richard Smith noted that judgements based on risk were being taken daily and that taking resources out of adult social care was a risk but required for the sustainability of the Council. Mr Watkins said that difficult decisions had to be made and that the risks did inform the decision-making process.

- g. Richard Smith said that the Adult Social Care budget would be in the public domain soon and would check when this becomes available. It was noted that the £12 million received from the central Government would be split equally between adults and children's social care. £1.5 million was earmarked for transformation and the rest to rebase the budget.
 - h. Asked about workforce recruitment and retention and if the Council could make better use of the assets at its disposal. Sydney Hill said that a national recruitment campaign would start soon focussed on recruiting social workers and occupational therapists and there was also ongoing work to highlight the benefits of living in Kent, growing the workforce through links with universities in Kent, supporting newly qualified social workers and increasing the apprenticeship offer from every three years to annually. Mark Albiston said there were some clear and immediate workforce challenges which impacted on the ability to deliver all statutory services. It was said that market premiums in other areas, not just London were contributing to a large pay gap. The areas with the biggest challenges had been identified and would be targeted with eh support of external companies.
 - i. Richard Smith said that both the ICB and local authorities were under financial pressure but were working on creating a joined-up financial arrangement and a joint out-of-hospital service between community trust and local authority staff. Need to shift the conversation on hospital discharge from discharge to prevention. (REVIEW)
3. RESOLVED the Adult Social Care Cabinet Committee considered and commented on the risks presented.

190. Adult Social Care and Health Performance Q3 2023/2024
(Item. 7)

- 1. Mark Albiston introduce the report. An overview was provided, and it was noted that there was an increased demand for social care as highlighted in previous reports.
- 2. In response to comments and questions, it was said.
 - a. Asked if there was any detail in the performance data that would indicate that risks were being realised it was said work had been done on the trajectory going forward based on current performance and demand data and this would inform decision-making on closing the gap.
 - b. Asked about the lag between care needs assessments being completed and incorporated into the performance data. Mark Albiston said there was a gap between the assessments being completed and entered into the system and between when the information was required for publication for the committee.
 - c. It was asked when the service was last at the 80% threshold for care assessments and what was the difference between then and now. Mark

Albiston said there was a gap between the demand and capacity, officer would produce further detail to show change over time.

- d. It was asked why there was a big spike in safeguarding enquiries in Q3. Mark Albiston said that a review was ongoing with partners into oversight of safeguarding enquiries. It was noted that there had been an increase in safeguarding concerns but the review would ensure that effective governance arrangements were in place and that if there were a provider failure they would be able to move patients to a different provider.
 - e. Sydney Hill noted the importance of adult social care working with partners such as the NHS to support older people and reduce admissions for long-term care. It was said that much work was being done on prevention, support at home and hospital discharge pathways.
3. RESOLVED The Adult Social Care Cabinet Committee noted the performance of adult social care services in Quarter 3 2023/2024.

191. Kent and Medway Safeguarding Adults Board Annual Report April 2022 - March 2023
(Item. 8)

Andrew Rabey, Independent Chair of the Kent and Medway Safeguarding Adults Boards, and Victoria Widden, Kent and Medway Safeguarding Adults Board Managers were in attendance for this item.

1. Andrew Rabey introduced and provided an overview of the report.
2. In response to comments and questions, it was said.
 - a. A Member said that the report was very comprehensive and that a condensed high-level overview could be provided in future. Mr Rabey noted the point and explained that the Safeguarding Adult Reviews were required to be included. It was said that the board did not have the capacity to make one report per district or area.
 - b. It was asked if there were struggles to keep the person-centred and outcome-focused approach due to financial concerns. Andrew Rabey said that the Board acts as a check and balance for partners to ensure they remain focused on their main objectives and maintain a collaborative, person centred approach. The Board's self-assessment framework process was also referenced.
 - c. Andrew Rabey said that the timing of the report was impacted by annual data releases.
 - d. In response to a question on data, Victoria Widden said the Board is working with partners on improving understanding of what constitutes a safeguarding concern, and the difference between this and a referral for an assessment of care and support needs.

- e. The Cabinet Member thanked Andrew Rabey and his team for their work on the report and understand the challenges they faced.
3. RESOLVED The Adult Social Care Cabinet Committee considered and commented on the Kent and Medway Safeguarding Adults Board Annual Report, 2022 – 2023.

192. Down Syndrome Act 2022 Update
(Item. 9)

1. Michael Thomas-Sam introduced the report.
2. In response to comments and questions it was said.
 - a. Michael Thomas-Sam confirmed that 450 Kent County Council staff had undertaken the e-learning training, 25% of adult social care staff. First-to-face training was offered by NHS Kent and Medway and further details on when this was expected would be provided soon.
 - b. A Member asked if they were working with the ICB, Down Syndrome Association and other groups to identify people who may need support. Michael Thomas-Sam said they worked in coordination with several partner groups but improvements could be made.
 - c. It was said that the operational teams were sensitive to music and animals as a form of treatment that the Secretary of State would soon publish statutory guidance which would provide more examples of what local authorities should offer.
 - d. Mr Watkins welcomed the report and thanked Michael Thomas-Sam for his work.
3. RESOLVED that the Adult Social Care Cabinet Committee noted the report.

193. Decisions taken outside of the Cabinet Committee meeting cycle
(Item. 10)

1. The clerk introduced the report.
2. A Member asked for more information on the impact of this decision on care and if it was aggravating the risks that adult social care faced.
3. Mr Watkins and Richard Smith that the decision was taken outside of the cycle every year as the fee uplifts could not be agreed upon until after the County Council agreed on the budget. It was said that the Council did not have the resources to provide a larger uplift for providers or to meet the gap in the sector.

4. The Cabinet Member would write to the Leader to see if the meeting cycle could be changed to allow the decision to come to the cabinet committee before being taken.
5. It was asked by a Member what mitigations or contingency plans were in place if a provider was unable to stay on the framework or offer care packages. Richard Smith said that the Care Act would protect vulnerable people. It was noted that negotiations were ongoing with providers and that cost was one aspect of care packages.
6. RESOLVED The Adult Social Care Cabinet Committee noted that the following decision had been taken in accordance with the process set out in Part 2 paragraph 12.36 of the Constitution: 24/00009 – Fee Uplifts for Adult Social Care Providers for 2024/2025.
7. Mr Brady and Mr Streatfeild asked for it to be recorded that they do not note the decision taken outside of the committee cycle.

194. Work Programme
(Item. 11)

RESOLVED the work programme was noted.

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Richard Smith, Corporate Director Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 15 May 2024

Subject: **Adult Social Care Charging Policy - Self-Funding Arrangement Fee**

Decision no: **24/00048**

Key Decision : It affects more than 2 Electoral Divisions

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary: The report provides information about the outcome of the consultation regarding proposed changes to the charging policy. Specifically, to introduce a self-funding arrangement set up fee for all new self-funders.

Recommendations: The Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Health on the proposed decision to:

- a) **APPROVE** the changes to the Adult Social Care Charging Policy; and
 - b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to revise the Adult Social Care Charging Policy and to take relevant actions, including keeping the policy updated as necessary, to implement the decision.
-

1. Introduction

- 1.1 The council's budget which was approved in February 2024 included provision, subject to the necessary consultation and impact assessment to change the charging policy for people who receive care and support in their own home or in the community. As a result, it is necessary to consider the amount we charge to arrange care and support on behalf of self-funders.

- 1.2 This report is about the council's proposed change to its charging policy for adult social care provided in a person's own home (e.g. homecare including supported living) or in the community (e.g. daytime support). Specifically, to introduce a new Self-Funding Arrangement Set up Fee for all new self-funders (people who have over the capital threshold) and would like the council to negotiate, arrange and manage care and support services with care providers on their behalf.
- 1.3 It is proposed that the new fee would be £352.00. This would be a one-off fee and would not be charged to existing self-funders supported by the council. This does not impact on people who live in and receive care and support in a residential care home.
- 1.4 A public consultation on the proposal to introduce a self-funding arrangement set up fee for all new self-funders was held from 6 February to 7 April 2024. The full consultation outcome report is attached to this report as Appendix A.

2. Background

- 2.1 Kent County Council (KCC) provides adult social care services to approximately 16,394 residents aged over 18 years old (data taken January 2024). Approximately 15,806 of these people receive chargeable social care services, this includes providing services like residential care and support and care in a person's own home or in the community.
- 2.2 When people living in Kent need adult social care, as well as assessing their care needs, we also assess their income to decide how much they pay towards their care. This is known as means testing. Some people do not need to contribute towards their care, some pay a contribution, and there are people that pay for all of their care (these people are known as self-funders).
- 2.3 If the person has more than £23,250 in savings and other capital (not including the value of their main or only home) they must pay the full cost of their care and support. Self-funders can choose to arrange their care themselves or ask the council to do it on their behalf.
- 2.4 Self-funders are still entitled to have an assessment of care needs and can ask KCC's adult social care service to arrange their care on their behalf or arrange it for themselves. They may ask KCC to arrange care on their behalf due to reasons such as the person finding the system too difficult to navigate or wishing to take advantage of KCC's knowledge of the local market for care and support services.
- 2.5 The Care Act introduced a new duty for councils to meet the needs of self-funders and the power to charge an Arrangement Fee. This applies to people who ask the council to meet their needs for most types of care and support. The Care and Support Regulations, set out that the fee should include the cost of negotiating and managing the contract with the provider and cover administration costs.

2.6 Arrangement fees charged by local authorities must cover only the costs that the local authorities actually incur in arranging care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider and cover any administration costs incurred. Local authorities must not charge people for a financial assessment, needs assessment or the preparation of a care and support plan.

2.7 KCC currently charges self-funders an annual Arrangement Fee. For 2023-24 it was £127.59 (£2.44 paid weekly). In April 2024 it increased to £160.37 (£3.08 paid weekly) to reflect the annual increase for inflation uplift and review of the fee. The previous review of the Arrangement Fee was carried out in 2017.

3. How we compare to other councils

3.1 The table below shows the fees charged by other councils for these services and how KCC compares with them for the proposed Self-Funding Arrangement Set up Fee of £352.00 and the 2024-25 Arrangement Fee of £160.37 (£3.08 paid weekly).

3.2 Some councils have higher or lower charges due to their costs, which may be why charges vary from council to council.

Council	Initial set-up fee £	Annual fee £	Ongoing fees (per week) £	Change of provider fee £
Portsmouth	45.00	-	12.00	-
Herefordshire	100.00	-	2.19	-
West Sussex	195.00	-	6.00	195
Leicestershire	281.00	-	-	-
Surrey	295.00	125.00	5.00	-
Hampshire	296.00	-	6.00	-
South Gloucestershire	304.00	78.00	-	304
Wokingham	322.60	240.60	-	-
Reading	325.50	267.50	-	-
Kent County Council	352.00	-	3.08	-
Staffordshire	400.00	182.00	-	-
Haringey	650.00	-	-	-
Havering	-	243.30	-	-
Croydon	-	260.00	-	-
Richmond	-	-	54.00	-

4. Other options considered

- 4.1 Before deciding on the preferred proposal presented in the consultation, a number of options were considered:

Alternative/additional option considered	Why the option has not been taken forward to consultation
Increase the weekly Arrangement Fee only (no new initial set-up fee)	<p>The majority of the work is the initial set up of care and support arrangements by KCC, which is reflected in the proposed one-off set-up fee.</p> <p>Despite current self-funders not having had to pay a set-up fee it was felt that it would be unreasonable to increase the cost of the weekly fee to cover work that had taken place in the past and unfair to include a one-off cost in an annual fee.</p>
Introduce a fee for changing provider	<p>The review of other councils showed some had introduced a fee for changing provider. Changing a provider adds additional work and costs in making changes to care and support arrangements.</p> <p>This option was considered as part of the review, but due to the complexities in applying this fee, it was agreed not to progress this further.</p>
Do nothing	<p>Due to the significant financial challenge being faced by KCC, we need to ensure we make the best use of our resources. By introducing the proposed initial set-up fee, we will cover the costs associated with supporting new self-funders. If we continue to not fully cover these costs, then other options will need to be considered.</p>

- 4.2 Following consultation, we have identified that **older people are mostly impacted**. The consultation did not suggest any further options for consideration and no other mitigations have been identified.

5. Financial Implications

- 5.1 The latest budget monitoring presented to Cabinet on 21 March 2024 shows £30m budget gap for 2023/2024, of which £31.3m relates to the Adult Social Care and Health Directorate before management action and one-off use of reserves are considered. Members have agreed the immediate actions needed to reduce spending in the short term and have set the course for getting the council back to financial sustainability, securing the services that residents in Kent need the most.

- 5.2 Forecast spending growth in the 2024/2025 budget approved by full Council is £209.6m (excluding externally funded). The net change to the budget is £113.9m (matched by funding increases through government grants, council tax, etc), leaving £95.7m savings and reserves to balance the budget.
- 5.3 Of the above, the spending growth in Adult Social Care (including the services for 18-25 year olds) 2024/2025 is £115.8m as stated in the 2024/2025 budget. The net change to the budget is £61.7m (matched by funding increases through government grants, council tax, etc), leaving £54.1m in savings/additional income which needs to be found, of which this proposal is included within.
- 5.4 The proposed one-off set-up fee would be for all new self-funders only. In 2023 there were 400 new self-funders. Based on this figure (400 new self-funders), it has been estimated that the proposed change, introducing an arrangement fee of £352, could raise approximately £140,800 a year.
- 5.5 The review of the Arrangement Fee is to ensure it reflects the current activity levels, time and staff grade involved in arranging care and support, and therefore ensuring the council is able to cover all the costs involved, thus contributing to the ability to protect front line services.
- 5.6 There is increasing demand for care and support services and financial pressures on the council to manage public funds. To make sure that services are available to those that need them, the council must make the very best use of the resources it holds and consider every option to bring in more income.

6. Legal implications

- 6.1 If the person has more than £23,250 in savings and other capital (not including the value of their main or only home) they must pay the full cost of their care and support. Self-funders can choose to arrange their care themselves or ask the council to do it on their behalf.
- 6.2 Where KCC makes arrangements for self-funders' care, the [Care Act 2014](#) enables us to charge an "Arrangement Fee". This only applies to non-residential care and support and only for certain categories of people who would pay the full cost of their care and support. KCC currently charges self-funders an annual Arrangement Fee (paid weekly).
- 6.3 The Department of Health and Social Care (DHSC) gives all councils statutory guidance on how to work out the amount people may have to pay towards their social care services and how much they should be left with for living expenses. This is called the Care and Support Statutory Guidance which was issued with the Care Act. All councils must also comply with the primary legislation (Care and Support (Charging Assessment Resource) Regulations 2014). How much people pay towards their care is determined through a means tested financial assessment.

7. Equalities implications

- 7.1 An initial Equality Impact Assessment (EqIA) was published alongside the consultation document on Let's talk Kent. This has since been updated to reflect the views of consultees and other stakeholders from the consultation. This is a live document and will continue to be reviewed and updated. The EqIA is attached as Appendix B.
- 7.2 Age, disability, sex, race and carer's responsibilities have been identified as having potential for negative impact if we were to implement the proposed change.
- 7.3 The EqIA has identified that the highest proportion of self-funders currently paying the Arrangement Fee are older people aged 61 to 101 and females.
- 7.4 There are specific health, economic and ethnic inequalities that need to be considered in terms of the impact of raising charges for social care.
- 7.5 Some people may not want to pay the proposed Self-Funding Assessment Set up Fee and may choose to put their own arrangements in place. This may not be of the same quality of care organised by the council. Alternatively, those impacted may decide not to access the right levels of care and support or may decide to not access care and support at all. As a result, any Carer may be required to provide more unpaid care, thereby affecting their economic, social and emotional wellbeing. This might also result in an increased need for support from other KCC services.
- 7.6 The proposed changes could increase self-neglect and/or safeguarding as some people may choose to reduce or refuse care and support due to the increased cost. Some may decide to reduce or end their service resulting in their needs potentially not being met. There is limited evidence to suggest that this could happen, and this was not reflected through feedback during the consultation.
- 7.7 There is also the potential impact on wellbeing as some people may choose to not access care and support due to the Arrangement Fee which could have an impact negatively on the persons mental health due to increased isolation, their ability to maintain personal relationships and participation in leisure activities, and contribution to society. As wellbeing is individualistic this would need to be determined for each person. Older people are especially vulnerable to loneliness and social isolation – and it can have a serious effect on health.
- 7.8 The Equality Impact Assessment (appendix B) sets out how the above impacts have been considered and taken into account alongside any mitigations to reduce the impact.

7.9 During the Consultation the following points relating to age were shared:

“You cannot categorise people they are all different. We all come from different backgrounds and are a very diverse mix of people. Each individual should be considered on their own merits. I have recently turned 70, so I am concerned about these issues and how they will affect my future.”

“These changes are going to disproportionately impact on elderly and frail people at a time when they most need care and help. How then can you produce a fair and objective equality assessment impact. It is discriminatory against the elderly and as such undervalues their previous lives and contributions to society. This is a poor reflection both nationally and regionally. There has to be a better way to sort out shortfalls in resources than penalising older people.”

8. Consultation

- 8.1 KCC undertook a public consultation from 6 February to 7 April 2024. The consultation was hosted on KCC's [Let's talk Kent](#) website, with hard copies and support available for those who could not participate online.
- 8.2 Letters were sent to those who are currently self-funders to seek their views, but the nature of this proposal is that it will impact new self-funders and not existing. The letters contained a telephone number and email address to contact with any queries relating to the consultation or if the person was unable to access the information online and needed any support to take part. Contact details were also available on the website and all consultation material.
- 8.3 Easy read and large print versions of the consultation document and questionnaire were available at the outset, alongside a British Sign Language translation of the webpage. Posters to promote the consultation (displayed in libraries and gateways) gave information on how to request paper copies and support if people could not go online. Social care providers and staff were briefed and asked to support people in taking part in the consultation. People phoning for support were also given the option for staff to complete the online questionnaire over the phone for them if required. A Word version of the questionnaire was also available from the consultation webpage for those who did not want to complete the online version. For a full list of promotional activities undertaken please refer to the consultation report, appendix A..
- 8.4 In advance of the consultation, meetings were held with the People's Panel, whose members include people from the Older Peoples' Forums, Mental Health User Voice and the Kent Physical Disability Forum as well as Healthwatch Kent volunteers, to discuss the proposals and review the consultation material.
- 8.5 During the consultation constant monitoring took place to try to ensure that responses were being received across all response types including ethnic and faith groups. Where needed targeted communications were sent to encourage more responses. This targeting included reaching out to community groups and paid social media activities.

8.6 43 responses were received, with the below breakdown showing the extent to which they agree or disagree with the proposal.

How much do you agree or disagree with the proposal to introduce a new Self-Funding Arrangement Set up Fee for new self-funders?	No. of responses	% of responses
Strongly agree	5	12%
Tend to agree	16	37%
Neither agree nor disagree	2	5%
Tend to disagree	2	5%
Strongly disagree	18	42%
Don't know	0	0%
Total number of responses	43	

8.7 Following analysis of the feedback the main themes from the open questions were that some people felt it was fair and reasonable and others disagreed with the proposal.

8.8 Six themes were identified within the feedback. The below breakdown shows the number of responses for each theme. Some responses mentioned more than one theme, so the total number of responses is higher than the total number of questionnaires completed.

If you have any comments on our proposal, please share these with us below:	No. of responses	% of responses
Theme		
People said that the proposal was fair and reasonable	10	40%
People disagreed with the proposal	8	32%
Implementation of the proposal will have a negative impact on people's wellbeing	3	12%
Implementation of the proposal will have a negative financial impact on people	2	8%
KCC should provide further information about the proposal to new self-funders at the time of arranging care	1	4%
People thought the proposal was discriminatory	1	4%

8.9 The consultation report includes example quotes from consultee's responses.

9. Data Protection Implications

9.1 A full Data Protection Impact Assessment was carried out and signed off by the Information Governance Lead and the Corporate Director Adult Social Care and Health

10. Other corporate implications

10.1 Feedback from the consultation was shared with the KCC Strategic Reset Programme 18 April 2024.

11. Conclusions

11.1 The introduction of the Arrangement Fee reflects the current activity levels, time and staff grade involved in arranging care and support. This ensures that the council is able to cover all the costs involved, thus contributing to the ability to protect front line services.

11.2 The proposal to introduce an Arrangement Fee of £352 is estimated to raise an additional £140,800 a year if agreed. If this proposal is not implemented, then alternative savings/income would need to be achieved in other areas in KCC services.

12. Recommendations

12.1 Recommendation(s): The Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Health on the proposed decision to:

- a) **APPROVE** the changes to the Adult Social Care Charging Policy; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to revise the Adult Social Care Charging Policy and to take relevant actions, including keeping the policy updated as necessary, to implement the decision.

13. Background Documents

None

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for
Adult Social Care and Public Health

DECISION NO:

24/00048

For publication

Key decision: YES

Title of Decision Adult Social Care Charging Policy - Self-Funding Arrangement Fee

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:

- a) **APPROVE** the changes to the Adult Social Care Charging Policy ;and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to revise the Adult Social Care Charging Policy and to take relevant actions, including keeping the policy updated as necessary, to implement the decision.

Reason(s) for decision:

Kent County Council (KCC) is proposing to introduce a one-off Self-Funding Arrangement Set up Fee for new self-funders. This fee would be in addition to the existing annual Arrangement Fee.

KCC provides adult social care services to approximately 16,394 residents aged over 18 years old (data taken January 2024). Approximately 15,806 of these people receive chargeable social care services, this includes providing services like residential care and support and care in a person's own home or in the community.

When people living in Kent need adult social care, as well as assessing their care needs, we also assess their income to decide how much they pay towards their care. This is known as means testing. Some people do not need to contribute towards their care, some pay a contribution, and there are people that pay for all of their care (these people are known as full payers).

If the person has more than £23,250 in savings and other capital (not including the value of their main or only home) they must pay the full cost of their care and support. Self-funders can choose to arrange their care themselves or ask the council to do it on their behalf.

Where KCC makes arrangements for self-funders' care the Care Act 2014 enables us to charge an "Arrangement Fee" to cover the cost to the council for doing this work. This only applies to non-residential care and support and only for certain categories of people who would pay the full cost of their care and support. KCC currently charges self-funders an annual Arrangement Fee (paid weekly).

Financial Implications .

The latest budget monitoring presented to Cabinet on 21 March 2024 shows £30m budget gap for 2023-24, of which £31.3m relates to the ASCH directorate before management action and one-off use of reserves are considered. Members have agreed the immediate actions needed to reduce spending in the short term and have set the course for getting the council back to financial sustainability, securing the services that residents in Kent need the most.

Forecast spending growth in the 2024/2025 budget approved by full Council is £209.6m (excluding externally funded). The net change to the budget is £113.9m (matched by funding increases through

government grants, council tax, etc), leaving £95.7m savings and reserves to balance the budget.

Of the above, the spending growth in Adult Social Care (including the services for 18-25 year olds) 2024/2025 is £115.8m as stated in the 2024/2025 budget. The net change to the budget is £61.7m (matched by funding increases through government grants, council tax, etc), leaving £54.1m in savings/additional income which needs to be found, of which this proposal is included within.

The proposed one-off set-up fee would be for all new self-funders only. In 2023 there were 400 new self-funders. Based on this figure (400 new self-funders), it has been estimated that the proposed change, introducing an arrangement fee of £352, could raise approximately £140,800 a year.

The review of the Arrangement Fee is to ensure it reflects the current activity levels, time and staff grade involved in arranging care and support, and therefore ensuring the council is able to cover all the costs involved, thus contributing to the ability to protect front line services.

There is increasing demand for care and support services and financial pressures on the council to manage public funds. To make sure that services are available to those that need them, the council must make the very best use of the resources it holds and consider every option to bring in more income

Legal Implications:

If the person has more than £23,250 in savings and other capital (not including the value of their main or only home) they must pay the full cost of their care and support. Self-funders can choose to arrange their care themselves or ask the council to do it on their behalf.

Where KCC makes arrangements for self-funders' care, the Care Act 2014 enables us to charge an "Arrangement Fee". This only applies to non-residential care and support and only for certain categories of people who would pay the full cost of their care and support. KCC currently charges self-funders an annual Arrangement Fee (paid weekly).

The Department of Health and Social Care (DHSC) gives all councils statutory guidance on how to work out the amount people may have to pay towards their social care services and how much they should be left with for living expenses. This is called the Care and Support Statutory Guidance⁶ which was issued with the Care Act. All councils must also comply with the primary legislation (Care and Support (Charging Assessment Resource) Regulations 2014). How much people pay towards their care is determined through a means tested financial assessment.

Equality Implications:

An initial Equality Impact Assessment (EqIA) was published alongside the consultation document on Let's talk Kent. This has since been updated to reflect the views of consultees and other stakeholders from the consultation. This is a live document and will continue to be reviewed and updated.

Age, disability, sex, race and carer's responsibilities have been identified as having potential for negative impact if we were to implement the proposed change. The EqIA has identified that the highest proportion of self-funders currently paying the Arrangement Fee are older people aged 61 to 101 and females.

There are specific health, economic and ethnic inequalities that need to be considered in terms of the impact of raising charges for social care. Some people may not want to pay the proposed Self-Funding Assessment Set up Fee and may choose to put their own arrangements in place. This may not be of the same quality of care organised by the council. Alternatively, those impacted may decide not to access the right levels of care and support or may decide to not access care and support at all. As a result, any Carer may be required to provide more unpaid care, thereby affecting their economic, social and emotional wellbeing. This might also result in an increased need for

support from other KCC services.

The proposed changes could increase self-neglect and/or safeguarding as some people may choose to reduce or refuse care and support due to the increased cost. Some may decide to reduce or end their service resulting in their needs potentially not being met. There is limited evidence to suggest that this could happen, and this was not reflected through feedback during the consultation.

There is also the potential impact on wellbeing as some people may choose to not access care and support due to the Arrangement Fee which could have an impact negatively on the persons mental health due to increased isolation, their ability to maintain personal relationships and participation in leisure activities, and contribution to society. As wellbeing is individualistic this would need to be determined for each person. Older people are especially vulnerable to loneliness and social isolation – and it can have a serious effect on health.

The Equality Impact Assessment sets out how the above impacts have been considered and taken into account alongside any mitigations to reduce the impact.

Data Protection Implications

A full Data Protection Impact Assessment was carried out and signed off by the Information Governance Lead and the Corporate Director Adult Social Care and Health

Cabinet Committee recommendations and other consultation:

KCC undertook a public consultation from 6 February to 7 April 2024. The consultation was hosted on KCC's [Let's talk Kent](#) website, with hard copies and support available for those who could not participate online.

The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 15 May 2024 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

Alternative/additional option considered	Why the option has not been taken forward to consultation
Increase the weekly Arrangement Fee only (no new initial set-up fee)	<p>The majority of the work is the initial set up of care and support arrangements by KCC, which is reflected in the proposed one-off set-up fee.</p> <p>Despite current self-funders not having had to pay a set-up fee it was felt that it would be unreasonable to increase the cost of the weekly fee to cover work that had taken place in the past and unfair to include a one-off cost in an annual fee.</p>
Introduce a fee for changing provider	<p>The review of other councils showed some had introduced a fee for changing provider. Changing a provider adds additional work and costs in making changes to care and support arrangements.</p> <p>This option was considered as part of the review, but due to the complexities in applying this fee, it was agreed not to progress this further.</p>
Do nothing	<p>Due to the significant financial challenge being faced by KCC, we need to ensure we make the best use of our resources. By introducing the proposed initial set-up fee, we will cover the costs associated with supporting new self-funders. If we continue to not</p>

	fully cover these costs, then other options will need to be considered.

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

.....
signed

.....
date

Self-Funding Arrangement Set up Fee Consultation Report

Consultation on proposed new Self-Funding Arrangement Set up Fee for all new Self-Funders.

Consultation dates: 6 February - 7 April 2024

www.kent.gov.uk/adultsocialcarecharging



Self-Funding Arrangement Set up Fee - Consultation Report

April 2024

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Executive summary

Kent County Council (KCC) have undertaken a public consultation to gain feedback on proposed changes to the policy for chargeable care and support services provided or arranged at home and in the community.

43 responses were received, with the below breakdown showing the extent to which they agree or disagree with the proposal.

How much do you agree or disagree with the proposal to introduce a new Self-Funding Arrangement Set up Fee for new self-funders?	No. of responses	% of responses
Strongly agree	5	12%
Tend to agree	16	37%
Neither agree nor disagree	2	5%
Tend to disagree	2	5%
Strongly disagree	18	42%
Don't know	0	0%
Total number of responses	43	

Following analysis of the feedback the main themes from the open questions were that some people felt it was fair and reasonable and others disagreed with the proposal.

Six themes were identified within the feedback. The below breakdown shows the number of responses for each theme. Some responses mentioned more than one theme, so the total number of responses is higher than the total number of questionnaires completed.

If you have any comments on our proposal, please share these with us below:	No. of responses	% of responses
Theme		
Fair and reasonable proposal	10	40%
Disagreed with the proposal	8	32%
Implementation of the proposal will have a negative impact on people's wellbeing	3	12%
Implementation of the proposal will have a negative financial impact on people	2	8%
KCC should provide further information about the proposal to new self-funders at the time of arranging care	1	4%
The proposal is discriminatory	1	4%

Example quotes from consultee's responses, including those on the Equality Impact Assessment (EqIA) have been included in section 3 of this document. Responses will be used to review and update the EqIA.

This report and the updated EqIA will be presented to KCC's Corporate Management Team's Strategic Rest Programme Board and then included in a report to the Adult Social Care Cabinet Committee on 15 May 2024. Following these meetings, a decision will be taken by the Cabinet Member for ASCH.

This report and the decision will be made available on the consultation webpage www.kent.gov.uk/adultsocialcarecharging.

1. Introduction

From the 6 February to 7 April 2024, Kent County Council (KCC) consulted on a proposal to introduce a new Self-Funding Arrangement Set up Fee for all new self-funders who would like KCC to negotiate, arrange and manage care and support services with care providers on their behalf. This one-off set-up fee would be in addition to the existing annual Arrangement Fee paid by all self-funders.

KCC provides adult social care services to approximately 16,394 residents aged over 18 years old. Approximately 15,806 of these people receive chargeable social care services, this includes providing services like residential care and support and care in a person's own home or in the community.

When people living in Kent need adult social care, as well as assessing their care needs, we also assess their income to decide how much they pay towards their care. This is known as means testing. Some people don't pay anything, and the council picks up all of the cost, some people pay a contribution, and some people pay for all of their care (these people are known as self-funders).

If the person has more than £23,250 in savings and other capital (not including the value of their main or only home) they must pay the full cost of their care and support. Self-funders can choose to arrange their care themselves or ask the council to do it on their behalf.

Where KCC makes arrangements for self-funders' care the Care Act 2014 enables us to charge an "Arrangement Fee". This only applies to non-residential care and support and only for certain categories of people who would pay the full cost of their care and support. KCC currently charges self-funders an annual Arrangement Fee (paid weekly).

KCC sets out what and how people need to pay in [Charges for care and support](#).¹

More information on the proposal, other options explored and why we are proposing to make these changes can be found in the Consultation Document, which is available from the consultation webpage www.kent.gov.uk/adultsocialcarecharging.

This document presents the analysis of the responses to the public consultation and next steps.

2. Consultation process

Preparation for public consultation

The following activities and documentation were developed to deliver and support the consultation:

- Stakeholder analysis, including undertaking an Equality Impact Assessment on the proposal.
- Preparation of consultation and communication material, including Consultation Document, questionnaire, poster and social media content.
- Presentation and discussion with KCC's People's Panel (members include people from the Older Peoples' Forums, Mental Health User Voice and the Kent Physical Disability Forum as well as Healthwatch Kent volunteers) to gather feedback on the proposal and consultation process.
- Formal meetings and updates at boards and committees to ensure input by the appropriate professionals.
- Briefing notes for all KCC members and all Kent MPs
- Written briefing for all care in the community providers with some online briefing sessions.

¹ www.kent.gov.uk/social-care-and-health/adult-social-care-paying-for-care/charges-for-care-and-support

Promoting the consultation

The public consultation was promoted in the following ways:

- Letter to current self-funders.
- Direct emails to our stakeholder contact databases including contacts from health organisations, care sector, voluntary sector and community organisations, registered users of KCC's engagement website 'Let's talk Kent' who have requested to be kept informed of Adult Social Care activity, and our Adult Social Care Your Voice network members.
- Organic and paid for social media Facebook, X and Nextdoor.
- Staff communications and provider communications via our bulletins, intranet, newsletters, updates and staff groups.
- Media release distributed to media outlets and uploaded to the Kent Media Hub website: <https://news.kent.gov.uk/articles/call-for-views-on-future-care-charging>.
- Article in KCC's residents' e-newsletter and Kent Association of Local Council (KALC) newsletter.
- Posters in KCC libraries and gateways.
- Digital adverts and content on websites including Kent.gov.uk homepage and multiple Adult Social Care webpages and Connect to Support website.
- Briefing for all KCC Members and Kent MPs.
- Briefing to Kent Community Wardens to enable them to raise awareness with the people and groups they engage with and provide support to participate as required.
- Targeted communication and engagement with community and disability groups and forums, including KCC's staff Level Playing Field staff group.

Making the consultation accessible

The consultation was hosted on KCC's engagement website Let's talk Kent. To help make sure the consultation was accessible the following was undertaken:

- All consultation material included details of how people could contact KCC to ask a question, request hard copies or alternative format.
- A Word version of the questionnaire was provided on the consultation webpage or on request for people who did not wish to complete the online version. Responses made by letter / email / telephone were also accepted.
- Easy Read and large print versions of the consultation material were available from the consultation webpage and on request.
- Providers were briefed to provide help to the individuals they support to participate in the consultation.
- The webpage was translated into British Sign Language.
- The letters sent to people who received care contained a telephone number and email address to contact with any queries relating to the consultation.
- The webpage and all documentation met digital accessibility requirements.

Engagement with the webpage

A summary of the engagement with the consultation webpage and material can be found in the table below.

Engagement type	Total
Total visits to the webpage	1,046
Unique visitors to webpage	899
Document downloads	287
Questionnaire completions	43
Telephone calls received	16
Hard copies provided	4
Emails received	4
FAQ views	17
BSL video views	2

Organic posts via Facebook had a reach of 38,693 and there were 210,155 impressions on X (Twitter) and Nextdoor. Reach refers to the number of people who saw a post at least once and impressions are the number of times the post is displayed on someone's screen. The posts generated 928 clicks through to the consultation webpage. (Not all social media platforms report the same statistics).

Paid Facebook adverts had a reach of 87,304 and there were 335,960 impressions, which generated 3,107 clicks through to the consultation webpage.

3. Consultation responses

43 consultees took part in this consultation. All of them completed the online questionnaire from the consultation webpage.

Points to note

Consultees were given the choice of which questions they wanted to answer or provide comments on. Also, some of the questions were only asked to certain consultees depending on their answers to previous questions. Therefore, the number of consultees responding to each question may differ. The number of consultees providing an answer is shown in each table featured in this report. The sum of percentages for each table in the report may not add up to 100% due to rounding.

Respondents

The first question asked consultees to select from a list the option that best described how they were responding to the consultation.

Q1. Are you responding as ...?	No. of responses	% of responses
A member of the public	17	40%
A person supported by adult social care or on behalf of a person supported by adult social care services	8	19%
A friend or relative of someone that uses adult social care services	5	12%

A carer for a friend or relative that uses adult social care services	4	10%
Other	4	10%
Health or social care professional	3	7%
On behalf of organisation	1	2%
Total number of responses	42	

Responses were received from all respondent types included on the questionnaire. With the largest categories being a member of the public 17 (40%), a person supported by adult social care or on behalf of a person supported by adult social care services 8 (19%), or a relative, friend or carer of someone who uses adult social care services 5 (12%).

Respondents who selected that they were responding as a person supported by adult social care or on behalf of a person supported by adult social care services, a carer for a friend or relative or a friend or relative of someone that uses adult social care services were asked some follow up questions.

Do you, or the person you know supported by adult social care services, currently receive care provided by KCC in ...?	No. of responses	% of responses
Your own home	13	76%
In the community	3	18%
In a care home (as a resident)	1	6%
Don't know	0	0%
Total number of responses	17	

The proposed change would impact future self-funders/service users or potentially those who leave the service and come back again at a later date. Only 17 respondents currently receive care provided by KCC. Of those that do, 16 (94%) shared that they or the person they represent currently receive care in a setting that could be impacted by this consultation (e.g. own home or in the community).

Respondents who stated that they or the person they know currently receive care provided by KCC in their own home or in the community were asked if they pay a contribution/charge.

Do you or the person you know pay a contribution/charge adult social care services that you receive in your/their own home or in the community?	No. of responses	% of responses
Yes	9	56%
No	5	31%
Don't know	2	13%
Total number of responses	16	

Nine respondents or the people they represent pay towards their own care. Respondents who selected 'Yes' were then asked if they are the person they know is a self-funder.

Are you or the person you know a self-funder? A self-funder is a person who must pay the full cost of their care because they have over £23,250 in savings and capital or the person's share of joint capital is over £23,250.	No. of responses	% of responses
Yes	6	60%

No	3	30%
Don't know	1	1%
Total number of responses	10	

Of the 10 respondents that responded to this question 6 (60%) were a self-funder. Respondents who selected 'Yes' were then asked how their or the person they know care and support is arranged and managed with care providers.

How is your or the person you know care and support arranged and managed with care providers?	No. of responses	% of responses
KCC arranges it on my/their behalf	6	100%
I/they arrange it directly with a care provider	0	0%
A friend or relative arranges it directly with a care provider on my/their behalf	0	0%
Other arrangement	0	0%
Don't know	0	0%
Total number of responses	6	

All of the respondents to this question have their care arranged by KCC.

All consultees were asked how they found out about the consultation. They could select all options that applied. All 43 consultees responded to this question.

How did you find out about this consultation?	No. of responses	% of responses
An email from Let's talk Kent or KCC's Engagement and Consultation team	17	39%
Social Media (Facebook, Nextdoor or X (Twitter))	8	18%
An email from adultsocialcarecharging@kent.gov.uk	6	14%
Letter	5	11%
From a friend or relative	3	7%
Kent.gov.uk website	2	5%
From a member of KCC adult social care staff	1	2%
From my Parish / Town / Borough / District Council	1	2%
Saw a poster	1	2%
Other	0	0%
Total number of responses	44	

The above table shows that highest number of responses 17 (39%) were in direct reply to an email received from the Let's talk Kent website.

Towards the end of the questionnaire consultees were given the opportunity to answer some additional demographic questions. It was not necessary to answer these questions if they were responding on behalf of an organisation. 25 of consultees agreed to answer these questions, and the responses have been included in Appendix 1.

Consultation responses to our proposal

The questionnaire provided a summary of the proposals and a link to the Consultation Document for more information. Consultees were asked if they agreed or disagreed with the proposal.

How much do you agree or disagree with the proposal to introduce a new Self-Funding Arrangement Set up Fee for new self-funders?	No. of responses	% of responses
Strongly agree	5	12%
Tend to agree	16	37%
Neither agree nor disagree	2	5%
Tend to disagree	2	5%
Strongly disagree	18	42%
Total number of responses	43	

21 (49%) of consultees indicated that they tend to agree or strongly agree with proposal and 20 (47%) tend to disagree or strongly disagree. The highest response was strongly disagree with 18 responses (42%) followed by tend to agree with 16 responses (37%).

Consultees were then given the opportunity to provide open feedback on the proposal. These comments have been grouped into themes, as shown in the table below. Individual comments may have included more than one theme so the number of responses will be more than 43.

If you have any comments on our proposal, please share these with us below:	No. of responses	% of responses
Theme		
Fair and reasonable proposal	10	40%
Disagreed with the proposal	8	32%
Implementation of the proposal will have a negative impact on people's wellbeing	3	12%
Implementation of the proposal will have a negative financial impact on people	2	8%
KCC should provide further information about the fees to new self-funders at the time of arranging care	1	4%
The proposal is discriminatory	1	4%

The main themes from responses were that the proposal was fair and reasonable, with 10 mentions (40%) and disagreement with the proposal, with eight mentions (32%).

Several quotes from people's responses have been included below to illustrate the themes that have been raised. Please note that the quotes are in people's own words and have not been edited.

Example quotes
<p>Theme: Fair and reasonable proposal</p> <p>"I believe that it is fair to ask for payment for work carried out to find the best level of care. The staff at KCC will be best placed and have the local knowledge and connections to find the care needed and this will take time and resources.</p> <p>In the private sector, this service would be chargeable, and people are generally happy to pay for it. The system is complex and most people I meet would be happy to pay a small fee to have professional assistance at a stressful time in their life. It also allows family</p>

members to step back and not undertake the task of research and comparisons. (Other, Accredited member of the Society of Later Life Advisers)

“Ideally there will be no charge for setting up the arrangements, but in the current financial situation I feel you have no other option than to charge a fee to reduce the deficit.” (A member of the public)

“It is good that those who already have existing care in place will not be affected by the new proposals and it also gives those of us not at that stage a chance to prepare.” (A friend or relative of someone that uses adult social care services)

Theme: Disagreed with the proposal

“It is beyond reprehensible to charge "self-funders" ANY set-up or annual admin fee. They will have to cover all the costs of their care themselves, based on a ridiculously low assets threshold, based on a cautious lifestyle budget which enabled them to accumulate some savings despite iniquitously high rates and taxes.” (A member of the public)

“It is a complex area in which most people whether carers or patients will require assistance. If this is not a role covered by council tax and central taxation then stop charging any tax.” (A carer for a friend or relative that uses adult social care services)

“As Care in the Community and Adult Social Services have been a disaster for decades and there is a shortage of carers in the community, how can KCC arrange anything at all.” (A member of the public)

Theme: Implementation of the proposal will have a negative impact on people's wellbeing

“As safeguarding manager I see more cases coming forward where the cared for is or would be self-funding. Relatives panic about the costs vs cost of living increases, though some just don't understand the process and are scared by the awful news stories others are more concerned about their inheritance. Regardless of motive it puts the cared for at greater risk. I agree that better help to get the person care is needed, I even agree it could be paid for, but I am very worried that the most vulnerable people in our community would be at enhanced risk.” (A health or social care professional)

Themes: Implementation of the proposal will have a negative financial impact on people and Implementation of the proposal will have a negative impact on people's wellbeing

“People (myself) included are paying top up on top of housing benefit of 400 a month so I don't have any money spare and cost of fuel is astronomic that were always in arrears. People are already struggling with life this is going to hit disabled people and their family's to struggle more.” (A person supported by adult social care services, or on behalf of a person supported by adult social care services)

Theme: People thought the proposal was discriminatory

“This will be discriminatory to self-funders, some of which will have no choice but to pay the fee if they have nobody to assist them and cannot do it for themselves “ (Other, Former employee of KCC, adult social care, and former service user)

Consultees were given the opportunity to make comments on the alternative options we considered or provide alternative options for us to consider. These have been grouped into themes in the table below. Some consultees took the opportunity to reiterate the feedback they provided to the previous question.

Do you have any comments on the alternative options we considered or any other options that you would like us to consider? Please tell us below:	No. of responses	% of responses
Theme		
Disagree / do nothing	7	41%
Agree / go ahead with the proposal	5	29%
Means test people applying to see if they can afford the charge	3	18%
Information advice and guidance required	1	6%
Fee should be paid for by monies already raised by taxation	1	6%

A clear theme rising from the suggestions was that KCC should do nothing, with 7(41%) responses showing this theme.

Example quotes from consultees’ responses have been included below to illustrate the themes that have been raised. Please note that the quotes are in people’s own words and have not been edited.

Example quotes
<p>Theme: Disagree / do nothing “16 pages to read about this consultation, I gave up trying to understand it. I have no family in this country, live alone and am now 80 years old. I made provisions for care by saving all my life, now astronomical rent is eating into those savings. I can just about manage now and hope I peg out before I need care.” (A member of the public)</p>
<p>“Increasing weekly Arrangement fee is unfair to users - and should not be increased for work done originally. Usually users change providers for a very good reason - which maybe dissatisfaction for a present situation - unfair to charge people for this -they have already originally been assessed, KCC should be providing good care for the elderly and frail when they need and yes they do need to make best use of their resources but not at the expense of seniors citizens who have contributed throughout their lives by working hard and raising families. Most voluntary work and a good proportion of Childcare is performed by pensioners who are still fit and active. It is unreasonable to then expect them to pay extortionate amounts for the arrangement of their care.” (On behalf of an organisation, providing the official response)</p>
<p>“The alternative options are as incredible as the original proposal. All the activities required to arrange a care package or plan for a "self-funder" are the same as for those who do not contribute to their care costs; the processes are already established and existing supply contracts can easily (means "no cost") be extended to accommodate new self-funder users. An additional fee is inappropriate, unnecessary and unfair.” (A member of the public)</p>
<p>Themes: Agree / go ahead with the proposal and Information advice and guidance required</p>

“I think there will always be people who think they are being treated unfairly but it is a fact of life that we have to pay for more and more whether we like it or not. The important thing is having the right information beforehand.” (A friend or relative of someone that uses adult social care services)

“I would agree that this seems to be the best alternative as it levies the charge at the time the additional costs are incurred.” (Other, Accredited member of the Society of Later Life Advisers)

“I am pleased to note that you are not charging a fee for change of provider, as the change may have been necessitated by poor service provision, lack of continuity of visiting carers.” (A member of the public)

Theme: Means test people applying to see if they can afford the charge

“Obviously you have service users that require a lot of help, so may I suggest a three-tier system, Those with the less then £23.5k require greater scrutiny and probably can't afford the £352 fee anyway. Those service users that are well funded currently receive excessive scrutiny and you could simply identify them as being exempt from scrutiny by filling out a questionnaire asking if their funds are in one of three brackets (1) less than 23.5K (2) between 23.5K and £47k (3) in excess of £47k, Those in Bracket 2 & 3 require minimal intervention you let them self-fund but contact for a review in 1 (for the sub £47k) and in 2 years for the over £47k, or whenever you project their funds would dip below the £23.5k level.” (A carer for a friend or relative that uses adult social care services)

Theme: Fee should be paid for by monies already raised by taxation

“Should be paid for by monies already raised by taxation” (A carer for a friend or relative that uses adult social care services)

Equality analysis

To help ensure that we are meeting our obligations under the Equality Act 2010 an Equality Impact Assessment (EqIA) for the proposal was produced. A summary of the impacts identified in the EqIA were included in the Consultation Document and the full EqIA was available to read from the consultation webpage. Consultees were asked to provide their views on the equality analysis. Eight consultees provided a response to this question.

These have been grouped into themes in the table below.

We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity, please add any comments below.	No. of responses	% of responses
Theme		
Disagree with EqIA process	3	38%
Agree with impacts identified in the EqIA	3	38%
Treat people equally and without discrimination	2	25%

The below table includes quotes related to the EqIA. Please note that the quotes are in people's own words and have not been edited.

Example quotes
<p>Theme: Disagree with EqIA process</p> <p>“The EqIA is largely a waste of time and energy. Real equality demands that we all benefit to the same degree, at the same cost and commensurate with the level of contribution to society. The current system encourages entitlement without responsibility which profits the idle and punishes the level-headed and self-reliant.” (A member of the public)</p>
<p>“You cannot categorise people they are all different. We all come from different backgrounds and are a very diverse mix of people. Each individual should be considered on their own merits. I have recently turned 70, so I am concerned about these issues and how they will effect my future.” (A member of the public)</p>
<p>Theme: Agree with EqIA assumptions</p> <p>“It is what it is. I am pleased to see that consideration has been given to others beyond the usual ones covered by the protected characteristics. It draws attention to the fact that self-funders who opt to find their own carers may not get the same quality of care as could be provided by KCC source providers.” (A member of the public)</p>
<p>“I think all considerations have been taken into account. There doesn't seem to be much that can be done to change the statistics.” (Other, Accredited member of the Society of Later Life Advisers)</p>
<p>Theme: Treat people equally and without discrimination</p> <p>“A bit of a word salad, frankly. And no mention of neurodivergence that I can see.” (A member of the public)</p>

Feedback from the consultation will be used to review and further inform the EqIA.

4. Next steps

This report and the updated EqIA will be presented to KCC's Corporate Management Team's Strategic Rest Programme Board and then included in a report to the Adult Social Care Cabinet Committee on 15 May 2024. Following these meetings, a decision will be taken by the Cabinet Member for ASCH.

This report and the decision will be made available on the consultation webpage www.kent.gov.uk/adultsocialcarecharging and an email will be sent to all of those who responded and asked to be kept informed via Let's talk Kent.

5. Appendix 1 Demographic data from 'About You' equality monitoring questions

The below tables show the demographics of the respondents. 25 respondents agreed to answer these questions. These questions were not mandatory so volumes may differ. Only the response options selected by consultees have been included in the tables. The full list of response options for each question can be found in the Word version of the questionnaire, which is available in Appendix 2.

Please tell us the first 5 characters of your postcode:	No. of responses	% of responses
CT	10	48%
ME	8	38%
TN	3	14%
Total number of responses	21	

Are you...?	No. of responses	% of responses
Female	14	56%
Male	11	44%
Total number of responses	25	

Is your gender the same as your birth?	No. of responses	% of responses
Yes	25	100%
No	0	0%
Total number of responses	25	

Which of these age groups applies to you?	No. of responses	% of responses
25-34	1	4%
35-49	2	8%
50-59	8	33%
60-64	1	4%
65-74	7	29%
75-84	5	21%
Total number of responses	24	

Do you regard yourself as belonging to a particular religion or holding a belief?	No. of responses	% of responses
Yes	12	50%
No	9	38%
I prefer not to say	3	13%
Total number of responses	24	

Which of the following applies to you?	No. of responses	% of responses
Christian	9	75%
Other	2	17%
I prefer not to say	1	8%
Total number of responses	12	

Do you consider yourself to be disabled as set out in the Equality Act 2010?	No. of responses	% of responses
Yes	12	48%
No	12	48%
I prefer not to say	1	4%
Total number of responses	24	

Please tell us the type of impairment that applies to you? You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.	No. of responses	% of responses
Physical impairment	10	36%
Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy	8	29%
Sensory impairment (hearing, sight or both)	4	14%
Mental health condition	3	11%
Other	2	7%
Learning disability	1	4%
Total number of responses	28	

Are you a Carer?	No. of responses	% of responses
Yes	15	60%
No	10	40%
Total number of responses	25	

Are you ...?	No. of responses	% of responses
Heterosexual/Straight	22	92%
Bi/Bisexual	1	4%
I prefer not to say	1	4%
Total number of responses	24	

To which of these ethnic groups do you feel you belong?	No. of responses	% of responses
White English	20	80%
Other	3	12%
White Scottish	1	4%
I prefer not to say	1	4%
Total number of responses	25	

6. Appendix 2 – Word version of consultation questionnaire

Included below is a full copy of the questionnaire.

Consultation Questionnaire

Kent County Council (KCC) is seeking your views on our proposal to introduce a Self-Funding Arrangement Set up Fee for new self-funders for adult social care services provided in a person's own home or in the community.

The consultation runs from 6 February to midnight on 7 April 2024.

We recommend that you read the Consultation Document before filling in this questionnaire. All consultation material is available on our website at: www.kent.gov.uk/adultsocialcarecharging

A printed copy of the questionnaire along with a freepost envelope can be provided on request and sent by post to:

Self-Funding Arrangement Set up Fee Consultation
Adult Social Care & Health
Kent County Council
Invicta House
Sandling Road
Maidstone ME14 1XX

If you have any queries, please contact 03000 422 557 (Monday to Friday, 9am to 5pm) or email adultsocialcarecharging@kent.gov.uk.

Alternative formats: If you require any of the consultation material in an alternative format or language, please email: alternativeformats@kent.gov.uk or call: 03000 42 15 53 (text relay service number: 18001 03000 42 15 53). This number goes to an answering machine, which is monitored during office hours.

Privacy: Kent County Council (KCC) collects and processes personal information in order to provide a range of public services. KCC respects the privacy of individuals and endeavours to ensure personal information is collected fairly, lawfully, and in compliance with the United Kingdom General Data Protection Regulation and Data Protection Act 2018. The full Privacy Notice is available at the end of this document.

Please ensure your response reaches us by midnight on Sunday 7 April 2024.

Section 1 – About You

If you are helping someone to respond because they cannot fill in the questionnaire themselves, please make sure your answers are about them and their details. If you also want to give your views, please fill in a separate questionnaire and include your details in that questionnaire.

Q1. Are you responding as...?

Please select the option from the list below that best represents how you are responding to this consultation.

Please select **one** option.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A. A person supported by adult social care services, or on behalf of a person supported by adult social care services |
| <input type="checkbox"/> | B. A carer for a friend or relative that uses adult social care services |
| <input type="checkbox"/> | C. A friend or relative of someone that uses adult social care services |
| <input type="checkbox"/> | D. A member of the public |
| <input type="checkbox"/> | E. A health or social care professional |
| <input type="checkbox"/> | F. On behalf of an organisation, providing the official response |
| <input type="checkbox"/> | G. Other |

If you are responding on behalf of an organisation, please give the name:

If you selected 'Other', please tell us how you are responding:

If you have answered Question 1 with options A, B or C, please go to the next question.

If you answered with options D, E, F or G please go to Question 6.

Q2. Do you or the person you know supported by adult social care services currently receive care provided by KCC in ...?

Please select **one** option.

- | | |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | A. Your own home |
| <input type="checkbox"/> | B. In the community |
| <input type="checkbox"/> | C. In a care home (as a resident) |
| <input type="checkbox"/> | D. Don't know |

If you answered Question 2 with options A or B, please go to the next question.

If you answered with option C, please go to Question 4

If you answered with option D, please go to question 6.

Q3. Do you or the person you know pay a contribution/charge for the adult social care services that you receive in your/their own home or in the community?

*Please select **one** option.*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

A. Yes

B. No

C. Don't know

If you answered Question 3 with options A, please go to the next question.

If you answered with options B or C, please go to Question 6.

Q4. Are you or the person you know a self-funder?

A self-funder is a person who must pay the full cost of their care because they have over £23,250 in savings and capital or the person's share of joint capital is over £23,250.

*Please select **one** option.*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

A. Yes

B. No

C. Don't know

If you answered Question 4 with option A, please go to the next question.

If you answered with options B or C, please go to question 6.

Q5. How is your or the person you know care and support arranged and managed with care providers?

Please select **one** option.

- KCC arranges it on my/their behalf
- I/they arrange it directly with a care provider
- A friend or relative arranges it directly with a care provider on my/their behalf
- Other arrangement
- Don't know

If you selected 'Other arrangement', please tell us briefly what this arrangement is:

Q6. How did you find out about this consultation?

Please select **all** that apply

- An email from adultsocialcarecharging@kent.gov.uk
- An email from Let's talk Kent or KCC's Engagement and Consultation team
- From a friend or relative
- From a member of KCC adult social care staff
- From my Parish / Town / Borough / District Council
- Kent.gov.uk website
- Newspaper
- Saw a poster
- Social Media (Facebook, Nextdoor or X (Twitter))
- Other, please tell us how you found out about this consultation:

Section 2 – Our Proposal

As a council, we are facing a large increase in the cost of providing services and ever-increasing demand for services and need to find ways to make our services sustainable.

Spending growth in 2024-25 is £184.5m as stated in the updated draft 2024-25 budget. The net change to the budget is £100m (matched by funding increases through government grants, council tax, etc), leaving £84.5m gap in funding. Therefore, we are looking very closely across the whole council to close this gap through income, savings and use of reserves. One possibility is to make changes to the Adult Social Care Charging Policy.

We are proposing to introduce a new Self-Funding Arrangement Set up Fee for all new self-funders (people who have over the £23,250 capital threshold) who would like KCC to negotiate, arrange and manage their care and support services with care providers on their behalf.

It is proposed that the new fee would be £352.00. This would be a one-off fee and would not be charged to existing self-funders supported by KCC.

This one-off set-up fee would be in addition to the existing annual Arrangement Fee paid by all self-funders. From April 2024 this will be £161.70 (£3.10 paid weekly).

The proposed new Self-Funding Arrangement Set up Fee is to cover KCC's administration costs when arranging non-residential care on behalf of someone who self-funds when the council acts as a conduit between the self-funder and the care providers. The Care Act 2014 enables councils to charge fees to cover costs incurred in arranging and managing non-residential care and support for self-funders. Councils must not charge for the needs assessment or the preparation of a care and support plan. This charge is in addition to the cost of the individual's care and support.

All new self-funders will be able to decide if they wish to pay the new Self-Funding Arrangement Set up Fee or to make their own arrangements for care and support that do not involve the council, meaning that the fee would not be required. This could include arranging care and support directly with a care provider or asking a relative or friend to do this on their behalf.

The proposal is explained in full, from page 7 of the Consultation Document.

There are many other councils who already charge a fee for these services and page 8 of the Consultation Document provides more information.

Q7. How much do you agree or disagree with the proposal to introduce a new Self-Funding Arrangement Set up Fee for new self-funders?

*Please select **one** option.*

<input type="checkbox"/>	Strongly agree
<input type="checkbox"/>	Tend to agree
<input type="checkbox"/>	Neither agree nor disagree
<input type="checkbox"/>	Tend to disagree
<input type="checkbox"/>	Strongly disagree
<input type="checkbox"/>	Don't know

Q7a. If you have any comments on our proposal, please share these with us below:

Please do not include any information that would identify you or anyone else in your answer.

On pages 9 and 10 of the Consultation Document, we have provided information on the alternative options we considered before reaching our preferred proposal.

Q8. Do you have any comments on the alternative options we considered or any other options that you would like us to consider? Please tell us below:

Please do not include any information that would identify you or anyone else in your answer.

To help ensure that we are meeting our obligations under the Equality Act 2010 we have prepared an initial Equality Impact Assessment (EqIA) for the proposal put forward in this consultation.

An EqIA is a tool to assess the impact any proposals would have on the protected characteristics: age, disability, sex, gender reassignment, sexual orientation, race, religion or belief, and carer's responsibilities.

On pages 10 and 11 of the Consultation Document, we summarise the impacts that have been identified in the EqIA. The full EqIA is available from the consultation webpage www.kent.gov.uk/adultsocialcarecharging or on request.

Q9. We welcome your views on our equality analysis including suggestions for anything else we should consider relating to equality and diversity. Please add any comments below:

Please do not include any information that would identify you or anyone else in your answer.

Section 3 – More About You

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That is why we are asking you these questions. We will only use this information to help us make decisions and improve our services.

If you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

If you are responding **on behalf of someone else**, please answer using their details.

Q10. Please tell us the first 5 characters of your postcode:

Please do not reveal your whole postcode. We use this to help us to analyse our data. It will not be used to identify who you are.

Q11. Are you...?

*Please select **one** option.*

Male

Female

I prefer not to say

Q12. Is your gender the same as your birth?

*Please select **one** option.*

Yes

No

I prefer not to say

Q13. Which of these age groups applies to you?

*Please select **one** option.*

0-15

16-24

25-34

35-49

50-59

60-64

65-74

75-84

85 and over

I prefer not to say

Q14. Do you regard yourself as belonging to a particular religion or holding a belief?

*Please select **one** option.*

Yes

No

I prefer not to say

Q14a. If you answered 'Yes' to Q14, which of the following applies to you?

Please select **one** option.

- Christian
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- I prefer not to say

If you selected Other, please specify:

The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

Q15. Do you consider yourself to be disabled as set out in the Equality Act 2010?

Please select **one** option.

- Yes
- No
- I prefer not to say

Q15a. If you answered 'Yes' to Q15, please tell us the type of impairment that applies to you.

You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.

- Physical impairment
- Sensory impairment (hearing, sight, or both)
- Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes, or epilepsy

- Mental health condition
- Learning disability
- I prefer not to say
- Other

Other, please specify:

A Carer is anyone who provides unpaid care, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.

Q16. Are you a Carer?

Please select **one** option.

- Yes
- No
- I prefer not to say

Q17. Are you ...?

Please select **one** option.

- Heterosexual/Straight
- Bi/Bisexual
- Gay man
- Gay woman/Lesbian
- Other
- I prefer not to say

Q18. To which of these ethnic groups do you feel you belong?

Please select **one** option. (Source 2011 Census)

- | | | | |
|--------------------------|----------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | White English | <input type="checkbox"/> | Mixed White & Black Caribbean |
| <input type="checkbox"/> | White Scottish | <input type="checkbox"/> | Mixed White & Black African |

<input type="checkbox"/>	White Welsh	<input type="checkbox"/>	Mixed White & Asian
<input type="checkbox"/>	White Northern Irish	<input type="checkbox"/>	Mixed Other*
<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Black or Black British Caribbean
<input type="checkbox"/>	White Gypsy/Roma	<input type="checkbox"/>	Black or Black British African
<input type="checkbox"/>	White Irish Traveller	<input type="checkbox"/>	Black or Black British Other*
<input type="checkbox"/>	White Other*	<input type="checkbox"/>	Arab
<input type="checkbox"/>	Asian or Asian British Indian	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Asian or Asian British Pakistani	<input type="checkbox"/>	I prefer not to say
<input type="checkbox"/>	Asian or Asian British Bangladeshi	<input type="checkbox"/>	
<input type="checkbox"/>	Asian or Asian British Other*	<input type="checkbox"/>	

*Other - If your ethnic group is not specified on the list, please describe it here:

Thank you for taking the time to complete this questionnaire; your feedback is important to us. All feedback received will be reviewed and considered before any decisions are taken.

We will report back on the feedback we receive, but details of individual responses will remain anonymous, and we will keep your personal details confidential.

Please ensure your response reaches us by midnight on Sunday 7 April 2024.

Consultation Privacy Notice

Last updated: 30 April 2023

Who are we?

We, Kent County Council (KCC), take our privacy obligations seriously and we've created this privacy policy to explain how we treat your personal information collected in this questionnaire. Personal information is information we hold which is identifiable as being about you.

Our collection, use and disclosure of your personal information is regulated under the United Kingdom Data Protection Regulation and the Data Protection Act 2018. We are responsible as 'controller' of that personal information for the purposes of those laws. Our Data Protection Officer is Benjamin Watts.

The personal information we collect and use

Information collected by us

In the course of responding to consultations published by Kent County Council we collect the following personal information when you provide it to us:

- responses to questionnaire / consultation
- equalities data collected through questionnaire response - age, sex, gender identity, ethnicity, religion or belief, sexuality, disability, pregnancy or maternity or if you are a Carer
- employment and education details
- postcode.

We ask you not to provide information that will identify you in your response in this questionnaire.

You do not need to submit any equalities or postcode information if you do not want to. KCC is committed to the principle that all our customers have the right to equality and fairness in the way they are treated and in the services that they receive. Any information you do give will be used to see if there are any differences in views for different groups of people, and to check if services are being delivered in a fair and reasonable way.

We will not ask you to provide your name, email or full home address. If you provide this information, it will not be entered into spreadsheets or databases used to process response data and will not be used in producing reports. We will follow our Data Protection policies to keep your information secure and confidential. Your equality data will be anonymised before it is shared with external organisations who have been commissioned on individual projects to undertake analysis and reporting on our engagement and consultation activities.

How we use your personal information

We collect and use this information in order to:

- understand your views about a particular topic or KCC activity
- analyse consultation and engagement activity
- inform KCC's future strategy, policy, service design and budget planning
- undertake equality monitoring.

We may use your postcode to analyse the geographical spread of responses and in some cases to understand in more detail how responses are impacted by location. We will only ask you for the first five characters of your postcode to avoid being able to identify specific households in less populated areas.

We may use your postcode to carry out a type of profiling to estimate which one of a number of lifestyle groups you are most likely to fall into. We do this using geodemographic segmentation tools. We do not make any decisions about individual service users based solely on automated processing, including profiling.

How long your personal data will be kept

We will hold any personal information provided by you in this questionnaire for up to six years following the closure of a consultation. Our Retention Policy is available from our website or on request.

We rely on UK GDPR Article 6(1)(e): 'processing is necessary for the performance of a task carried out in the public interest' and Article 6(1)(c) 'for compliance with a legal obligation to which the controller is subject' as our lawful basis.

We rely on Article 9(2)(g) 'processing is necessary for reasons of substantial public interest' (statutory etc. and government purposes, equality of opportunity or treatment) as the lawful basis on which we collect and use your special category data.

The processing is necessary for our statutory purposes including equalities monitoring or to understand the potential impact of proposals on conditions related to special category data within your response (e.g. when identifying or keeping under review the existence or absence of equality of opportunity or treatment between groups of people with the view to enabling such equality to be

promoted or maintained.) It is necessary for identifying or keeping under review the existence or absence of equality of opportunity or treatment between groups of people with the view to enabling such equality to be promoted or maintained. You can read [KCC's Equality Policy on our website](#) or on request.

Who we share your personal information with

We may share your personal data with those listed below:

- services within the Council who are responsible for the management of the engagement or consultation activity
- a third-party supplier who has been contracted to independently analyse the consultation responses
- organisations such as schools and academies with whom we may be consulting in partnership or on behalf of
- district or borough councils or government departments with whom we may be consulting in partnership or on behalf of.

We will share personal information with law enforcement or other authorities if required by applicable law.

Any personal information provided that could identify you will be removed before consultation results are published.

We use a system to log your feedback, which is provided by Granicus.

Your rights

Under UK GDPR you have a number of rights which you can access free of charge which allow you to:

- know what we are doing with your information and why we are doing it
- ask to see what information we hold about you
- ask us to correct any mistakes in the information we hold about you
- object to direct marketing
- make a complaint to the Information Commissioner's Office.

Depending on our reason for using your information you may also be entitled to:

- ask us to delete information we hold about you
- have your information transferred electronically to yourself or to another organisation
- object to decisions being made that significantly affect you
- object to how we are using your information
- stop us using your information in certain ways.

We will always seek to comply with your request, however, we may be required to hold or use your information to comply with legal duties.

For further information about your rights, including the circumstances in which they apply, see the [guidance from the UK Information Commissioner's Office \(ICO\)](#) on individuals' rights under UK GDPR.

If you would like to exercise a right, please contact the Information Resilience and Transparency Team at data.protection@kent.gov.uk.

Keeping your personal information secure

We have appropriate security measures in place to prevent personal information from being accidentally lost or used or accessed in an unauthorised way. We limit access to your personal information to those who have a genuine business need to know it. Those processing your information will do so only in an authorised manner and are subject to a duty of confidentiality.

We also have procedures in place to deal with any suspected data security breach. We will notify you and any applicable regulator of a suspected data security breach where we are legally required to do so.

Who to contact

Please contact the Information Resilience and Transparency Team at data.protection@kent.gov.uk to exercise any of your rights, or if you have a complaint about why your information has been collected, how it has been used or how long we have kept it for.

You can contact our Data Protection Officer, Benjamin Watts, at dpo@kent.gov.uk. Or write to Data Protection Officer, Kent County Council, Sessions House, Maidstone, Kent, ME14 1XQ.

The United Kingdom General Data Protection Regulation also gives you the right to lodge a complaint with the Information Commissioner who may be contacted at <https://ico.org.uk/concerns> or telephone 03031 231113.

For further information visit <https://www.kent.gov.uk/about-the-council/about-the-website/privacy-statement>.

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Section A

1. Name of Activity (EQIA Title):

Self-Funding Arrangement Fee updated following consultation 25/04/24

2. Directorate

Adult Social Care and Health

3. Responsible Service/Division

Strategic Safeguarding , Practice, Policy and Quality Assurance (SSPPQA)

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Louise White – Project Manager

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Sarah Denson-Assistant Director – Strategic Safeguarding, Policy, Practice & Quality Assurance

6. Director of Service

Note: This should be the name of your responsible director.

Richard Smith, Corporate Director, Adult Social Care

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – *operational changes in the way we deliver the service to people.* Answer Yes/No

No

Service Redesign – *restructure, new operating model or changes to ways of working.* Answer Yes/No

No

Project/Programme – *includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.* Answer Yes/No

Yes

Commissioning/Procurement – *means commissioning activity which requires commercial judgement.* Answer Yes/No

No

Strategy /Policy – *includes review, refresh or creating a new document.* Answer Yes/No

Yes

Other – Please add details of any other activity type here.

No

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

Kent County Council (KCC) provides adult social care services to approximately 16,394 residents aged over 18 years old. Approximately 15,806 of these people receive chargeable social care services, this includes providing services like residential care and support and care in a person's own home or in the community.

The Care Act 2014 introduced powers for Local Authorities to charge an "Arrangement Fee" for people who have over the capital threshold, currently £23,250, (and who therefore must pay the full

cost of their care) but who nevertheless request the Local Authority to make the arrangements for their care. The power only applies to non-residential care and support and only for certain categories of people who would pay the full cost of their care and support.

Arrangement fees charged by Local Authorities must cover only the costs that the Local Authorities actually incur in arranging care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider and cover any administration costs incurred. Local authorities must not charge people for a financial assessment, needs assessment or the preparation of a care and support plan.

The last review of the self-funding Arrangement Fee was carried out in 2017 where a decision was made to charge £104.00 annual fee, paid weekly. Since 2017 an uplift has been added each financial year, the current charge (23/24) is £127.59 paid weekly.

After reviewing the fee, it is proposed:

- To introduce a new Self-Funding Arrangement Set up Fee of £352.00 all new starters.
- to increase the weekly fee by 50p per week, and this will be for all existing and new self-funders.

This increase is before annual uplifts have been applied.

The fixed rate charge for arranging care, would be the same amount regardless of the size of the care and support package.

Proposed changes would only affect those receiving support from social care and living in their own home. It does not affect those living in residential care or nursing care.

It does not affect people we have assessed as not having to pay any contribution to their care.

Self-funders will be able to decide if they wish to pay the Arrangement Fee or to make other arrangements for their support that do not involve the Council, meaning that the fee would not be required. This could include arranging care directly with their care provider or asking a relative or friend to do this on their behalf.

The review of the Arrangement Fee is to ensure it reflects the current activity levels, time and staff grade involved in arranging care and support, and therefore ensuring the council is able to cover all the costs involved, thus contributing to the ability to protect front line services.

There is increasing demand for care and support services and financial pressures on the council to manage public funds. To make sure that services are available to those that need them, the council must make the very best use of the resources it holds and consider every option to bring in more income.

Whilst the priorities in Framing Kent's Future set out the ambition and priorities for KCC in the medium to long-term, inevitably in the short to medium-term there are some difficult policy and service decisions that may need to be taken to balance the Councils budget, which may impact on the people who use our services and organisations we work with. KCC's Budget Recovery Strategy, Securing Kent's Future, was agreed at a Cabinet meeting on 5 October 2023.

At the time of completing this EqIA the data reported 582 self-funders, although the number of Self Funders over the year has been at 600. The future potential self-funders for the year is around 400 based on previous years data. According to the Office for National Statistics the South East had the

highest proportion of self-funders in community care services (33.9%), which is statistically significantly higher than the North East, which had the lowest (12.6%).

Although there has been analysis for each protected group, many will have a number of protected characteristics and therefore need to be considered holistically.

In order to gain a better understanding of the impact the proposals may have on people, a public consultation was undertaken from 6 February to 7 April 2024. This was open to self-funders and members of the wider public, KCC staff, service providers and organisations known to KCC, representing disabled and older people's views were very much welcomed.

The EqIA has been updated to reflect the views of consultees and other stakeholders from the consultation. And includes comments from the consultation. The EqIA and will be submitted to the Adult Social Care Cabinet Committee in May 2024 with a view to a decision being taken by the Cabinet Member for Adult Social Care and Public Health in late May 2024.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity?

Answer: Yes/No

Yes

10. Is it possible to get the data in a timely and cost effective way? Answer: Yes/No

Yes

11. Is there national evidence/data that you can use? Answer: Yes/No

Yes

12. Have you consulted with Stakeholders?

Answer: Yes/No

Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes

13. Who have you involved, consulted and engaged with?

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

Formal meetings and updates at boards, committees and the working group were undertaken to ensure input by the appropriate professionals into the development of the proposals and the consultation planning. KCC members and Kent MPs were provided briefings. Briefings were given to care in the community providers to help them understand how they can support people to engage with the consultation.

Ahead of the launch of the consultation we met with KCC's People's Panel, whose members include people from the Older Peoples' Forums, Mental Health User Voice and the Kent Physical Disability Forum as well as Healthwatch Kent volunteers, to gather feedback on the proposal, discuss the options considered and review the consultation material.

The consultation was hosted on KCC's engagement website Let's talk Kent. To help make sure the consultation was accessible the following activities were undertaken:

- The webpage and all documents met digital accessibility requirements

- The consultation Document provided examples to help illustrate how the proposed change could impact people and included a glossary explaining unfamiliar terms.
- All consultation material included details of how people could contact KCC to ask a question, request hard copies or alternative format.
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- Providers and relevant KCC staff were briefed so that they could support people to participate in the consultation.
- A Word version of the questionnaire was provided on the consultation webpage for people who did not wish to complete the online version. Responses made by letter / email / telephone were also be accepted.
- Easy Read and Large print versions of the consultation material were available from the consultation webpage and on request.
- The webpage was translated into British Sign Language.
- The letters sent to people who received care contained a telephone number and email address to contact with any queries relating to the consultation.

Letters were sent to all potentially impacted people. Emails were sent to stakeholders including contacts from health organisations, care sector, voluntary sector and community organisations, registered users of KCC's engagement website Let's talk Kent who have requested to be kept informed of Adult Social Care activity, and Adult Social Care Your Voice network members. consultation promotional activities also included social media, newsletters, websites, posters displayed in libraries and gateways and a media release.

During the consultation there was regular review of the data to ensure all groups and communities were engaging. There were regular targeted communications sent to 565 contacts including organisations/charities covering Older People, Physical Disability, Carers and Learning Disability. To support people that may have found it difficult to engage with the Consultation, there was a request sent to organisations and charities to be invited to forums to discuss the Consultation and impact.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No

Yes

15. Do you have evidence/data that can help you understand the potential impact of your activity?

Answer: Yes/No

Yes

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients - *Answer: Yes/No*

Yes

Residents/Communities/Citizens - *Answer: Yes/No*

Yes

Staff/Volunteers - *Answer: Yes/No*

No

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No

Yes

18. Please give details of Positive Impacts

Arrangement fees charged by Local Authorities must cover only the costs that the Local Authorities actually incur in arranging care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider and cover any administration costs incurred.

KCC anticipates that this proposal will contribute to our 'Securing Kent's Future' objective of protecting frontline services and continuing to provide the level of care and support needed by people in Kent who have a physical or mental impairment, disability or illness that meets the eligibility criteria.

19.Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Age

The following shows the age range of self-funders as of 12/09/24

18 people aged 21 to 60
38 people aged 61 to 70
131 people aged 71 to 80
278 people aged 81 to 90
117 people aged 91 to 101+

The data shows that there is a larger proportion of older people who may be affected should these proposed changes be implemented following consultation.

Impact of the cost of living on residents

Households across the country have struggled to keep up with growing inflation due to unprecedented rises in everyday basics such as food and heating.

The highest proportion of self-funders paying the Arrangement Fee are older people. The Office for National Statistics reports that in early 2022 (6 January to 27 February 2022), a greater proportion of older adults reported their cost of living has increased compared with younger adults. Around 8 in 10 older adults reported that their cost of living had increased

78% of 45- to 54-year-olds
82% of 55- to 64-year-olds
81% of 65- to 74-year-olds
79% of adults 75 years and older

Some people may not want to pay the proposed Self-Funding Assessment Set up Fee and may choose to put their own arrangements in place. This may not be of the same quality of care organised by the council. Alternatively, those impacted may decide not to access the right levels of care and support or may decide to not access care and support at all. As a result, any Carer may be required to provide more unpaid care, thereby affecting their economic, social and emotional wellbeing. This might also result in an increased need for support from other KCC services.

The proposed changes could increase self-neglect and/or safeguarding as some people may choose to reduce or refuse care and support due to the increased cost. Some may decide to reduce or end their service resulting in their needs potentially not being met. There is limited evidence to suggest that this could happen, and this was not reflected through feedback during the consultation. There is also the potential impact on wellbeing as some people may choose to not access care and support due to the Arrangement Fee which could have an impact negatively on the persons mental health due to increased isolation, their ability to maintain personal relationships and participation in leisure activities, and contribution to society. As wellbeing is individualistic this would need to be determined for each person. Older people are especially vulnerable to loneliness and social isolation – and it can have a serious effect on health.

During the consultation the following points relating to age were shared:

“You cannot categorise people they are all different. We all come from different backgrounds and are a very diverse mix of people. Each individual should be considered on their own merits. I have recently turned 70, so I am concerned about these issues and how they will effect my future.”

“These changes are going to disproportionately impact on elderly and frail people at a time when they most need care and help. How then can you produce a fair and objective equality assessment impact. It is discriminatory against the elderly and as such undervalues their previous lives and contributions to society. This is a poor reflection both nationally and regionally. There has to be a better way to sort out shortfalls in resources than penalising older people.”

c) Mitigating Actions for Age

The Care Act 2014 sets out various key points at which the Local Authority has a duty. Self-funders have the same rights to access this support, alongside the general duties of the Act which are applicable to all adults who are ‘ordinarily resident’ within the Local Authority area and includes:

The Care Act requires the Local Authority to undertake an assessment any adult with an appearance of need for care and support, regardless of whether or not the Local Authority thinks the individual has eligible needs or of their financial situation. Therefore, self-funders can have an assessment underpinned with strengths-based and person-centred practice to understand care and support needs which will also consider their wellbeing and individual needs. And be supported to consider how their care and support needs will be met.

Access to information, advice and guidance:

The Care Act requires the Local Authority to ensure that there is accessible information and advice that meets the needs of its population. And to ensure self-funders are aware of the information and support that is available. There is information available for self-funders on the Kent Connect to Support website: <https://kent.connecttosupport.org/information-and-advice/money-and-legal/paying-for-care-and-support/self-funding/>

Community Involvement Officers will make links between communities and social care teams. Sharing with social care teams what networks and community support is available.

We will need to review the leaflets/information provided to people so that this information can be provided at point of assessment, so people are making informed decisions. To ensure information sets out the breakdown of the fee, so that we are open and transparent with people on how the fee is calculated.

Quality of Care and Support:

The Care Act places duties on the Local Authority to promote the efficient and effective operation of the market for adult care and support as whole. So, it meets the needs of all people in the area who need care and support, whether arranged or funded by the states, by the individuals themselves or in other ways.

On Kent Connect to Support there is a Directory of Service which is linked with Care Quality Commission (CQC) ratings which will help people explore the care services available and ensure they are of quality <https://kent.connecttosupport.org/s4s/CustomPage/Index/176?q=>

As part of market shaping, Kent has been working to develop Community Micro-enterprises which are small, local business, that offers a service to support (including self-funders):

- Older people
- People with a disability

- People that want to improve their mental health and wellbeing.

A Community Micro-enterprise gives people more choice about their care and support and they offer a wide variety of support to help meet a person's needs.

<https://www.communitycatalysts.co.uk/smallgoodstuff/directory/?region=kent>

Cost of living impact:

To explore the option where if people cannot pay the one-off fee upfront that they can have this added to the weekly costs and spread over the year if, and when, the situation arises.

We will endeavour to make sure that people are aware of independent support and advice that is available through organisations such as Citizens Advice.

The Department of Health and Social Care's guidance states that a person will have their benefits maximised at the same time as the means tested assessment is carried out. Having benefits maximised helps with persons overall wellbeing, can reduce stress and can help to reduce the risk of a deterioration in a person's wellbeing. It is KCC practice, at the same time as the means tested assessment, to help a person claim all their entitled benefits. The Financial Assessment Officer will ensure the person is advised of the benefits they may be entitled to and ensure they receive the correct advice and information on how to claim, which may include signposting to the relevant organisations.

d) Responsible Officer for Mitigating Actions - Age

Sarah Denson – Assistant Director SSPPQA

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? Answer: Yes/No

(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Disability

Of the current self-funders there are 42 people with a physical disability, mental health, sensory or learning disability that could be negatively impacted. People who lack mental capacity and have no one appointed to act for them must not be charged an arrangement fee. And to note that mental health can include neurodivergence.

Some people may not want to pay the proposed Self-Funding Assessment Set up Fee and may choose to put their own arrangements in place. This may not be of the same quality of care organised by the council. Alternatively, those impacted may decide not to access the right levels of care and support or may decide to not access care and support at all. As a result, any Carer may be required to provide more unpaid care, thereby affecting their economic, social and emotional wellbeing. This might also result in an increased need for support from other KCC services.

The proposed changes could increase self-neglect and/or safeguarding as some people may choose to reduce or refuse care and support due to the increased cost. Some may decide to reduce or end their service resulting in their needs potentially not being met. There is limited evidence to suggest that this could happen, and this was not reflected through feedback during the consultation. There is also the potential impact on wellbeing as some people may choose to not access care and support due to the Arrangement Fee which could have an impact negatively on the persons mental health due to increased isolation, their ability to maintain personal relationships and participation in leisure activities, and contribution to society. As wellbeing is individualistic this would need to be determined for each person.

During the consultation the following point in relation to disability was shared:
“People (myself) included are paying top up on top of housing benefit of 400 a month so I don't have any money spare and cost of fuel is astronomic that were always in arrears. People are already struggling with life this is going to hit disabled people and their family's to struggle more.”

c) Mitigating Actions for Disability

The Care Act 2014 sets out various key points at which the Local Authority has a duty. Self-funders have the same rights to access this support, alongside the general duties of the Act which are applicable to all adults who are ‘ordinarily resident’ within the Local Authority area and includes:

The Care Act requires the Local Authority to undertake an assessment any adult with an appearance of need for care and support, regardless of whether or not the Local Authority thinks the individual has eligible needs or of their financial situation. Therefore, self-funders can have an assessment underpinned with strengths-based and person-centred practice to understand care and support needs which will also consider their wellbeing and individual needs. And be supported to consider how their care and support needs will be met.

Access to information, advice and guidance:

The Care Act requires the Local Authority to ensure that there is accessible information and advice that meets the needs of its population. And to ensure self-funders are aware of the information and support that is available. There is information available for self-funders on the Kent Connect to Support website: <https://kent.connecttosupport.org/information-and-advice/money-and-legal/paying-for-care-and-support/self-funding/>

Community Involvement Officers will make links between communities and social care teams. Sharing with social care teams what networks and community support is available.

We will need to review the leaflets/information provided to people so that this information can be provided at point of assessment, so people are making informed decisions. To ensure information sets out the breakdown of the fee, so that we are open and transparent with people on how the fee is calculated.

Quality of Care and Support:

The Care Act places duties on the Local Authority to promote the efficient and effective operation of the market for adult care and support as whole. So, it meets the needs of all people in the area who need care and support, whether arranged or funded by the states, by the individuals themselves or in other ways.

On Kent Connect to Support there is a Directory of Service which is linked with CQC ratings which will help people explore the care services available and ensure they are of quality

<https://kent.connecttosupport.org/s4s/CustomPage/Index/176?q=>

As part of market shaping, Kent has been working to develop Community Micro-enterprises which are small, local business, that offers a service to support (including self-funders):

- Older people
- People with a disability
- People that want to improve their mental health and wellbeing.

A Community Micro-enterprise gives people more choice about their care and support and they offer a wide variety of support to help meet a person's needs.

<https://www.communitycatalysts.co.uk/smallgoodstuff/directory/?region=kent>

Cost of living impact:

To explore the option where if people cannot pay the one-off fee upfront that they can have this added to the weekly costs and spread over the year if and when the situation arises.

We will endeavour to make sure that people are aware of independent support and advice that is available through organisations such as Citizens Advice.

The Department of Health and Social Care's guidance states that a person will have their benefits maximised at the same time as the means tested assessment is carried out. Having benefits maximised helps with persons overall wellbeing, can reduce stress and can help to reduce the risk of a deterioration in a person's wellbeing. It is KCC practice, at the same time as the means tested assessment, to help a person claim all their entitled benefits. The Financial Assessment Officer will ensure the person is advised of the benefits they may be entitled to and ensure they receive the correct advice and information on how to claim, which may include signposting to the relevant organisations.

d) Responsible Officer for Mitigating Actions - Disability

Sarah Denson – Assistant Director SSPPQA

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No identified negative impact for sex

b) Details of Negative Impacts for Sex

N/A

c) Mitigating Actions for Sex

N/A

d) Responsible Officer for Mitigating Actions - Sex

N/A

22. Negative Impacts and Mitigating actions for Gender identity/transgender

a) Are there negative impacts for Gender identity/transgender? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No identified negative impact in relation to sexual orientation

b) Details of Negative Impacts for Gender identity/transgender

N/A

c) Mitigating actions for Gender identity/transgender

N/A

d) Responsible Officer for Mitigating Actions - Gender identity/transgender

N/A

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Race

As of 12/09/23 self-funders paying the arrangement fee:

500 are white.

10 are Black, Asian and other minority ethnic backgrounds.

72 are unknown (either not stated, information not yet obtained)

There are specific health and economic inequalities that should be considered in terms of the impact of raising charges for social care. People from a Black, Asian and other minority ethnic backgrounds are more likely to suffer from underlying health conditions. Therefore, the 10 self-funders from a Black, Asian and other minority ethnic backgrounds and 72 unknowns could negatively be impacted by this proposal regarding increased cost in addition to other costs for meeting and health and care needs.

Some people may not want to pay the proposed Self-Funding Assessment Set up Fee and may choose to put their own arrangements in place. This may not be of the same quality of care organised by the council. Alternatively, those impacted may decide not to access the right levels of care and support or may decide to not access care and support at all. As a result, any Carer may be required to provide more unpaid care, thereby affecting their economic, social and emotional wellbeing. This might also result in an increased need for support from other KCC services.

The proposed changes could increase self-neglect and/or safeguarding as some people may choose to reduce or refuse care and support due to the increased cost. Some may decide to reduce or end their service resulting in their needs potentially not being met. There is limited evidence to suggest that this could happen, and this was not reflected through feedback during the consultation. There is also the potential impact on wellbeing as some people may choose to not access care and support due to the Arrangement Fee which could have an impact negatively on the persons mental health due to increased isolation, their ability to maintain personal relationships and participation in leisure activities, and contribution to society. As wellbeing is individualistic this would need to be determined for each person

There is a large number of people where race is unknown and therefore action needs to be taken to improve our data.

c) Mitigating Actions for Race

The Care Act 2014 sets out various key points at which the Local Authority has a duty. Self-funders have the same rights to access this support, alongside the general duties of the Act which are applicable to all adults who are 'ordinarily resident' within the Local Authority area and includes:

The Care Act requires the Local Authority to undertake an assessment any adult with an appearance of need for care and support, regardless of whether or not the Local Authority thinks the individual has eligible needs or of their financial situation. Therefore, self-funders can have an assessment underpinned with strengths-based and person-centred practice to understand care and support needs which will also consider their wellbeing and individual needs. And be supported to consider how their care and support needs will be met.

Access to information, advice and guidance:

The Care Act requires the Local Authority to ensure that there is accessible information and advice that meets the needs of its population. And to ensure self-funders are aware of the information and support that is available. There is information available for self-funders on the Kent Connect to Support website: <https://kent.connecttosupport.org/information-and-advice/money-and-legal/paying-for-care-and-support/self-funding/>

Community Involvement Officers will make links between communities and social care teams. Sharing with social care teams what networks and community support is available.

We will need to review the leaflets/information provided to people so that this information can be provided at point of assessment, so people are making informed decisions. To ensure information sets out the breakdown of the fee, so that we are open and transparent with people on how the fee

is calculated.

Quality of Care and Support:

The Care Act places duties on the Local Authority to promote the efficient and effective operation of the market for adult care and support as whole. So, it meets the needs of all people in the area who need care and support, whether arranged or funded by the states, by the individuals themselves or in other ways.

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As part of market shaping, Kent has been working to develop Community Micro-enterprises which are small, local business, that offers a service to support (including self-funders):

- Older people
- People with a disability
- People that want to improve their mental health and wellbeing.

A Community Micro-enterprise gives people more choice about their care and support and they offer a wide variety of support to help meet a person’s needs.

<https://www.communitycatalysts.co.uk/smallgoodstuff/directory/?region=kent>

Cost of living impact:

To explore the option where if people cannot pay the one-off fee upfront that they can have this added to the weekly costs and spread over the year if and when the situation arises.

We will endeavour to make sure that people are aware of independent support and advice that is available through organisations such as Citizens Advice.

The Department of Health and Social Care’s guidance states that a person will have their benefits maximised at the same time as the means tested assessment is carried out. Having benefits maximised helps with persons overall wellbeing, can reduce stress and can help to reduce the risk of a deterioration in a person’s wellbeing. It is KCC practice, at the same time as the means tested assessment, to help a person claim all their entitled benefits. The Financial Assessment Officer will ensure the person is advised of the benefits they may be entitled to and ensure they receive the correct advice and information on how to claim, which may include signposting to the relevant organisations.

d) Responsible Officer for Mitigating Actions – Race

Sarah Denson – Assistant Director SSPPQA

24. Negative Impacts and Mitigating actions for Religion and belief

a) Are there negative impacts for Religion and Belief? Answer: Yes/No

(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Religion and belief

As of 12/09/23 religion and belief for current self-funders:

Christian	176
No Religion	124
Not Stated	259
Other Religion	23

Whilst the proposed changes do not directly impact people based on their religion and belief, there is a large number of self-funders where religion and belief are unknown therefore actions are required to improve our data.
c) Mitigating Actions for Religion and belief
We also need to improve our data, this is being addressed through our operational teams which includes actions on how we improve collecting data.
d) Responsible Officer for Mitigating Actions - Religion and belief
Sarah Denson – Assistant Director - SSPPQA
25. Negative Impacts and Mitigating actions for Sexual Orientation
a) Are there negative impacts for sexual orientation. Answer: Yes/No (If yes, please also complete sections b, c, and d).
No, identified negative impact in relation to sexual orientation
b) Details of Negative Impacts for Sexual Orientation
N/A
c) Mitigating Actions for Sexual Orientation
N/A
d) Responsible Officer for Mitigating Actions - Sexual Orientation
N/A
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity
a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No identified negative impact to Pregnancy or Maternity
b) Details of Negative Impacts for Pregnancy and Maternity
N/A
c) Mitigating Actions for Pregnancy and Maternity
N/A
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity
N/A
27. Negative Impacts and Mitigating actions for marriage and civil partnerships
a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No (If yes, please also complete sections b, c, and d).
No identified negative impact in relation to marriage and civil partnerships
b) Details of Negative Impacts for Marriage and Civil Partnerships
N/A
c) Mitigating Actions for Marriage and Civil Partnerships
N/A
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships
N/A
28. Negative Impacts and Mitigating actions for Carer's responsibilities
a) Are there negative impacts for Carer's responsibilities? Answer: Yes/No (If yes, please also complete sections b, c, and d).
Yes
b) Details of Negative Impacts for Carer's Responsibilities
Carer responsibilities identified for current self-funders as of 12/09/23: Yes - 11 No - 571
In Kent, an estimated 148,341 adults aged 16+ provide the following unpaid care each week: <ul style="list-style-type: none"> • 94,640 provide 1-19 hours • 18,131 provide 20-49 hours

- 35,570 provide 50 hours

Therefore, Carers are playing a key role in supporting people and if impacted by this proposal could increase carer support needs and the care and support for individuals they are caring for.

The potential negative impact of this proposal on Carers:

- Person may choose not to receive care and support. This might result in needs being unmet and impact on their safety and wellbeing. As a result, any Carer may be required to provide more unpaid care, thereby affecting their economic wellbeing.
- As a result, any Carer may be required to provide more unpaid care, thereby affecting their social and emotional wellbeing.
- This might also result in increased need for support from other KCC services such as more respite or the Carer is not willing and able to continue with their caring role and ASC needs to meet all needs.
- Increase in safeguarding concerns due to carer breakdown

Wellbeing and Mental Health

There is a big responsibility on Carers who are already providing unpaid care and support. A lot of Carers and families are already facing problems with their financial, mental and physical wellbeing. If people decide not to go ahead with some of the care they receive due to introduction of the proposal this could have a huge impact on the financial, mental and physical health of everyone involved including Carers and families. This is because the pressure of supporting them could fall on their Carers and this could impact them unfairly.

During the consultation the following points in relation to Carers were shared:

“Consider unpaid carers who cannot access bank accounts of those they care for where the cared for person refuses to pay. This is a hidden financial and emotional burden on carers.”

“As safeguarding manager I see more cases coming forward where the cared for is or would be self-funding. Relatives panic about the costs vs cost of living increases, though some just don't understand the process and are scared by the awful news stories others are more concerned about their inheritance. Regardless of motive it puts the cared for at greater risk. I agree that better help to get the person care is needed, I even agree it could be paid for, but I am very worried that the most vulnerable people in our community would be at enhanced risk.”

c) Mitigating Actions for Carer's responsibilities

The Care Act (2014) and its supporting regulations and guidance sets out a clear legal framework for how Local Authorities support an individual who has been identified as a Carer. An individual who has been identified as a Carer can be eligible for support in their own right. Carers have the right to information, advice and guidance, prevention, needs assessments and eligibility criteria.

To minimise the effect on emotional, social wellbeing and mental health this proposal could have on people, practitioners and Carer organisations should work Carers to ensure that the assessment and review process is holistic. They will work with the person to look at social and emotional needs and explore what is available within the community to support them.

Access to information, advice and guidance:

The Care Act requires the Local Authority to ensure that there is accessible information and advice that meets the needs of its population. And to ensure self-funders are aware of the information and support that is available. There is information available for self-funders on the Kent Connect to Support website: <https://kent.connecttosupport.org/information-and-advice/money-and-legal/paying->

[for-care-and-support/self-funding/](#)

Community Involvement Officers will make links between communities and social care teams. Sharing with social care teams what networks and community support is available.

We will need to review the leaflets/information provided to people so that this information can be provided at point of assessment, so people are making informed decisions. To ensure information sets out the breakdown of the fee, so that we are open and transparent with people on how the fee is calculated.

And signposting and supporting Carers to access the right information, advice and guidance which is available on <https://kent.connecttosupport.org/information-and-advice/carers/general-information/what-is-a-carer/> including information on Carers Assessments

<https://kent.connecttosupport.org/information-and-advice/carers/support-for-carers/carers-assessments/>

Cost of living impact:

To explore the option where if people cannot pay the one-off fee upfront that they can have this added to the weekly costs and spread over the year if, and when, the situation arises.

We will endeavour to make sure that people are aware of independent support and advice that is available through organisations such as Citizens Advice.

The Department of Health and Social Care's guidance states that a person will have their benefits maximised at the same time as the means tested assessment is carried out. Having benefits maximised helps with persons overall wellbeing, can reduce stress and can help to reduce the risk of a deterioration in a person's wellbeing. It is KCC practice, at the same time as the means tested assessment, to help a person claim all their entitled benefits. The Financial Assessment Officer will ensure the person is advised of the benefits they may be entitled to and ensure they receive the correct advice and information on how to claim, which may include signposting to the relevant organisations.

We also need to improve our data; this is being addressed through our operational teams which includes actions on how we improve collecting data.

d) Responsible Officer for Mitigating Actions - Carer's Responsibilities

Sarah Denson – Assistant Director SSPPQA

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Richard Smith, Corporate Director Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 15 May 2024

Subject: **Adult Social Care Charging Policy – Higher Level Disability Benefits**

Decision no: 24/00049

Key Decision : It affects more than 2 Electoral Divisions

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: Cabinet Member Decision

Electoral Division: All

Is the decision eligible for call-in? Yes

Summary: The report provides information about the outcome of the consultation regarding proposed changes to the charging policy. Specifically, to stop disregarding the higher or enhanced rates of Attendance Allowance (AA), Personal Independent Payment (PIP) and Disability Living Allowance (DLA) when calculating a person's contribution towards the cost of their care and support.

Recommendations: The Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Health on the proposed decision to:

- a) **APPROVE** the changes to the Adult Social Care Charging Policy; and
 - b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to revise the Adult Social Care Charging Policy and to take relevant actions, including keeping the policy updated as necessary, to implement the decision.
-

1. Introduction

- 1.1 The council's budget which was approved in February 2024 included a proposed provision, subject to the necessary consultation and equality impact assessment, to change the charging policy for people who receive care and support in their own home or in the community. As a result, it is necessary to consider the amount of income generated through the contribution people may have to make towards the cost of their care and support.

- 1.2 This report is about KCC's proposed change to the charging policy. Specifically, to stop disregarding the higher or enhanced rates of Attendance Allowance (AA), Personal Independent Payment (PIP) and Disability Living Allowance (DLA) when calculating a person's contribution towards the cost of their care and support.
- 1.3 This policy and proposed change does not impact on people who live in and receive care and support in a residential care home.
- 1.4 A public consultation on the proposal was held from 6 February to 7 April 2024. The full consultation outcome report is attached to this report as Appendix A.

2. Background

- 2.1 KCC provides adult social care services to approximately 16,394 residents aged over 18 years old as at April 2024. Approximately 15,806 of these people receive chargeable social care services, this includes providing services like residential care and support and care in a person's own home or in the community.
- 2.2 When people living in Kent need adult social care, as well as assessing their care needs, we also assess their income to decide how much they have to pay towards their care and support. This is known as means testing. Following financial assessment, some people do not have to pay anything, and the council picks up all of the cost, some people pay some contribution, and some other people pay for all of their care.
- 2.3 KCC sets out what and how people need to pay in the Adult Social Care Charging Policy further details of our current charging policy (including examples) can be found at: www.kent.gov.uk/social-care-and-health/care-and-support/paying-for-care/charges-for-care-and-support.
- 2.4 KCC's Budget Recovery Strategy, [Securing Kent's Future](#), was agreed at a Cabinet meeting on 5 October 2023 which was required to address the in-year and future years' financial pressures faced by the council arising from overspends and future spending growth largely in adults and children's services. The strategy sets out the background to the financial pressures which have not been reflected in recent finance settlements and the Best Value duty to resolve competing statutory duties to set a balanced budget whilst also deliver statutory services and securing value for money. The strategy prioritises "new models of care and support" in response to recent and unsustainable increases in spending on social care and home to school transport services. Key areas addressed throughout the strategy included the specific drivers causing the financial pressure and the specific and broader action that needed to be taken through Securing Kent's Future to return the council to financial sustainability. The report also identified opportunity areas for further savings, accelerated transformation of the council alongside possible policy choices, all of which provided the scope to deliver significant savings over the next Medium Term Financial Plan (MTFP) period.

2.5 KCC has already made substantial improvements and efficiencies to the way social care is delivered in Kent, alongside trying to limit the impact on the people that draw on care and support and help make the service sustainable. We need to look at the amount of income we can generate by people contributing towards the cost of their own care. This is why we are proposing a change to the charging policy.

2.6 Whilst KCC continues to strive to provide the best services we can, we continue to have the following growing pressures:

- The overall resourcing for local authority services has gone through three distinct phases including period of austerity between 2011/2012 to 2015/2016 when overall funding was reducing due to combination of reductions and changes to grant distribution from central government and council tax freezes, a period of flat cash between 2016/2017 to 2019/2020 when council tax increases offset grant reductions (including a shift to more social care grants), and period since 2020 which has seen increases in government grants and council tax although not sufficient to keep pace with rapid spending expansion in this period
- These changes have resulted in an expectation that a greater share of the cost of council services are funded from council tax and other income sources such as people's charges¹
- Increasing demand (an additional 1,152 people from March 2022-March 2023) for adult social care services, including people having complex care and support needs
- Significant annual increases in the National Minimum Wage (NMW) since 1999, which have impacted on the fees charged by care and other providers
- Continuing impact of inflation, which means we face growing pressures in the care market, including workforce challenges and rising costs for delivering care packages

¹ A separate Adult Social Care Council Tax levy was introduced in 2016/2017 which now raises £135.3m in 2024/2025. The amount raised through general council tax has increased by £228.3m since 2016/2017. The Revenue Support Grant (which includes adult social care as well as other council services) has reduced from £246.7m in 2013/2014 (the first year of current funding arrangements) to £11.8m in 2024/2025. There have been a number of separate social care grants which have been provided progressively since 2016/2017 (not exclusively adult social care) which amount to £205.7m in 2024/2025 but these grants have been provided in recognition of the pressures in social care and to fund improvements rather than replace the Revenue Support Grant reductions.

- Other market factors such as recruitment challenges, the complexity of people who draw and care and support and placement decisions all of which have driven up the average unit cost of care placements.

2.7 Further details about the council and adult social care's financial position are set out under the financial implications section of the report.

2.8 Analysis of the data received from other councils, October 2023, (table below) with regards to whether they include the higher or enhanced rate of AA, DLA or PIP within their financial assessment, shows that Kent's current policy is more generous than the majority of other councils and the proposed changes are in line with current charging policies for many other councils.

Council	Include higher rate of AA and DLA	Do not include higher rate of AA and DLA	Include AA and DLA only if providing night care	Include enhanced rate of PIP	Do not include enhanced rate of PIP
York	x			x	
Herefordshire	x			x	
Isle of Wight	x			x	
Leeds	x			x	
Reading	x			x	
Brighton	x			x	
Norfolk		x			x
Buckinghamshire		x			x
Bradford		x			x
Warrington		x			x
Derbyshire		x			x
Telford and Wrekin		x		x	
Leicestershire		x		x	
West Berkshire			x	x	
Cornwall			x		x
Nottingham			x	x	
Torbay and South Devon NHS Trust			x	x	
Rutland			x		x
Cheshire West and Chester			x	x	
Redcare and Cleveland			x		x
Grimsby			x	x	
Wokingham			x	x	
Dorset			x		x
Stoke-on-Trent			x	x	

Council	Include higher rate of AA and DLA	Do not include higher rate of AA and DLA	Include AA and DLA only if providing night care	Include enhanced rate of PIP	Do not include enhanced rate of PIP
Worcestershire			x	x	
Kingston			x	x	
Kent's proposal			x	x	

2.9 An analysis of the data from Adult Social Care and Health (adults 18+) and Children, Young People and Education (young people 18-25 transitioning from children's social care to adults' social care) directorates has been undertaken to identify the individuals who will be directly affected by the proposal. The data used for financial modelling in September 2023 shows there are potentially 3,153 adults and 631 young people directly affected by the proposal. However, 2,879 will have a financial impact.

	18-25 adults	25+ adults	Total
Financially impacted	395	2,484	2,879
Not financially impacted	236	669	905
Total	631	3,153	3,784
% financially impacted	63%	79%	76%

2.10 A refresh of the data from March 2024, used within the Equality Impact Assessment (EqIA) Appendix B, shows the number of people, broken down by care need, and how much the proposed change to charging would impact their weekly contribution.

	Learning Disability	Mental Health	Older People	Physical Disability	Sensory	Unknown	Total
Zero impact	392	74	63	348	39	11	927
Up to £5	65	19	2	24	3	0	113
Between £5 and £15	13	9	9	43	3	0	77
Between £15 and £25	42	6	10	50	2	1	111
Between £25 and £30	6	4	5	19	0	0	34
Between £30 and £33.65	27	4	3	23	3	0	60
Full £33.85	1,597	120	195	582	33	15	2,542
	2,142	236	287	1,089	83	27	3,864

2.11 If the decision is taken to proceed with new charging arrangements, we would expect to implement this from July 2024.

3. Options Considered

3.1 Before identifying the proposal presented in the consultation, a number of options were considered:

Alternative option considered	Why the option has not been taken forward to consultation
Only apply the proposed change to people new to receiving care and support from KCC's adult social care service from the date the new policy is implemented. This would mean that existing people receiving adult social care services would not have the higher or enhanced rates of disability benefits considered when KCC calculates a person's income	Whilst this would reduce the number of people impacted by the proposed change it would not be fair and equitable for all people who draw on care and support and would not deliver the planned savings/income requirement.
Introduce the policy in stages, no more than a £12 increase to anyone's charge per year, for existing people who draw on care and support to give them time to adjust	Whilst this would reduce the impact of the proposed change it does not deliver the planned savings/income requirement as quickly. This would also be quite challenging to administrate both manually and on the case management system.
An increase to the level of Disability Related Expenditure (DRE) for everyone from £17.00	This would reduce the income available for adult social care and cause a budget gap and would be applied to all rather than just those who receive the higher and enhanced benefits.
Increase Minimum Income Guarantee (MIG) for basic living expenses such as utility bills and food	This would reduce the income available for adult social care and cause an even larger budget gap.
Automatically review DRE for all individuals who could potentially be impacted (9,276)	This would have an incredibly significant impact on operational resources and would redirect resources away from frontline services.
Offer DRE assessments for all 3,784 individuals directly impacted	This would reduce the funding available for adult social care and have a significant impact on operational resources.
Do nothing	Not really feasible due to the council's prioritisation of moving to new models of care under the budget recovery strategy "Securing Kent's Future".

3.2 The proposal we consulted on was to stop disregarding the higher or enhanced rates of disability benefits when calculating a person's contribution towards the

cost of their care and support as this would reduce the funding gap for adult social care services in Kent in year.

- 3.3 Following consultation, we have identified that **severely disabled people are more negatively impacted** and because of this we have explored alternative options to reduce the impact. A full breakdown of the impact financially, on people we support and operationally can be found in the mitigations table attached as Appendix C with a summary shown in the table below.

Mitigation	Overall impact
Increasing the Minimum Income Guarantee (MIG)	<p>This option has been ruled out due to not delivering the financial aim of achieving the desired level of income, a short period of increased administration and having a minor effect on the negative impact for people we support.</p> <p>To make amendments would result in the council no longer being in line with national guidance and doubling the currently number of permutations.</p> <p>The MIG was reviewed four years ago and brought in line with national guidance.</p>
Increasing the Disability Related Expenditure (DRE) for individuals receiving higher rate benefits	<p>This option has been ruled out due to not delivering the financial aim of achieving the desired level of income, increased administration and having a minor effect on the negative impact for people we support.</p>
Introduce an exceptional disregard for all affected individuals	<p>This option has been ruled out due to not delivering the financial aim of achieving the desired level of income, increased administration and having a minor effect on the negative impact for people we support.</p>
Phase the changes to the charging policy over three years	<p>This option has been ruled out due to not delivering the financial aim of achieving the desired level of income, significant increased administration and although initial reduced impact for people their charges would still increase over a three-year period.</p>
Automatically carry out an individual DRE assessment for everyone financially affected	<p>This option has been ruled out due to the significant increase in administration and the possibility for people to go through an unnecessary process.</p>
Not to implement proposed policy change	<p>This option has been ruled out due to not delivering the financial aim of achieving the desired level of income.</p> <p>Alternative savings/income would need to be achieved in other areas in KCC services.</p>

- 3.4 Considering the relevant factors and financial modelling set out in the table above and the impact detailed in appendix B, no mitigation has been identified that will deliver the financial aim of achieving the desired level of income and reduce the negative impact on people impacted by the proposal.
- 3.5 However, we will continue to encourage and support people to request a Disability Related Expenditure Assessment (DREA). The DREA considers disability related expenses that are above the spending a person without the disability and complex health conditions would expect to pay. They are unique to the individual. During the consultation there has been feedback on ensuring there was increased awareness and consistency with the DREA process, through improved training and practice guidance and dedicated staff. This feedback is being taken forward with recommendations that all requests for a DREA are presented to Practice Assurance Panels, that dedicated practitioners complete the DREA's as well as introducing DREA practice champions across the County, alongside general awareness raising for the social care workforce.

4. Financial Implications

- 4.1 The latest budget monitoring presented to Cabinet on 21 March 2024 shows £30m budget gap for 2023/2024, of which £31.3m relates to the Adult Social Care and Health Directorate before management action and one-off use of reserves are considered. Members have agreed the immediate actions needed to reduce spending in the short term and have set the course for getting the council back to financial sustainability, securing the services that residents in Kent need the most.
- 4.2 Forecast spending growth in the 2024/2025 budget approved by full Council is £209.6m (excluding externally funded). The net change to the budget is £113.9m (matched by funding increases through government grants, council tax, etc), leaving £95.7m savings and reserves to balance the budget.
- 4.3 Of the above, the spending growth in adult social care (including the services for 18-25 year olds) 2024/2025 is £115.8m as stated in the 2024/2025 budget. The net change to the budget is £61.7m (matched by funding increases through government grants, council tax, etc), leaving £54.1m in savings/additional income which needs to be found, of which this proposal is included within.
- 4.4 The calculations informing the MTFP estimated that the proposed policy change could raise a net figure of approximately £3.4m in a full year. This factors in financial planning which covers the risk of increased debt and an increase in individual DRE assessments above the authorities' standard allowance.
- 4.5 The increase in income is assumed as part of the overall savings/income requirement to balance the 2024/2025 budget for the whole council/adult social care. If this proposal is not implemented, then alternative savings/income would need to be achieved in other areas in KCC services.
- 4.6 The latest estimates suggest that the proposed changes could now raise approximately £3.7m in a full year if the policy was implemented, which is

£0.3m higher than the original estimate as shown in the table below.

Summary of Charging Change Estimates compared to MTFP	Full Year in 25-26	9 months 24-25
	(£000)	(£000)
Latest Estimated Increased Additional Income	3,703.9	2,777.9
MTFP Assumptions	3,400.0	2,600.0
Impact on MTFP	303.9	227.9

5. Legal implications

- 5.1 The Care Act 2014 details the council's duty when assessing an individuals' care and support needs as well as the process for conducting financial assessments to work out how much the council will pay towards an individuals' care.
- 5.2 The council **may** take most of the welfare benefits individuals receive into account for the purpose of conducting the financial assessment as detailed in Part 4 of the Care and Support (Charging and Assessment of Resources) Regulations 2014 (SI 2014/2572).
- 5.3 The council's current charging policy provides for a disregard at paragraph 17.3: which details that certain benefits namely Attendance Allowance (AA), Personal Independent Payment (PIP) and Disability Living Allowance (DLA) should be taken into account **only up to** the lower rate of AA and standard rate of PIP/DLA (Care Component) disregarding whether individuals actually receive the higher rate of these benefits.
- 5.4 The proposal to change the charging policy will mean that the disregard will no longer apply and if higher rates of AA and PIP/DLA are received by individuals they would be taken into account in a financial assessment and would no longer be disregarded. This would mean that individuals in receipt of care who receive higher rate of these benefits would pay more for their care than they currently do. Importantly this doesn't mean they would be in the same position as those not in receipt of these benefits at a lower rate because other disabled persons can earn money from work (because earnings from employment or self-employment continued to be disregarded). Which means that proportionately more of a severely disabled persons income will be taken into account when calculating the contribution.
- 5.5 The council is able to change its charging policy to take into account the higher rates of AA/DLA/PIP but before making this decision **must** undertake appropriate consultation and an Equality Impact Assessment (EqIA).
- 5.6 It is the Care Act 2014 Guidance which confirms "Local authorities **should** consult people with care and support needs when deciding how to exercise this

discretion. In doing this, local authorities **should** consider how to protect a person's income."

- 5.7 The results of the consultation that has been undertaken are in appendix B and **must** be taken into account when making this decision.
- 5.8 The EqIA identifies how the proposed change to the charging policy will affect different groups of people and **must** also be taken into account. This identifies that the severely disabled will be the most affected.
- 5.9 The outcome of these consultation and EqIA exercises is contained in the report and enables the council to consider how the proposed change to the charging policy will affect different groups of individuals; consider alternative proposals to minimise any negative impact and introduce any additional measures to mitigate against any negative impact.
- 5.10 This is important because otherwise the council may find itself in a position of challenge like as occurred in the case of R (SH) v Norfolk County Council and another [2020] EWHC 3436 (Admin), where changes to their charging policy, similar to what is being proposed here, gave rise to an unintended and unforeseen discrimination claim.
- 5.11 In the Norfolk case, the council had "exercised its discretion to charge SH the maximum permissible (disregarding only those elements it is required to disregard by law)" in particular by taking into account her PIP (daily living component), which it did not do before. That, alongside proposing to apply only the statutory minimum income guarantee meant that proportionately more of SH's income was taken into account when calculating her contribution as a severely disabled person, when compared to other disabled users who could earn money from work because earnings from employment or self-employment continued to be disregarded.
- 5.12 The judge found that SH was at a distinct disadvantage being severely disabled and unable to work as against her peers being charged for care services and who are also disabled but able to work. Not having earned income that could be disregarded SH found herself in the position of having proportionately more of her income taken into account than a working disabled person allowed to keep their earnings. The judge considered that this was discriminatory and put her on a less equal footing to other disabled people being charged for care services.
- 5.13 The judge crucially found that there was no evidence that the council had considered this differential impact or the alternative approach of setting a "maximum percentage of disposable income" over and above the minimum income guarantee (as the Care Act 2014 Guidance required the council to consider). The outcome for SH was overlooked and not considered or consciously justified at all. None of the proposed mitigations structurally addressed the discriminatory impact.

- 5.14 The negative impact has to be carefully considered. Where there is the possibility of indirect discrimination careful consideration needs to be given to whether the change can be justified and is proportionate.
- 5.15 The aim seeking to be achieved by the council by implementing this policy is to ensure that the council's books balance given the forecasted position set out above. This is a legitimate aim.
- 5.16 However, the EqlA acknowledges that this impacts on 3,765 of severely disabled people.
- 5.17 The council has to consider therefore if the change is a proportionate means of achieving the aim of reducing the deficit in the adult social care budget.
- 5.18 This involves considering if a less intrusive measure could achieve the same aim – the alternatives that have been considered are set out above and finally whether there are possible ways of reducing that impact, which are also considered above.
- 5.19 To be able to defend this decision the council needs to have consulted properly and undertaken a thorough EqlA which has identified the impact. Recognising this impact the council's position has to balance any possible mitigation against the financial challenge to reduce the forecasted overspend in 24/25.

6. Equalities implications

- 6.1 An initial Equality Impact Assessment (EqlA) was published alongside the consultation document on Let's talk Kent. This has since been updated to reflect the views of consultees and other stakeholders from the consultation (Appendix B. This is a live document and will continue to be reviewed and updated.
- 6.2 Age, disability, sex, race and carer's responsibilities have been identified as having potential for negative impact if we were to implement the proposed change.
- 6.3 We have taken the following information from two sets of data, these are:
- Young people drawing on care and support aged from 18 to 25, who are moving from children's social care into adults' social care.
 - Adults aged 18 and over drawing on care and support from adult social care.
- 6.4 In the data for young people, there are 612 active individuals who receive care at home, in the community or have a direct payment that may be affected.
- 6.5 In the data for adults, there are potentially 9,011 individuals who receive care at home and in the community that may be affected now or in the future.
- 6.6 If the proposal is implemented, there is a risk of a person not being able to meet all their financial commitments and getting into debt either to KCC and/or other

companies. There is also a risk to a person's limited income meaning that they have no surplus monies for socialising or leisure activities to support their quality of life and wellbeing.

6.7 The proposal will have the **most negative impact on disabled people, especially severely disabled people** and the below is a list summarising the impacts this proposal could have:

- **Increased self-neglect and safeguarding** as some people may reduce or refuse care and support based on the increased costs.
- **Impact on wellbeing** due to the increased costs limiting their choices for social or leisure activities.
- **Direct payments** and the potential for this to no longer be a suitable option due to the increase in their financial assessment limiting the flexibility a direct payment allows.
- **Impact on the cost of living** due to the increase cost of care alongside the growing inflation on everyday basics such as food and heating.
- **Mental health** and the impact the proposal and increased costs could have on people's quality of life.

6.8 The following two quotes were provided during the public consultation by people we support or someone on their behalf.

"Disabled People who solely rely on benefits can't get money from additional sources, e.g paid work for taking on additional jobs that able bodied people can if they wish to. In an inflationary climate this is adding to financial anxiety, pressure and isolation. It's been an extremely worrying and struggling time for disabled people especially throughout the Covid pandemic, followed by the cost-of-living crisis".

"Taking more money out of the higher rate of benefit will potentially affect other areas of daily life and cost of living for someone who is already at a disadvantage. The higher rate is given because the person is severely disabled and needs help night & day in some cases especially severely disabled people who have very limited lifestyles. They cannot work or go out alone and need support to do anything. More money taken from them will just reduce their already very limited social life leaving them isolated and alone. This will adversely impact their financial, mental and physical wellbeing making it difficult for them and their Carers to live good lives"

6.9 The full EqIA is in Appendix B and **must** be taken into account when making this decision.

7. Consultation

7.1 KCC undertook a public consultation from 6 February to 7 April 2024. The consultation was hosted on KCC's [Let's talk Kent](#) website, with hard copies and support available for those who could not participate online.

- 7.2 Letters were sent to those potentially impacted by the proposals with an easy read version of the letter sent to those identified as having a learning disability. The letters contained a telephone number and email address to contact with any queries relating to the consultation or if the person was unable to access the information online and needed any support to take part. Contact details were also available on the website and all consultation material.
- 7.3 Easy read and large print versions of the consultation document and questionnaire were available at the outset, alongside a British Sign Language translation of the webpage. Posters to promote the consultation (displayed in libraries and gateways) gave information on how to request paper copies and support if people could not go online. Social care providers and staff were briefed and asked to support people in taking part in the consultation. People phoning for support were also given the option for staff to complete the questionnaire over the phone for them if required. A Word version of the questionnaire was also available from the consultation webpage for those who did not want to complete the online version.
- 7.4 223 voluntary and community organisations were offered engagement sessions to provide feedback on the proposal and the EqlA, as well as being asked to support people to participate in the consultation.
- 7.5 In advance of the consultation, meetings were held with the People's Panel, whose members include people from the Older Peoples' Forums, Mental Health User Voice and the Kent Physical Disability Forum as well as Healthwatch Kent volunteers, to discuss the proposals and review the consultation material.
- 7.6 During the consultation, constant monitoring took place to try to ensure that responses were being received across all response types including ethnic and faith groups. Where needed targeted communications were sent to encourage more responses. This targeting included reaching out to community groups and paid social media activities. There were regular targeted communications sent to 565 contacts including organisations/charities covering Older People, Physical Disability, Carers and Learning Disability. To support people that may have found it difficult to engage with the Consultation, there was a request sent to organisations and charities to be invited to forums to discuss the Consultation and impact. There was a session with the PAN Disability Forum which is facilitated by EK360 and consists of representatives from different disability groups in Kent, the driver for the PAN Disability Forum is to recognise and engage the underserved voices and communities across Kent & Medway.

7.7 There were 330 responses to the consultation. The below breakdown shows the extent to which respondents agree or disagree with the proposal. This question was answered by 328 respondents.

How much do you agree or disagree with the proposal to include the higher rate benefits payment of AA, DLA and PIP in the financial assessment for existing and new people who receive care in their own home and in the community?	No. of responses	% of responses
Strongly agree	19	6%
Tend to agree	24	7%
Neither agree nor disagree	16	5%
Tend to disagree	23	7%
Strongly disagree	242	74%
Don't know	4	1%
Total number of responses	328	

7.8 Following analysis of the feedback the main themes from the open questions were the negative financial and wellbeing impact on the affected people, the perceived unfairness and discrimination of the proposal, and suggestions to find alternative sources of funding or savings.

7.9 10 themes were identified within the feedback. The below breakdown shows the number of responses for each theme. Some responses mentioned more than one theme so the number of responses to each theme is higher than the total number of questionnaires completed.

If you have any comments on our proposal, please share these with us below:	No. of responses	% of responses
Theme		
Negative financial impact on people receiving the higher rate benefits payment of AA, DLA and PIP	283	42%
Negative impact on wellbeing for people receiving the higher rate benefits payment	136	20%
The proposal discriminates negatively against people receiving the higher rate benefits payment	109	16%
Strong negative emotions about the proposal such as being annoyed, stressed or worried	38	6%
Discrimination and negative financial, physical and mental impact on families and carers of people receiving the higher rate benefits payments	37	5%
Potential additional cost to KCC due to increased care needs	29	4%

Confusion about the proposal or felt there was a lack of information	19	3%
Difficult to complete the questionnaire online	11	2%
Comments on the legality of the proposal	10	1%
Concern that the decision has already been made	7	1%
Total number of responses	679	

7.10 The consultation report (Appendix A) includes example quotes from consultee's responses.

8. Data Protection Implications

8.1 A full DPIA was carried out and signed off by the Information Governance Lead and the Corporate Director Adult Social Care and Health

9. Other corporate implications

9.1 Feedback from the consultation was shared with the KCC Strategic Reset Programme Board on 18 April 2024.

10. Conclusions

10.1 KCC has undertaken a public consultation to gain feedback on proposed changes to the policy for chargeable care and support services provided or arranged at home and in the community to allow KCC to stop disregarding the higher or enhanced rates of AA, PIP and DLA when we calculate a person's contribution towards the cost of their care and support.

10.2 330 consultees responded to the consultation of which 81% (265) disagreed with the proposal (74% (242) strongly disagreed), stating the negative impact on financial and emotional wellbeing as the main reasons due to the increased costs of care reducing the available money they have for general living costs and social and leisure activities.

10.3 The proposal will have the **most negative impact on disabled people, especially severely disabled people**. Feedback provided during the consultation from people who are severely disabled, told us that they rely solely on their benefits to enable them to 'have a life and not just exist' due to being unable to work and generate another source of income

10.4 Considering the relevant factors and financial modelling no mitigation has been identified that will deliver the financial aim of achieving the desired level of income and reduce the negative impact on people impacted by the proposal. However, we will continue to encourage and support people to request a Disability Related Expenditure Assessment (DREA). The DREA considers disability related expenses that are above the spending a person without the disability would expect to pay. They are unique to the individual.

10.5 The proposed changes are estimated to raise an additional £3.7 million in income which, if this proposal is not implemented, then alternative savings/income would need to be achieved in other areas in KCC services.

11. Recommendations

10.1 **Recommendation(s)**: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **ENDORSE** or make **RECOMMENDATIONS** to the Cabinet Member for Adult Social Care and Public Health on the proposed decision to:

- a) **AMEND** the charging policy; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to take relevant actions, as required, to implement the revised policy.

12. Background Documents

None

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KENT COUNTY COUNCIL – PROPOSED RECORD OF DECISION

DECISION TO BE TAKEN BY:

Cabinet Member for
Adult Social Care and Public Health

DECISION NO:

24/00049

For publication Yes

Key decision: YES

Title of Decision: Adult Social Care Charging Policy – Higher Level Disability Benefits

Decision: As Cabinet Member for Adult Social Care and Public Health, I propose to:

- a) **APPROVE** the changes to the Adult Social Care Charging Policy; and
- b) **DELEGATE** authority to the Corporate Director Adult Social Care and Health to revise the Adult Social Care Charging Policy and to take relevant actions, including keeping the policy updated as necessary, to implement the decision.

Reason(s) for decision:

In line with the approved Budget Book, Kent County Council (KCC) is proposing to change its policy for charging for adult social care provided in a person's own home or in the community. This means we are reviewing how much some people may have to pay towards the chargeable services that KCC provides or arranges, which include:

- Care and support provided at home (for example homecare including supported living);
and
- Care and support provided in the community (for example daytime support).

This policy does not impact on people who live in and receive care and support in a residential care home.

We are proposing to stop disregarding the higher or enhanced rates of Attendance Allowance (AA), Personal Independent Payment (PIP) and Disability Living Allowance (DLA) when we calculate a person's income (we already take into account the lower, middle or standard rates of these benefits).

This would mean that individuals in receipt of care who receive higher rate of these benefits would have more income taken into account in their financial assessment which would mean that they are likely to pay more for their care and support than they do currently.

We need to look at the amount of income we can generate by people contributing towards the cost of their own care. This is why we are proposing a change to the charging policy.

Financial Implications:

The latest budget monitoring presented to Cabinet on 21 March 2024 shows £30m budget gap for 2023/2024, of which £31.3m relates to the Adult Social Care and Health Directorate before management action and one-off use of reserves are considered. Members have agreed the immediate actions needed to reduce spending in the short term and have set the course for getting the council back to financial sustainability, securing the services that residents in Kent need the most.

Forecast spending growth in the 2024/2025 budget approved by full Council is £209.6m (excluding externally funded). The net change to the budget is £113.9m (matched by funding increases through government grants, council tax, etc), leaving £95.7m savings and reserves to balance the budget.

Of the above, the spending growth in Adult Social Care (including the services for 18-25 year olds) 2024/2025 is £115.8m as stated in the 2024/2025 budget. The net change to the budget is £61.7m (matched by funding increases through government grants, council tax, etc), leaving £54.1m in savings/additional income which needs to be found, of which this proposal is included within.

The calculations informing the MTFP estimated that the proposed policy change could raise a net figure of approximately £3.4m in a full year. This factors in financial planning which covers the risk of increased debt and an increase in individual DRE assessments above the authorities' standard allowance.

The increase in income is assumed as part of the overall savings/income requirement to balance the 2024/2025 budget for the whole council/adult social care. If this proposal is not implemented, then alternative savings/income would need to be achieved in other areas in KCC services.

The latest estimates suggest that the proposed changes could now raise approximately £3.7m in a full year if the policy was implemented, which is £0.3m higher than the original estimate as shown in the table below.

Summary of Charging Change Estimates compared to MTFP	Full Year in 25-26	9 months 24-25
	(£000)	(£000)
Latest Estimated Increased Additional Income	3,703.9	2,777.9
MTFP Assumptions	3,400.0	2,600.0
Impact on MTFP	303.9	227.9

Legal implications:

The Care Act 2014 details the council’s duty when assessing an individuals’ care and support needs as well as the process for conducting financial assessments to work out how much the council will pay towards an individuals’ care.

The council may take most of the welfare benefits individuals receive into account for the purpose of conducting the financial assessment as detailed in Part 4 of the Care and Support (Charging and Assessment of Resources) Regulations 2014 (SI 2014/2572).

The council’s current charging policy provides for a disregard at paragraph 17.3: which details that certain benefits namely Attendance Allowance (AA), Personal Independent Payment (PIP) and Disability Living Allowance (DLA) should be taken into account only up to the lower rate of AA and standard rate of PIP/DLA (Care Component) disregarding whether individuals actually receive the higher rate of these benefits.

The proposal to change the charging policy will mean that the disregard will no longer apply and if higher rates of AA and PIP/DLA are received by individuals they would be taken into account in a financial assessment and would no longer be disregarded. This would mean that individuals in receipt of care who receive higher rate of these benefits would pay more for their care than they currently do. Importantly this doesn’t mean they would be in the same position as those not in receipt of these benefits at a lower rate because other disabled persons can earn money from work (because earnings from employment or self-employment continued to be disregarded). Which

means that proportionately more of a severely disabled persons income will be taken into account when calculating the contribution.

The council is able to change its charging policy to take into account the higher rates of AA / DLA / PIP but before making this decision must undertake appropriate consultation and an Equality Impact Assessment (EqIA).

It is the Care Act 2014 Guidance which confirms “Local authorities should consult people with care and support needs when deciding how to exercise this discretion. In doing this, local authorities should consider how to protect a person’s income.”

The results of the consultation that has been undertaken must be taken into account when making this decision.

The EqIA identifies how the proposed change to the charging policy will affect different groups of people and must also be taken into account. This identifies that the severely disabled will be the most affected.

The outcome of these consultation and EqIA exercises enables the council to consider how the proposed change to the charging policy will affect different groups of individuals; consider alternative proposals to minimise any negative impact and introduce any additional measures to mitigate against any negative impact.

This is important because otherwise the council may find itself in a position of challenge like as occurred in the case of R (SH) v Norfolk County Council and another [2020] EWHC 3436 (Admin), where changes to their charging policy, similar to what is being proposed here, gave rise to an unintended and unforeseen discrimination claim.

In the Norfolk case, the council had “exercised its discretion to charge SH the maximum permissible (disregarding only those elements it is required to disregard by law)” in particular by taking into account her PIP (daily living component), which it did not do before. That, alongside proposing to apply only the statutory minimum income guarantee meant that proportionately more of SH’s income was taken into account when calculating her contribution as a severely disabled person, when compared to other disabled users who could earn money from work because earnings from employment or self-employment continued to be disregarded.

The judge found that SH was at a distinct disadvantage being severely disabled and unable to work as against her peers being charged for care services and who are also disabled but able to work. Not having earned income that could be disregarded SH found herself in the position of having proportionately more of her income taken into account than a working disabled person allowed to keep their earnings. The judge considered that this was discriminatory and put her on a less equal footing to other disabled people being charged for care services.

The judge crucially found that there was no evidence that the council had considered this differential impact or the alternative approach of setting a “maximum percentage of disposable income” over and above the minimum income guarantee (as the Care Act 2014 Guidance required the council to consider). The outcome for SH was overlooked and not considered or consciously justified at all. None of the proposed mitigations structurally addressed the discriminatory impact.

The negative impact has to be carefully considered. Where there is the possibility of indirect discrimination careful consideration needs to be given to whether the change can be justified and is proportionate.

The aim seeking to be achieved by the council by implementing this policy is to ensure that the council’s books balance given the forecasted position set out above. This is a legitimate aim.

However, the EqIA acknowledges that this impacts on 3,765 of severely disabled people.

The council has to consider therefore if the change is a proportionate means of achieving the aim of reducing the deficit in the adult social care budget.

This involves considering if a less intrusive measure could achieve the same aim – the alternatives that have been considered are set out above and finally whether there are possible ways of reducing that impact, which are also considered above.

To be able to defend this decision the council needs to have consulted properly and undertaken a thorough EqIA which has identified the impact. Recognising this impact the council's position has to balance any possible mitigation against the financial challenge to reduce the forecasted overspend in 24/25.

Equalities implications An initial Equality Impact Assessment (EqIA) was published alongside the consultation document on Let's talk Kent. This has since been updated to reflect the views of consultees and other stakeholders from the consultation. This is a live document and will continue to be reviewed and updated.

Age, disability, sex, race and carer's responsibilities have been identified as having potential for negative impact if we were to implement the proposed change.

We have taken the following information from two sets of data, these are:

- Young people drawing on care and support aged from 18 to 25, who are moving from children's social care into adults' social care.
- Adults aged 18 and over drawing on care and support from adult social care.

In the data for young people, there are 612 active individuals who receive care at home, in the community or have a direct payment that may be affected.

In the data for adults, there are potentially 9,011 individuals who receive care at home and in the community that may be affected now or in the future.

If the proposal is implemented, there is a risk of a person not being able to meet all their financial commitments and getting into debt either to KCC and/or other companies. There is also a risk to a person's limited income meaning that they have no surplus monies for socialising or leisure activities to support their quality of life and wellbeing.

The proposal will have the most negative impact on disabled people, especially severely disabled people and the below is a list summarising the impacts this proposal could have:

- Increased self-neglect and safeguarding as some people may reduce or refuse care and support based on the increased costs.
- Impact on wellbeing due to the increased costs limiting their choices for social or leisure activities.
- Direct payments and the potential for this to no longer be a suitable option due to the increase in their financial assessment limiting the flexibility a direct payment allows.
- Impact on the cost of living due to the increase cost of care alongside the growing inflation on everyday basics such as food and heating.
- Mental health and the impact the proposal and increased costs could have on people's quality of life.

A full Data Protection Impact Assessment was carried out and signed off by the Information Governance Lead and the Corporate Director Adult Social Care and Health.

Cabinet Committee recommendations and other consultation:

KCC undertook a public consultation from 6 February to 7 April 2024. The consultation was hosted on KCC's [Let's talk Kent](#) website, with hard copies and support available for those who could not participate online.

The proposed decision will be discussed at the Adult Social Care Cabinet Committee on 15 May 2024 and the outcome included in the paperwork which the Cabinet Member will be asked to sign.

Any alternatives considered and rejected:

Alternative option considered	Why the option has not been taken forward to consultation
Only apply the proposed change to people new to receiving care and support from KCC's adult social care service from the date the new policy is implemented. This would mean that existing people receiving adult social care services would not have the higher or enhanced rates of disability benefits considered when KCC calculates a person's income	Whilst this would reduce the number of people impacted by the proposed change it would not be fair and equitable for all people who draw on care and support and would not deliver the planned savings/income requirement
Introduce the policy in stages, no more than a £12 increase to anyone's charge per year, for existing people who draw on care and support to give them time to adjust	Whilst this would reduce the impact of the proposed change it does not deliver the planned savings/income requirement as quickly. This would also be quite challenging to administrate both manually and on the case management system.
An increase to the level of Disability Related Expenditure (DRE) for everyone from £17.00	This would reduce the income available for adult social care and cause a budget gap and would be applied to all rather than just those who receive the higher and enhanced benefits.
Increase Minimum Income Guarantee (MIG) for basic living expenses such as utility bills and food	This would reduce the income available for adult social care and cause an even larger budget gap.
Automatically review DRE for all individuals who could potentially be impacted (9,276)	This would have an incredibly significant impact on operational resources and would redirect resources away from frontline services.
Offer DRE assessments for all 3,784 individuals directly impacted	This would reduce the funding available for adult social care and have a significant impact on operational resources.
Do nothing	Not really feasible due to the Council's prioritisation of moving to new models of care under the budget recovery strategy "Securing Kent's Future".

Any interest declared when the decision was taken and any dispensation granted by the Proper Officer:

.....
signed

.....
date

Kent Adult Social Care and Health

Consultation Report

Consultation on proposed changes to our charging policy to include the higher level of disability benefits in financial assessments.

Consultation dates: 6 February - 7 April 2024

<http://www.kent.gov.uk/adultsocialcarecharging>

Higher Level Disability Benefits - Consultation Report

April 2024

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Executive summary

Kent County Council (KCC) has undertaken a public consultation to gain feedback on proposed changes to the policy for chargeable care and support services provided or arranged at home and in the community.

328 responses were received. The below breakdown shows the extent to which they agree or disagree with the proposal.

How much do you agree or disagree with the proposal to include the higher rate benefits payment of AA, DLA and PIP in the financial assessment for existing and new people who receive care in their own home and in the community?	No. of responses	% of responses
Strongly agree	19	6%
Tend to agree	24	7%
Neither agree nor disagree	16	5%
Tend to disagree	23	7%
Strongly disagree	242	74%
Don't know	4	1%
Total number of responses	328	

Following analysis of the feedback the main themes from the open questions were the negative financial and wellbeing impact on the affected people, the perceived unfairness and discrimination of the proposal, and suggestions to find alternative sources of funding or savings.

10 themes were identified within the feedback. The below breakdown shows the number of responses for each theme. Some responses mentioned more than one theme so the number of responses to each theme is higher than the total number of questionnaires received.

If you have any comments on our proposal, please share these with us below:	No. of responses	% of responses
Theme		
Negative financial impact on people receiving the higher rate benefits payment of AA, DLA and PIP	283	42%
Negative impact on wellbeing for people	136	20%

receiving the higher rate benefits payment		
The proposal discriminates negatively against people receiving the higher rate benefits payment	109	16%
Strong negative emotions about the proposal such as being annoyed, stressed or worried	38	6%
Discrimination and negative financial, physical and mental impact on families and carers of people receiving the higher rate benefits payments	37	5%
Potential additional cost to KCC due to increased care needs	29	4%
Confusion about the proposal or felt there was a lack of information	19	3%
Difficult to complete the questionnaire online	11	2%
Comments on the legality of the proposal	10	1%
Concern that the decision has already been made	7	1%
Total number of responses	679	

Example quotes from consultee's responses have been included in section 3 of this document.

Comments were also received from respondents on the Equality Impact Assessment (EqIA) and can be found within section 3 of this document. These comments along with all of the feedback will be used to review and update the EqIA.

This report and the updated EqIA will be presented to KCC's Strategic Rest Programme Board and then included in a report to the Adult Social Care Cabinet Committee on 15 May 2024. Following these meetings, a decision will be taken by the Cabinet Member for Adult Social Care and Public Health.

This report and the decision will be made available on the consultation webpage www.kent.gov.uk/adultsocialcarecharging.

1. Introduction

From 6 February to 7 April 2024, Kent County Council (KCC) consulted on a proposal to include the higher level of disability benefits in financial assessments.

KCC provides adult social care services to approximately 16,394 residents aged over 18 years old. Approximately 15,806 of these people receive chargeable social care services, this includes providing services like residential care, and support and care in a person's own home or in the community.

When people living in Kent need adult social care, as well as assessing their care needs, we also assess their income to decide how much they pay towards their care. This is known as means testing. Some people don't pay anything, and the council picks up all of the cost, some people pay a contribution, and some people pay for all of their care.

KCC is proposing to stop disregarding the higher or enhanced rates of Attendance Allowance (AA), Personal Independent Payment (PIP) and Disability Living Allowance (DLA) when we calculate a person's contribution towards the cost of their care and support. This proposal does not impact on people who live in and receive care and support in a residential care home.

KCC sets out what and how people need to pay in the Adult Social Care Charging Policy. More information on the proposal, current policy, other options explored and why we are proposing to make these changes can be found in the Consultation Document, which is available from the consultation webpage www.kent.gov.uk/adultsocialcarecharging.

This document presents the analysis of the responses to the public consultation and the next steps.

2. Consultation process

Preparation for public consultation

The following activities and documentation were developed to deliver and support the consultation:

- Stakeholder analysis, including undertaking an Equality Impact Assessment (EqIA).
- Preparation of consultation and communication material, including Consultation Document, questionnaire, poster, letters, briefings and social media content.
- Presentation and discussion with KCC's People's Panel (members include people from the Older Peoples' Forums, Mental Health User Voice and the Kent Physical Disability Forum as well as Healthwatch Kent volunteers) to gather feedback on the proposal, options considered and review the consultation material.
- Formal meetings and updates at boards and committees to ensure input by the appropriate professionals.
- Briefing notes for all KCC members and Kent MPs.
- Written briefing for all care in the community providers with online briefing sessions.

Promoting the consultation

The consultation was promoted in the following ways:

- Letter to people who receive care and support.
- Direct emails to our stakeholder contact databases including contacts from health organisations, care sector, voluntary sector and community organisations, registered users of KCC's engagement website Let's talk Kent who have requested to be kept informed of Adult Social Care activity, and our Adult Social Care Your Voice network members.
- Organic and paid for social media Facebook, X and Nextdoor.
- Staff communications and provider communications via our bulletins, intranet, newsletters, briefing sessions and updates.
- Media release distributed to media outlets and uploaded to the Kent Media Hub website <https://news.kent.gov.uk/articles/call-for-views-on-future-care-charging>.
- Articles in KCC's residents' e-newsletter and Kent Association of Local Council (KALC) newsletter.
- Posters in KCC libraries and gateways.
- Digital adverts and content on websites including Kent.gov.uk homepage and Adult Social Care webpages and Connect to Support website.
- Briefing for all KCC Members and Kent MPs
- Briefing to Kent Community Wardens to enable them to raise awareness with the people and groups they engage with and provide support to participate as required.

- Targeted communication and engagement with community and disability groups and forums, including KCC’s Level Playing Field staff group and meeting with PAN disability forum.

Making the consultation accessible

The consultation was hosted on KCC’s engagement website Let’s talk Kent. To help make sure the consultation was accessible the following activity was undertaken:

- The webpage and all documentation met digital accessibility requirements.
- The Consultation Document provided examples to help illustrate how the proposed change could impact people and included a glossary explaining unfamiliar terms.
- All consultation material included details of how people could contact KCC to ask a question, request hard copies or alternative format.
- Providers and relevant KCC staff were briefed so that they could support people to participate in the consultation.
- A Word version of the questionnaire was provided on the consultation webpage for people who did not wish to complete the online version. Responses made by letter / email / telephone were also be accepted.
- Easy Read and Large print versions of the consultation material were available from the consultation webpage and on request.
- The webpage was translated into British Sign Language.
- The letters sent to people who received care contained a telephone number and email address to contact with any queries relating to the consultation.

Engagement with the webpage

A summary of the engagement with the consultation webpage and material during the consultation period can be found in the table below.

Engagement type	Total
Total visits to the webpage	2,306
Unique visitors to the webpage	1,721
Document downloads	880
Questionnaire completions	330
Telephone calls received	217
Hard copies provided	122
Emails received	92

Organic posts via Facebook had a reach of 38,693 and there were 210,155 impressions on X (Twitter) and Nextdoor.

Reach refers to the number of people who saw a post at least once and impressions are the number of times the post is displayed on someone's screen.

The posts generated 928 clicks through to the consultation webpage. (Not all social media platforms report the same statistics).

Paid Facebook adverts had a reach 87,304 and there were 335,960 impressions, which generated 3,107 clicks through to the consultation webpage.

3. Consultation responses

330 consultees took part in this consultation, completing the questionnaire either online (266) or hard copy (64).

Points to note

Consultees were given the choice of which questions they wanted to answer or provide comments on. Also, some of the questions were only asked to certain consultees depending on their answers to previous questions. Therefore, the number of consultees responding to each question may differ. The number of consultees providing an answer is shown in each table featured in this report. The sum of percentages for each table in the report may not add up to 100% due to rounding.

Respondents

The first question asked consultees to select from a list the option that best described how they were responding to the consultation.

Q1. Are you responding as ...?	No. of responses	% of responses
A person supported by adult social care or on behalf of a person supported by adult social care services	133	41%
A carer for a friend or relative that uses adult social care services	79	24%
A friend or relative of someone that uses adult social care services	59	18%
A member of the public	37	11%
A health or social care professional	6	2%
On behalf of organisation	5	2%
Other	8	2%
Total number of responses	327	

Responses were received from all respondent types included on the questionnaire. With the largest categories being 'A person supported by adult social care or on behalf of a person supported by adult social care' (41%, 133), 'A carer for a friend or relative that uses adult social care services' (24%, 79), 'A friend or relative of someone that uses adult social care services' (18%, 59) or 'A member of the public' (11%, 37).

Respondents who selected that they were responding as 'A person supported by adult social care services or on behalf of a person supported by adult social care services', 'A carer for a friend or relative' or 'A friend or relative of someone that uses adult social care services' were asked some follow up questions.

Do you, or the person you know supported by adult social care services, currently receive care provided by KCC in ...?	No. of responses	% of responses
Your own home	176	65%
In the community	77	28%
In a care home (as a resident)	10	4%
Don't know	8	3%
Total number of responses	271	

93% of respondents shared that they or the person they represent receive care in their own home or in the community.

Do you or the person you know pay a contribution/charge adult social care services that you receive in your/their own home or in the community?	No. of responses	% of responses
Yes	171	67%
No	74	29%
Don't know	9	4%
Total number of responses	254	

67% of respondents or the people they represent pay towards their own care.

What contribution do you or the person you know currently make towards the cost of the adult social care services provided by KCC?	No. of responses	% of responses
Nothing	2	1%
Pay some of the cost	137	80%
Pay most of the cost	21	12%
Pay the full cost	8	5%
Don't know	3	2%
Total number of responses	171	

97% of respondents or the people they represent contribute towards the cost of their care services.

How much do you or the person you know pay towards this care per week?	No. of responses	% of responses
I do not pay towards my care	0	0%
Under £20	20	15%
£21 to £40	43	32%
£41 to £60	17	13%
£61 to £80	17	13%
£81 to £99	8	6%
Over £100	26	19%
Don't know	5	4%
Total number of responses	136	

98% of respondents or people they represent pay towards their care with the majority of respondents or people they represent paying between £21 and £40 (32%).

Do you or the person you know receive any disability benefits?	No. of responses	% of responses
Yes	249	97%
No	5	2%
Don't know	2	1%
Total number of responses	256	

97% of respondents or people they represent receive a disability benefit.

Please tell us which of the following disability benefits you receive:	No. of responses	% of responses
Attendance Allowance (AA)	24	8%
Disability Living Allowance (DLA) Care Component	42	15%
Personal Independent Payment (PIP) Daily Living Component	201	70%
A different benefit	16	6%
Don't know	5	2%
Total number of responses	288	

Of the 249 people who responded 'Yes' to the previous question, they were then asked two follow up questions. 70% of respondents or people they represent receive PIP.

Do you receive any of the benefits listed above at the higher or enhanced rate?	No. of responses	% of responses
Yes	210	85%
No	16	6%
Don't know	21	9%
Total number of responses	247	

As above, of those that answered 'Yes' to a previous question, 85% of respondents or people they represent received benefits at the higher or enhanced rate.

How did you find out about this consultation?	No. of responses	% of responses
An email from adultsocialcarecharging@kent.gov.uk	44	13%
An email from Let's talk Kent or KCC's Engagement and Consultation team	36	11%
From a friend or relative	12	4%
From a member of KCC adult social care staff	28	8%
From my Parish / Town / Borough / District Council	7	2%
Kent.gov.uk website	9	3%
Newspaper	1	0%
Saw a poster	3	1%
Social media (Facebook, Nextdoor or X (Twitter))	24	7%
Letter	166	49%
Other	8	2%
Total number of responses	338	

49% of respondents or people they represent found out about the consultation from the letter that was sent to them.

Towards the end of the questionnaire consultees were given the opportunity to answer some additional demographic questions. It was not necessary to answer these questions if they were responding on behalf of an organisation. 240 respondents agreed to answer these questions, and the responses have been included in Appendix 1.

Consultation responses to our proposal

The questionnaire provided a summary of the proposals and link to the Consultation Document for more information. Consultees were asked if they agreed or disagreed with the proposal.

How much do you agree or disagree with the proposal to include the higher rate benefits payment of AA, DLA and PIP in the financial assessment for existing and new people who receive care in their own home and in the community?	No. of responses	% of responses
Strongly agree	19	6%
Tend to agree	24	7%
Neither agree nor disagree	16	5%
Tend to disagree	23	7%
Strongly disagree	242	74%
Don't know	4	1%
Total number of responses	328	

13% (43) respondents indicated that they either strongly agree or tend to agree with proposal and 81% (265) tend to disagree or strongly disagree. The highest response was strongly disagree, with 74% (242).

Respondents were then given the opportunity to provide comments on the proposal in their own words. These comments have been grouped into themes, as shown in the table below. Individual comments may have included more than one theme so the number of responses will be more than 330.

If you have any comments on our proposal, please share these with us below:	No. of responses	% of responses
Theme		
Negative financial impact on people receiving the higher rate benefits payment of AA, DLA and PIP	283	42%
Negative impact on wellbeing for people receiving the higher rate benefits payment	136	20%
The proposal discriminates negatively against people receiving the higher rate benefits payment	109	16%
Strong negative emotions about the proposal such as being annoyed, stressed or worried	38	6%
Discrimination and negative financial, physical and mental impact on families and carers of people receiving the higher rate benefits payments	37	5%
Potential additional cost to KCC due to increased care needs	29	4%

Confusion about the proposal or felt there was a lack of information	19	3%
Difficult to complete the questionnaire online	11	2%
Comments on the legality of the proposal	10	1%
Concern that the decision has already been made	7	1%
Total number of responses	679	

Four of the themes highlighted the fact that this proposal would have a negative impact on people affected or those that care for them. The most common theme was the negative impact this proposal would have on people financially, which was raised 283 times.

There were no positive themes from these comments.

Several quotes from consultee's responses have been included below to illustrate the themes that have been raised. Please note that the quotes are in people's own words and have not been edited.

Example quotes

"As a person on benefit and DLA iam on high rate mobility/high rate care. You took my enhancement off me because my P.A lives in my home already. I'm already paying for the extra gas electric water etc on top for that person. If you do this I will not be able to survive and pay any bills at all. Already struggling on bear bones now. If you do this you will make me homeless or leave me with no carer. So you will have to put me in a care home. Then house my family. I am at the point of thinking about suicide, congratulations KCC" (A person supported by adult social care services, or on behalf of a person supported by adult social care services)

"We are in a cost of living crisis. Disabled people are currently struggling as it is. To take more money from them is shocking, How do you expect them to afford even the basics?

I have read social media posts where disabled people have considered suicide because of this. Is that something that Kent Council are comfortable with?

Look at the actual figure that disabled people would be left with should you decide to take more money from them. Then ask yourself how you would manage with such a small amount.

As a Council, you waste loads of money. Spend wisely and you won't need to leave disabled people living in poverty." (A member of the public)

"You are targeting the most vulnerable group of people - many have no voice and cannot understand your proposal and the impact it will have on them. They cannot oppose the proposal which means the outcome of your Consultation (i.e. based on the

responses you receive) will be questionable. Some individuals will have family to speak for them but many do not have family and are solely reliant on their care companies - it is doubtful that they will be opposing this on behalf of their clients.

Many of the affected group are the people that KCC makes no provision for in the day services and activities they offer. These are the people receiving the worst services and minimal stimulation. While KCC provides these services for some people, many of the affected group receive nothing. Your expectation is that the care providers provide stimulating daily opportunities but they do not.

You are proposing to take more money from people when the quality of the care they receive is often below standard. Care companies are unable to recruit, they are using agency workers and experiencing poor staffing levels. Are they even able to provide the number of hours of care that you are paying them for each individual? The group of people that you want to pay more are being cared for by total strangers - agency workers. These people who cannot express themselves are being cared for by staff who do not know their needs (usually complex) and as a result cannot provide a high standard of care. Yet you are expecting them to pay more. They have total strangers coming into their homes to care for them, they wake up in the night to find a total stranger in their homes. How would you feel if that were you?

Why is it just these groups that you are targeting? Why not everyone? Why is it fair that only they should pay more to plug the gap for everyone?

Referring to the charging principles of the Care Act as set out in your consultation:

Promote wellbeing, social inclusion and support the vision of personalisation, independence, choice and control:

For the individuals that KCC wants to charge more for their care, KCC is certainly not promoting wellbeing and social inclusion - you provide no activities or opportunities for social interaction/ inclusion for them (unlike others with lesser needs that you do provide for). And no doubt the additional revenue raised from your proposal will help to maintain these services even though those with high needs, who will be paying more, cannot access these services.

Be person-focused - individuals are expected to fit into a care providers model of care , there is no person-centred approach.

This proposal is not fair. One group of individuals are going to be charged more to pay for everyone's care. Fair would be for everyone to pay some more and share the burden. The proposal does not apply equally, it impacts those with the highest needs and the most severely disabled.

You are already discriminating against many of these individuals in that you only provide day opportunities for those with mild to moderate learning difficulties. There is nothing

for those with severe learning difficulties - so those that you want to pay more are the ones receiving the poorest services,

In fact, with the absence of day services and activities, any activity that they do access costs them more as they not only have to pay for themselves but also their carers. With the absence of day activities and the use of agency staff, often the only activity they get is a long drive in the car and they pay for the fuel which is costly. Therefore, charging them more and reducing their available income will further reduce access to any activities, reduce wellbeing, social inclusion and any stimulation. There will be no scope for any person-centred approach.

Individuals are awarded higher rates for a reason. They have specific and higher care needs that usually mean additional expenses.

Sadly, those specific and high care needs are not provided for adequately within the current care system. However, you want them to pay more for care that is not meeting their needs, which is a situation that KCC continues to ignore.” (A person supported by adult social care services, or on behalf of a person supported by adult social care services)

“As the person paying for this, my finances would be severely affected by any increase like this. This would put my whole life in jeopardy and make living impossible. This amount of money is far too much to take from those already struggling and I do not agree with this at all. It would mean I have to choose between having care or eating/heating my house. Many may have to lose care which then causes safety and living problems. This in turn will increase health issues for the disabled and elderly and add to NHS costs. I know that if I am stressed about bills and living costs, my health suffers and deteriorates. It makes me more ill. This increases the need for more treatments in a vicious circle.

Now it is becoming impossible to access NHS treatments and medications, these have to be paid for out of disability money. It is very expensive to be disabled.

Once again this is an attack on the vulnerable and disabled when there would be other areas that could be used such as high salaries and bonuses for workers at the council.

The strain of being disabled and suffering each day is bad enough, this proposal would add so much misery to people who are already leading compromised lives. I cannot believe how cruel the council is to attack the disabled like this. There is NOTHING right about doing this and it will lead to more health issues, both physical and mental. It will lead to people possibly losing their homes. And treating older people who have given to this country throughout life, is beyond despicable. This is the lowest form of discrimination I have come across. There may well be a gap in the finances, but as someone who worked for the council in Highways, I saw how much false economy there

was and so much waste. This is not the fault of the disabled so do not use them to plug a gap that has been caused by other factors.

The NHS is letting disabled people down and many treatments that make life tolerable are now unavailable unless paid for privately. Even if available the waiting lists mean deterioration in health whilst waiting, therefore many disabled people are forced to go privately. So now disabled people are struggling to pay for a lot of their own care and the council wants to take more money from them, this will push many into more poverty.

People do not choose to be disabled and this would make them suffer even more. Why is this government taking away the rights that disabled people have fought hard for. It is like we are going backwards. When the election comes around, I will not forget this.

The levels of anxiety and depression through just being disabled are a constant battle, to take money away from disabled people, who are already struggling, will increase these levels. In fact, even the mere thought of what you are doing has increase my anxiety and depression ten-fold. This is yet another battle to fight and is so demoralising and demeaning. It makes disabled people feel like they are worth nothing.” (A person supported by adult social care services, or on behalf of a person supported by adult social care services)

“You are financially targeting one of the most vulnerable cohorts (vulnerable, disabled and elderly) most of whom will be unable to respond to letters and your 'consultation' around wanting to charge a high contribution. A cohort, who find themselves made more vulnerable because of the catastrophic lack of social care, and in my experience, poor quality 'care'. Many individuals in this cohort are already contributing hundreds of pounds per month, toward the 'care' following a financial assessment by the Council, and determination that they can live on a minimum income. The reality is they cannot; they too suffering from eye watering inflation and essentials such as food and heating being out of reach.

This approach is immoral.

If charged more, it will no longer be possible to pay for social care in the home. NHS 'continuance of care' will be sought by many I hope.” (A health or social care professional)

“We are now deeply distressed regarding this. As we are on benefits and only get income support & carers for our sons. I myself suffer bad mental health as well as MS & PsA and feel now yet again disabled and the ones on the very lowest of financial income are being target YET again. I feel that we are just a burden on society now.

I pray that you consider this as we have NO savings.” (A person supported by adult social care services, or on behalf of a person supported by adult social care services)

"I am writing to register my shock and disapproval that you are contemplating targeting the sick and elderly to claw back money to pay off over spends and wastage.

I am severely disabled due to MS, I receive the highest component of PIP because of this. My bills are higher due to being primarily housebound, thus higher heating bills and higher energy bills to maintain the running of my mobility aids, hoist, bed, wheelchair, etc. My finances are already stretched to the limit.

I eagerly await the day that euthanasia is legalised in the UK, but, until then, I have to "exist".

Please, please, please reconsider singling out the most vulnerable and in need." (A member of the public)

"I have just read your new proposals for adult social care funding and to say I am disgusted is an understatement. You have over spent for years and are now praying on the vulnerable people in society to bail you out of the situation you have got yourselves in to. You are leaving people in hospitals unnecessarily because then the NHS has to fund their support and not you, so not only are you taking away beds from people that actually need them you are stopping people who don't need them from living a better life for themselves.

Your heartless approach to adult social care and the funding is reprehensible. How can you justify any part of the proposals you have made? The people needing the support aren't the reason you haven't been able to manage a budget for years and years. You are the problem and it is absolutely horrendous that you find this anywhere near acceptable.

Of course, it's all about cutting corners and saving money for you so you don't care what happens to the people it affects.

Diabolical behaviour." (A member of the public)

"You are planning to discriminate against disabled people with higher needs by making them pay more, the very people who cannot fight for themselves as the extent of their disabilities don't allow them to. These are the most vulnerable people in our society who we should be protecting not abusing in this way. Every time disability benefits increase, KCC simply take them away, leaving these vulnerable people in financial poverty. All you'll end up doing is forcing people into residential care and much higher cost to KCC. You should be increasing awareness about direct payments and making changes to how you run your direct payment schemes to actually encourage people to use this. It works out as a much cheaper option for KCC when people employ their own staff, but you continually put barriers in place that stop people using them. You don't allow people to pay enough to employ staff (even though it's far cheaper than agencies charge), you

don't put an automatic uplift in wages each year (do your staff go years without a pay increase? No they don't and there would be uproar if they did). You won't allow home owners to access DFG's to build a space for carers to stay making it difficult to gets staff and for families sharing their homes with disabled relatives and carers. You refuse to allow direct payments to be used flexibly, such as purchasing equipment for a disabled person, we were told the mobile hoist we needed wouldn't be funded by KCC and we couldn't use our son's direct payment, we'd have to use his own money. He has no money because you deliberately keep him poor and force people to become charity cases.

It's actually the people who have these enhanced payments who have the highest disability expenditure requirements and it's these people who you should be automatically setting to 0 contributions. I hate to think how much money you waste on financial assessments and the stress it causes families who are dealing with so much and then have to become accountants on top of everything else whilst trying to keep their loved ones where they want to be at home.

As you will be aware In SH v Norfolk County Council [2020] EWHC 3426, the High Court decided that Norfolk's charging policy unlawfully discriminated against severely disabled people in the enjoyment of their benefits income (a human right), which is exactly what KCC is intending to do.

Our son is in the ESA group where he will never get paid employment, so this directly puts him at a disadvantage since others can earn without affecting their charges (or benefits within given parameters), thus they are capable of doing something to alter their poverty but our son cannot. Higher PiP daily care should not be included." (A person supported by adult social care services, or on behalf of a person supported by adult social care services)

Consultees were given the opportunity to make suggestions for how we could reduce the impact of these proposals or provide alternative options for us to consider. These responses have been grouped into themes in the table below. Some consultees took the opportunity to reiterate the feedback they provided to the previous question.

Do you have any comments on the alternative options we considered or any other options that you would like us to consider? Please tell us below:	No. of responses	% of responses
Theme		
Raise tax/council tax/funding somewhere else / tax higher earners	31	16%
Reduce staff/wage bill/money wastage / stop using agency staff / streamline services and internal processes	31	16%
Do nothing - no to the proposal	24	13%
Gradual/phased increase would be better	17	9%
Proposal is unrealistic / no common sense / unreasonable / unfair	10	5%
The budget deficit should be met by government funding	15	8%
Proposal is realistic / common sense / reasonable / fair	9	5%
A graded system dependant on the type of care and number of hours received	8	4%
Savings / income generations should be spread equally among all who receive care from ASCH and not just disabled people	8	4%
Re-assessment of Disability Related Expenses (DRE) / increase DRE	10	5%
Only apply the proposed change to new people receiving care and support from KCC's adult social care service from the date the new policy is implemented	8	4%
Stop illegal immigrants / migrants accessing public services until they have paid into them	4	2%
Look at councillor's pay and expenses	3	2%
Increase the Minimum Income Guarantee (MIG)	5	3%
Utilise direct payments more as a way of saving money	1	1%
Take into consideration the higher component of the mobility element, when not used for a Motability vehicle	1	1%
Take a percentage of the care component from people on lower rates	1	1%
Take away or charge services that don't endanger health or life	1	1%
Do not understand options	1	1%

Two clear themes rising from the suggestions were that KCC should find the funding elsewhere e.g. increase council tax and that KCC should look to reduce spend on staff, management or wastage, with both themes having 31 responses.

The next most common theme was “Do nothing – no to the proposal”, with 24 responses.

Several quotes from consultee’s responses have been included below to illustrate the themes that have been raised. Please note that the quotes are in people’s own words and have not been edited.

Example quotes
<p>“I understand savings need to be made but I feel a gradual increase would be better.” (A carer for a friend or relative that uses adult social care services)</p>
<p>“Yes raise tax somewhere else perhaps do a rich tax for people who earn over 100k and have more then one home , don’t take money from disabled people . It’s like going back to the 1800s perhaps bring back work houses?” (A person supported by adult social care services, or on behalf of a person supported by adult social care services)</p>
<p>“Your alternative options all focus on taking money away from disabled people. The budget deficit should be met by government funding. How about asking MP’s to start paying for their own lunches, for example.” (A carer for a friend or relative that uses adult social care services)</p>
<p>“Look at councillors pay and expenses. I am sure you can find savings there.” (A member of the public)</p>
<p>“Do nothing, and plug the funding elsewhere. Whilst I appreciate that there is a clear gap in the funding for KCC’s budget, targeting the most vulnerable people in our society is absolutely not the way to approach this. Do not use disabled people’s benefits, which are there to support them in their already difficult lives, to plug your gap in funding - this is not morally right or just.” (A member of the public)</p>
<p>“A combination of alternate proposals 1 and 2 - apply to new service users a step increase for existing service users Again - as above, protecting AA etc of those who are on a low income.” (A health or social care professional)</p>
<p>“I would propose looking into profit care providers are charging Care providers own supported living homes , and subsequently charge up to £2,500 per</p>

monthly rent on accommodation.

Often double of cost of identical rent on property .

Direct payment could save local authority's huge amount of money .

Care providers get fixed care package for each individual but often sharing support.” (A member of the public)

“The only fair option is to raise council tax. The burden is spread evenly, not just on the poorest and most disabled.” (A friend or relative of someone that uses adult social care services)

“Increased DRE only for people on enhanced disability benefits

Reduce the frequency of social worker review meetings” (A person supported by adult social care services, or on behalf of a person supported by adult social care services)

“A phased introduction will lessen the impact and allow individuals time to adjust personal budgets” (A person supported by adult social care services, or on behalf of a person supported by adult social care services)

Equality analysis

To help ensure that we are meeting our obligations under the Equality Act 2010, we produced an initial Equality Impact Assessment (EqIA) for the proposal put forward in this consultation. A summary of the impacts identified in the EqIA was included in the Consultation Document and the full EqIA was available to read from the consultation webpage. Consultees were asked to provide their views on the equality analysis. 150 respondents provided a response to this question.

These have been grouped into themes in the table below.

We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity, please add any comments below.	No. of responses	% of responses
Theme		
Treat people equally and without discrimination	35	34%
Negative financial impact on people receiving the higher rate benefits payment	15	15%
Disagreed with the proposal or had alternative suggestions to savings / income generation	17	17%
Disagreed with EqIA's and the need for classifying	8	8%

We welcome your views on our equality analysis and if you think there is anything we should consider relating to equality and diversity, please add any comments below.	No. of responses	% of responses
people		
Negative wellbeing impact on people receiving the higher rate benefits payment	7	7%
Discrimination and negative financial, physical and mental impact on families and carers of people receiving the higher rate benefits payments	3	3%
Concerns that some consultees will struggle to participate in the consultation	11	11%
Potential additional cost to KCC due to increased care needs	3	3%
Concern that the decision has already been made	1	1%
Concern over the legality of the proposal	1	1%

Many of the themes recorded mirror those of the previous questions, including there being a large impact on people receiving the higher rate benefits payments of AA, DLA and PIP who could potentially be affected by the proposal.

The largest proportion of responses focused on the proposal not being equal for all or treating everyone equally.

Several quotes from consultee’s responses have been included below to illustrate the responses to the EqIA. Please note that the quotes are in people’s own words and have not been edited.

Example quotes
<p>“It is not equitable to tax those most in need of support services more, purely on the basis their disability benefits are higher due to this need. I know my benefit is fully utilized in my own care needs for heating, additional costs related to my needs and care are more than the meagre benefit allows for.” (A member of the public)</p>
<p>“You are discriminating against disabled people by driving them into poverty and making them pay for a financial crisis caused by wealthy people.” (A carer for a friend or relative that uses adult social care services)</p>
<p>“This certainly sounds like another tax on the more vulnerable in society.” (A member of the public)</p>

“Not much about making things equal with your proposals.” (A member of the public)

“I really feel that the disabled people that live in the community are left at a disadvantage already. Taking more off them will leave them more disadvantaged” (A friend or relative of someone that uses adult social care services)

“The proposed measure will obviously have a very serious negative impact on people with severe disabilities, especially those with congenital learning disabilities who are likely to have no savings or other income.” (A person supported by adult social care services, or on behalf of a person supported by adult social care services)

“Particularly concerned on effects of young people. Inequalities relating to being able to express views are also concerning. This is a complicated consultation document, some families may not have access to the internet to express views . Carers are exhausted and don't have time to complete such things. Risk of carer breakdown” (A friend or relative of someone that uses adult social care services)

“A further breakdown according to severity of disability needs to be considered, as the requirement for care and support exponentially increase the more severe the disability. Therefore these people will have a greater impact from taking the higher rate into account, and will result in a reduction in care and support given, reduction to ability to pay for basic daily living expenditure and an increase in the potential for more peoples to have to be referred to inappropriate and more costly residential living, thus increasing the Council budget rather than reducing and failing to meet the requirement under the Care Act to provide individuals with choice, let alone break the councils own policy of more viable people being able to live in own homes and as independent as possible.” (A carer for a friend or relative that uses adult social care services)

“Your not treating everyone the same. In actual fact you are targeting the most vulnerable.” (A carer for a friend or relative that uses adult social care services)

“Many people in the category that you're targeting are severely disabled, will often lack capacity, cannot read or write, cannot speak or are terminally ill. Their carers are exhausted, stressed and have no time to fill in even more paperwork on top of everything else they do. Therefore unable to respond to this consultation.” (A person supported by adult social care services, or on behalf of a person supported by adult social care services)

The above feedback will be used to update and further inform the EqIA.

4. Next steps

This report and the updated EqIA will be presented to KCC's Strategic Rest Programme Board and then included in a report to the Adult Social Care Cabinet Committee on 15 May 2024. Following these meetings, a decision will be taken by the Cabinet Member for Adult Social Care and Public Health.

This report and the decision will be made available on the consultation webpage www.kent.gov.uk/adultsocialcarecharging and an email will be sent to all of those who responded and asked to be kept informed via Let's talk Kent.

5. Appendix 1 – Demographic data from ‘About You’ equality monitoring questions

The below tables show the demographics of the consultee respondents. 240 respondents agreed to answer these questions. These questions were not mandatory so volumes may differ. Only the response options selected by consultees have been included in the tables. The full list of response options for each question can be found in the Word version of the questionnaire, which is available in Appendix 2.

Please tell us the first 5 characters of your postcode:	No. of responses	% of responses
CT	78	40%
TN	53	27%
ME	43	22%
DA	15	8%
BR	4	2%
HD	1	1%
TA	1	1%
DR	1	1%
Total number of responses	196	

Are you...?	No. of responses	% of responses
Female	131	56%
Male	92	39%
I prefer not to say	11	5%
Total number of responses	234	

Is your gender the same as your birth?	No. of responses	% of responses
Yes	224	96%
No	1	0%
I prefer not to say	9	4%
Total number of responses	234	

Which of these age groups applies to you?	No. of responses	% of responses
16-24	12	5%
25-34	30	13%
35-49	40	17%
50-59	50	21%
60-64	26	11%
65-74	38	16%
75-84	25	11%
85+ over	8	3%
I prefer not to say	6	3%
Total number of responses	235	

Do you regard yourself as belonging to a particular religion or holding a belief?	No. of responses	% of responses
Yes	104	44%
No	104	44%
I prefer not to say	27	11%
Total number of responses	235	

Which of the following applies to you	No. of responses	% of responses
Christian	89	85%
Buddhist	2	2%
Hindu	1	1%
Jewish	1	1%
Muslim	1	1%
Sikh	1	1%
Other	1	1%
I prefer not to say	9	9%
Total number of responses	105	

Do you consider yourself to be disabled as set out in the Equality Act 2010?	No. of responses	% of responses
Yes	170	72%
No	57	24%
I prefer not to say	8	3%
Total number of responses	235	

Please tell us the type of impairment that applies to you?	No. of responses	% of responses
Physical impairment	112	30%
Sensory impairment (hearing, sight or both)	41	11%
Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy	75	20%
Mental health condition	55	15%
Learning disability	58	16%
I prefer not to say	4	1%
Other	23	6%
Total number of responses	368	

Are you a Carer	No. of responses	% of responses
Yes	81	35%
No	146	63%
I prefer not to say	5	2%
Total number of responses	232	

Are you ...?	No. of responses	% of responses
Heterosexual/Straight	166	72%
Bi/Bisexual	5	2%
Gay man	3	1%
Gay woman/Lesbian	5	2%
I prefer not to say	43	19%
Other	8	3%
Total number of responses	230	

To which of these ethnic groups do you feel you belong?	No. of responses	% of responses
White English	202	86%
White Scottish	4	2%
White Welsh	2	1%
Asian or Asian British Indian	3	1%
Mixed White & Black Caribbean	1	0
Mixed White & Asian	2	1%
Black or Black British African	1	0%
I prefer not to say	12	5%

Others	7	3%
Total number of responses	234	

6. Appendix 2 – Word version of consultation questionnaire

Included below is a full copy of the questionnaire.

Consultation Questionnaire

Kent County Council (KCC) is seeking your views on the proposed change to the Charging Policy for Adult Social Care provided in a person's own home or in the community. The proposal is to take into account the higher or enhanced rate of the following disability benefits when KCC calculates a person's income:

- Attendance Allowance (AA) for those receiving night care provided by KCC.
- Care component of the Disability Living Allowance (DLA) for those receiving night care provided by KCC.
- Daily living component of the Personal Independence Payment (PIP).

The consultation runs from 6 February to midnight on 7 April 2024

We recommend that you read the Consultation Document before filling in this questionnaire. All consultation material is available on our website at www.kent.gov.uk/adultsocialcarecharging.

A paper copy of the questionnaire along with a freepost envelope can be provided on request and sent by post to:

Consultation Team
 Adult Social Care & Health
 Kent County Council
 Invicta House
 Sandling Road
 Maidstone ME14 1XX

If you have any queries, please contact 03000 422 557 (Monday to Friday, 9am to 5pm) or email adultsocialcarecharging@kent.gov.uk.

Privacy: Kent County Council (KCC) collects and processes personal information in order to provide a range of public services. KCC respects the privacy of individuals and endeavours to ensure personal information is collected fairly, lawfully, and in compliance with the United Kingdom General Data Protection Regulation and Data Protection Act 2018. The full Privacy Notice is available at the end of this document.

Please ensure your response reaches us by midnight on Sunday 7 April 2024.

Section 1 – About You

If you are helping someone to respond because they cannot fill in the questionnaire themselves, please make sure your answers are about them and their details. If you also want to give your views, please fill in a separate questionnaire and include your details in that questionnaire.

Q1. Are you responding as...?

Please select the option from the list below that best represents how you are responding to this consultation.

Please select **one** option.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A. A person supported by adult social care services, or on behalf of a person supported by adult social care services |
| <input type="checkbox"/> | B. A carer for a friend or relative that uses adult social care services |
| <input type="checkbox"/> | C. A friend or relative of someone that uses adult social care services |
| <input type="checkbox"/> | D. A member of the public |
| <input type="checkbox"/> | E. A health or social care professional |
| <input type="checkbox"/> | F. On behalf of an organisation |
| <input type="checkbox"/> | G. Other |

If you are responding on behalf of an organisation, please give the name:

If you selected 'Other', please tell us how you are responding:

If you have answered Question 1 with options A, B or C, please go to the next question.

If you answered with options D, E, F or G please go to Question 9.

Q2. Do you, or the person you know supported by adult social care services, currently receive care provided by KCC in ...?

*Please select **one** option.*

- | | |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | A. Your own home |
| <input type="checkbox"/> | B. In the community |
| <input type="checkbox"/> | C. In a care home (as a resident) |
| <input type="checkbox"/> | D. Don't know |

If you answered Question 2 with options A or B, please go to the next question.

If you answered with options C or D, please go to Question 9.

Q3. Do you or the person you know pay a contribution/charge adult social care services that you receive in your/their own home or in the community?

*Please select **one** option.*

- | | |
|--------------------------|---------------|
| <input type="checkbox"/> | A. Yes |
| <input type="checkbox"/> | B. No |
| <input type="checkbox"/> | C. Don't know |

If you answered Question 3 with options A, please go to the next question.

If you answered with options B or C, please go to Question 6.

Q4. What contribution do you or the person you know currently make towards the cost of the adult social care services provided by KCC?

Please select **one** option.

- | | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | A. Nothing |
| <input type="checkbox"/> | B. Pay some of the cost |
| <input type="checkbox"/> | C. Pay most of the cost |
| <input type="checkbox"/> | D. Pay the full cost |
| <input type="checkbox"/> | E. Don't know |

If you answered Question 4 with option A or E, please go to Question 6.
If you answered with options B, C, or D, please go to the next question.

Q5. How much do you or the person you know pay towards this care per week?

Please select **one** option.

- | | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | A. I do not pay towards my care |
| <input type="checkbox"/> | B. Under £20 |
| <input type="checkbox"/> | C. £21 to £40 |
| <input type="checkbox"/> | D. £41 to £60 |
| <input type="checkbox"/> | E. £61 to £80 |
| <input type="checkbox"/> | F. £81 to £99 |
| <input type="checkbox"/> | G. Over £100 |
| <input type="checkbox"/> | H. Don't know |

Q6. Do you or the person you know receive any disability benefits?

Please select **one** option.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

A. Yes

B. No

C. Don't know

If you answered Question 6 with option A, please go to the next question.

If you answered with options B or C, please go to question 9.

Q7. Please tell us which of the following disability benefits you receive:

Please select **all that apply** option.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

A. Attendance Allowance (AA)

B. Disability Living Allowance (DLA) Care Component

C. Personal Independent Payment (PIP) Daily Living Component

D. A different benefit

E. Don't know

If you selected 'A different benefit', please tell us which benefit you receive:

Q8. Do you receive any of the benefits listed above at the higher or enhanced rate?

Please select **one** option.

- Yes
- No
- Don't know

Q9. How did you find out about this consultation?

Please select **all** that apply

- An email from adultsocialcarecharging@kent.gov.uk
- An email from Let's talk Kent or KCC's Engagement and Consultation team
- From a friend or relative
- From a member of KCC adult social care staff
- From my Parish / Town / Borough / District Council
- Kent.gov.uk website
- Newspaper
- Saw a poster
- Social media (Facebook, Nextdoor or X (Twitter))
- Other, please tell us how you found out about this consultation:

Section 2 – Our Proposal

As a council, we are facing a large increase in the cost of providing services and ever-increasing demand for services and need to find ways to make our services sustainable.

Spending growth in 2024-25 is £184.5m as stated in the updated draft 2024-25 budget. The net change to the budget is £100m (matched by funding increases through government grants, council tax, etc), leaving £84.5m gap in funding. Therefore, we are looking very closely across the whole council to close this gap through income, savings and use of reserves. One possibility is to make changes to the Adult Social Care Charging Policy.

We are proposing to start taking into account the higher or enhanced rates of the following benefits when we calculate what contribution individuals may need to make towards the cost of their care:

- Attendance Allowance (AA) for those receiving night care provided by KCC.
- Care component of the Disability Living Allowance (DLA) for those receiving night care provided by KCC.
- Daily living component of the Personal Independence Payment (PIP).

This would mean that for these people there could be an increase of up to £33.65 per week in the amount they have to pay towards their care.

This change would be applicable for all existing and new people receiving care from KCC's adult social care services in a person's own home or in the community, who have to financially contribute towards their care. The proposal is explained in full, from page 8 of the Consultation Document.

There are many other councils who already include the higher or enhanced rates of these benefits within the financial assessment. Appendix 4 of the Consultation Document provides more information.

Q10. How much do you agree or disagree with the proposal to include the higher rate benefits payment of AA, DLA and PIP in the financial assessment for existing and new people who receive care in their own home and in the community?

*Please select **one** option.*

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Strongly agree |
| <input type="checkbox"/> | Tend to agree |
| <input type="checkbox"/> | Neither agree nor disagree |
| <input type="checkbox"/> | Tend to disagree |
| <input type="checkbox"/> | Strongly disagree |
| <input type="checkbox"/> | Don't know |

Q10a. If you have any comments on our proposal, please share these with us below:

Please do not include any information that would identify you or anyone else in your answer.

On pages 10 and 11 of the Consultation Document we have provided information on alternative options we considered for how we could implement this change before reaching our preferred proposal.

Q11. Do you have any comments on the alternative options we considered or any other options that you would like us to consider? Please tell us below:

Please do not include any information that would identify you or anyone else in your answer.

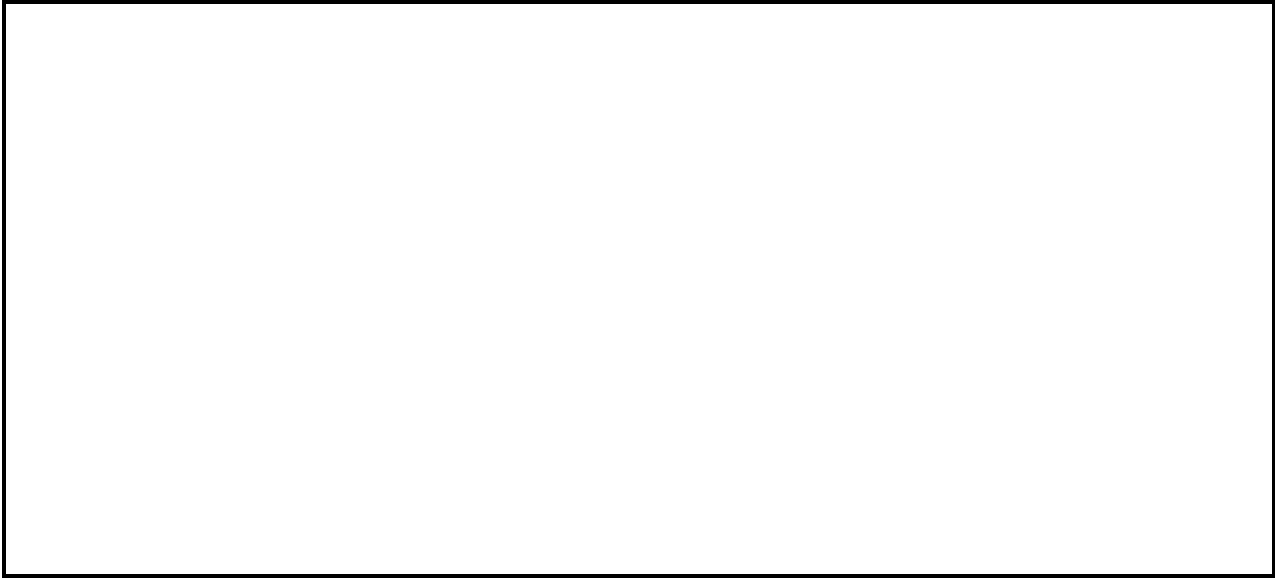
To help ensure that we are meeting our obligations under the Equality Act 2010 we have prepared an initial Equality Impact Assessment (EqIA) for the proposal put forward in this consultation.

An EqIA is a tool to assess the impact any proposals would have on the protected characteristics: age, disability, sex, gender identity, sexual orientation, race, religion or belief, and carer's responsibilities.

On page 12 of the Consultation Document, we summarise the impacts that have been identified in the EqIA. The full EqIA is available from the consultation webpage www.kent.gov.uk/adultsocialcarecharging or on request.

Q12. We welcome your views on our equality analysis, including suggestions for anything we should consider relating to equality and diversity. Please add any comments below:

Please do not include any information that would identify you or anyone else in your answer



Section 3 – More About You

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That is why we are asking you these questions. We will only use this information to help us make decisions and improve our services.

If you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

If you are responding **on behalf of someone else**, please answer using their details.

Q13. Please tell us the first 5 characters of your postcode

Please do not reveal your whole postcode. We use this to help us to analyse our data. It will not be used to identify who you are.

Q14. Are you...?

*Please select **one** option.*

Male

Female

I prefer not to say

Q15. Is your gender the same as your birth?

*Please select **one** option.*

Yes

No

I prefer not to say

Q16. Which of these age groups applies to you?

*Please select **one** option.*

<input type="checkbox"/>	0-15
<input type="checkbox"/>	16-24
<input type="checkbox"/>	25-34
<input type="checkbox"/>	35-49
<input type="checkbox"/>	50-59
<input type="checkbox"/>	60-64
<input type="checkbox"/>	65-74
<input type="checkbox"/>	75-84
<input type="checkbox"/>	85+ over
<input type="checkbox"/>	I prefer not to say

Q17. Do you regard yourself as belonging to a particular religion or holding a belief?

Please select **one** option.

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | I prefer not to say |

Q17a. If you answered 'Yes' to Q17, which of the following applies to you?

Please select **one** option.

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Christian |
| <input type="checkbox"/> | Buddhist |
| <input type="checkbox"/> | Hindu |
| <input type="checkbox"/> | Jewish |
| <input type="checkbox"/> | Muslim |
| <input type="checkbox"/> | Sikh |
| <input type="checkbox"/> | Other |
| <input type="checkbox"/> | I prefer not to say |

If you selected Other, please specify:

The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

Q18. Do you consider yourself to be disabled as set out in the Equality Act 2010?

Please select **one** option.

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |
| <input type="checkbox"/> | I prefer not to say |

Q18a. If you answered 'Yes' to Q18, please tell us the type of impairment that applies to you.

You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Physical impairment |
| <input type="checkbox"/> | Sensory impairment (hearing, sight or both) |
| <input type="checkbox"/> | Longstanding illness or health condition, such as cancer, HIV/AIDS, heart disease, diabetes or epilepsy |
| <input type="checkbox"/> | Mental health condition |
| <input type="checkbox"/> | Learning disability |
| <input type="checkbox"/> | I prefer not to say |
| <input type="checkbox"/> | Other |

Other, please specify:

A Carer is anyone who provides unpaid care, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.

Q19. Are you a Carer?

*Please select **one** option.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	I prefer not to say

Q20. Are you ...?

*Please select **one** option.*

<input type="checkbox"/>	Heterosexual/Straight
<input type="checkbox"/>	Bi/Bisexual
<input type="checkbox"/>	Gay man
<input type="checkbox"/>	Gay woman/Lesbian
<input type="checkbox"/>	Other
<input type="checkbox"/>	I prefer not to say

Q21. To which of these ethnic groups do you feel you belong?

Please select **one** option. (Source 2011 Census)

<input type="checkbox"/>	White English	<input type="checkbox"/>	Mixed White & Black Caribbean
<input type="checkbox"/>	White Scottish	<input type="checkbox"/>	Mixed White & Black African
<input type="checkbox"/>	White Welsh	<input type="checkbox"/>	Mixed White & Asian
<input type="checkbox"/>	White Northern Irish	<input type="checkbox"/>	Mixed Other*
<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Black or Black British Caribbean
<input type="checkbox"/>	White Gypsy/Roma	<input type="checkbox"/>	Black or Black British African
<input type="checkbox"/>	White Irish Traveller	<input type="checkbox"/>	Black or Black British Other*
<input type="checkbox"/>	White Other*	<input type="checkbox"/>	Arab
<input type="checkbox"/>	Asian or Asian British Indian	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Asian or Asian British Pakistani	<input type="checkbox"/>	I prefer not to say
<input type="checkbox"/>	Asian or Asian British Bangladeshi	<input type="checkbox"/>	
<input type="checkbox"/>	Asian or Asian British Other*	<input type="checkbox"/>	

*Other - If your ethnic group is not specified on the list, please describe it here:

Thank you for taking the time to complete this questionnaire; your feedback is important to us. All feedback received will be reviewed and considered before any decisions are taken.

We will report back on the feedback we receive, but details of individual responses will remain anonymous, and we will keep your personal details confidential.

Please ensure your response reaches us by midnight on Sunday 7 April 2024.

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App. You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA. Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):

Proposed changes to the charging policy for Adult Social Care in a person's own home or in the community

Updated post Consultation 17 April 2024

2. Directorate

Adult Social Care and Health

3. Responsible Service/Division

Strategic Safeguarding, Practice, Policy and Quality Assurance (SSPPQA)

Accountability and Responsibility

4. Officer completing EQIA

Note: This should be the name of the officer who will be submitting the EQIA onto the App.

Louise White – Project Manager, Innovation Delivery Team

Oluwafemi Orebe – Project Officer, Innovation Delivery Team

5. Head of Service

Note: This should be the Head of Service who will be approving your submitted EQIA.

Sarah Denson – Assistant Director Strategic Safeguarding, Practice, Policy, and Quality Assurance (SSPPQA)

6. Director of Service

Note: This should be the name of your responsible director.

Richard Smith, Corporate Director, Adult Social Care

The type of Activity you are undertaking

7. What type of activity are you undertaking?

Service Change – operational changes in the way we deliver the service to people. Answer Yes/No
No

Service Redesign – restructure, new operating model or changes to ways of working. Answer Yes/No
No

Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects. Answer Yes/No
No

Commissioning/Procurement – means commissioning activity which requires commercial judgement. Answer Yes/No
No

Strategy /Policy – includes review, refresh or creating a new document. Answer Yes/No
Yes

Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

The proposal under consideration in this Equality Impact Assessment (EqIA) is to start to take into account the higher/enhanced rates of the following benefits when Kent County Council (KCC) calculates what contribution, if any, individuals may need to make towards the cost of their care and support:

- Attendance Allowance (AA)*.
- Disability Living Allowance (care component) (DLA)*.
- Personal Independence Payment (daily living component) (PIP).

*Only if they are receiving night care which is arranged or provided by KCC.

Data received for adults (18+) shows there are potentially 9,011 individuals who receive care at home and in the community that may be affected now or in the future by the proposal.

The Care Act 2014 provides a single legal framework for charging for care and support under sections 14 and 17. It enables a local authority to decide whether to charge a person when arranging to meet a person's care and support needs or a carer's support needs.

KCC provides care and support for people with disabilities and older people who meet the eligibility criteria. Most services provided are subject to a financial assessment. The purpose of a financial assessment is to determine how much (if any) financial support a person or carer may be entitled to from their local authority.

There are three possible outcomes following a financial assessment: a). A local authority will provide no financial support. In this case the person or carer is self-funding, meaning they have to meet the full cost of their care and support, b). A local authority will provide some financial support, but not enough to cover the full amount. In this case the person or carer will be required to contribute the difference; or c). A local authority will provide full financial support. In this case the person or carer will not have to make any contribution towards the cost of their care and support.

We ensure that care and support needs are assessed **separately** from a person's ability to pay. And are clear and transparent, so that people know what they will be charged and how their contribution is calculated. We also need to be mindful of our Public Sector Equality Duty and our duties as a public sector body to protect and apply, without discrimination, all of the rights and freedoms of people that draw on care and support, as set out in the Human Rights Act.

The Department of Health and Social Care's 'Care and Support Statutory Guidance' places a duty on local authorities to promote the wellbeing of adults with care and support needs. Section 1.3 says "The wellbeing principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person."

The aim of the proposal is to increase the income to the council from the people that contribute towards their own care and support, while ensuring we offer individuals high-quality care regardless of their contribution towards it.

There is increasing demand for care and support services and financial pressures on the council to manage public funds. To make sure that services are available to those that need them, the council must make the very best use of the resources it holds and consider every option to bring in more income.

Whilst the priorities in Framing Kent's Future set out the ambition and priorities for KCC in the medium to long-term, inevitably in the short to medium-term there are policy and service decisions that must be taken to balance the annual budget, which may impact on some residents, and some people that access services and partner organisations. KCC's Budget Recovery Strategy, Securing Kent's Future, was agreed at a Cabinet meeting on 5 October 2023.

Adults who receive care and support in their own home or in the community, will need to pay for daily living costs such as rent, food and utilities; therefore, the charging rules must ensure they have enough money to meet these costs. This is referred to as minimum income guarantee (MIG) which is set at a statutory level.

For costs incurred as a direct result of a person's disability or medical condition over and above what a non-disabled person would spend, KCC applies a standard Disability Related Expenditure (DRE). The DRE is currently £17 per week for all people regardless of whether they are in receipt of a disability benefit. KCC informs the person with care and support needs and/or carer that if a person in receipt of a disability benefit believes they have Disability Related Expenditure more than the standard £17 allowance, they (or their representative) can request an individual Disability Related Expenditure Assessment, by contacting their practitioner.

In addition, the proposed changes are fully in line with the government regulations on the treatment of income for people receiving care and support services under the Care and Support (Charging and Assessment of Resources) Regulations 2014.

It is worth noting that people with long term disabilities could also be negatively affected by the rollout of Universal Credit by the Department for Works & Pensions.

In order to gain a better understanding of the impact the proposals may have on people, a public consultation was undertaken from 6 February to 7 April 2024. This was open to those individuals who already receive care in their own home or in the community and receive higher rate AA, DLA or PIP. Members of the wider public, KCC staff, service providers and organisations known to KCC, representing disabled and older people's views were very much welcomed.

The EqIA has been updated to reflect the views of consultees and other stakeholders from the consultation. The EqIA and will be submitted to the Adult Social Care Cabinet Committee in May 2024 with a view to a decision being taken by the Cabinet Member for Adult Social Care and Public Health in late May 2024.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity?

Answer: Yes/No

Yes

10. Is it possible to get the data in a timely and cost-effective way? *Answer: Yes/No*

Yes

11. Is there national evidence/data that you can use? *Answer: Yes/No*

No

12. Have you consulted with Stakeholders? *Answer: Yes/No*

Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.

Yes

13. Who have you involved, consulted and engaged with?

Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.

Formal meetings and updates at boards, committees and the working group were undertaken to ensure input by the appropriate professionals into the development of the proposals and the consultation planning. KCC members and Kent MPs were provided briefings. Briefings were given to care in the community providers to help them understand how they can support people to engage with the Consultation.

Ahead of the launch of the consultation we met with KCC's People's Panel, whose members include people from the Older Peoples' Forums, Mental Health User Voice and the Kent Physical Disability Forum as well as Healthwatch Kent volunteers, to gather feedback on the proposal, discuss the options considered and review the consultation material.

The consultation was hosted on KCC's engagement website Let's talk Kent. To help make sure the consultation was accessible the following activities were undertaken:

- The webpage and all documents met digital accessibility requirements.
- The Consultation Document provided examples to help illustrate how the proposed change could impact people and included a glossary explaining unfamiliar terms.
- All consultation material included details of how people could contact KCC to ask a question, request hard copies or alternative format.
- All consultation material included details of how people could contact KCC to ask a question, request hard copies or alternative format.
- Providers and relevant KCC staff were briefed so that they could support people to participate in the consultation.
- A Word version of the questionnaire was provided on the consultation webpage for people who did not wish to complete the online version. Responses made by letter / email / telephone were also be accepted.
- Easy Read and Large print versions of the consultation material were available from the consultation webpage and on request.
- The webpage was translated into British Sign Language.
- The letters sent to people who received care contained a telephone number and email address to contact with any queries relating to the consultation.

Letters were sent to all potentially impacted people. Emails were sent to stakeholders including contacts from health organisations, care sector, voluntary sector and community organisations, registered users of KCC's engagement website Let's talk Kent who have requested to be kept informed of Adult Social Care activity, and Adult Social Care Your Voice network members. Consultation promotional activities also included social media, newsletters, websites, posters displayed in libraries and gateways and a media release.

During the Consultation there was regular review of the data to ensure all groups and communities were engaging. There were regular targeted communications sent to 565 contacts including organisations/charities covering Older People, Physical Disability, Carers and Learning Disability. To support people that may have found it difficult to engage with the Consultation, there was a request sent to organisations and charities to be invited to forums to discuss the Consultation and impact. There was a session with the PAN Disability Forum which is facilitated by EK360 and consists of representatives from different disability groups in Kent, the driver for the PAN Disability Forum is to recognise and engage the underserved voices and communities across Kent & Medway.

14. Has there been a previous equality analysis (EQIA) in the last 3 years? Answer: Yes/No

No

15. Do you have evidence/data that can help you understand the potential impact of your activity?

Answer: Yes/No

Yes

Uploading Evidence/Data/related information into the App

Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

An analysis of the data from Adult Social Care and Health (adults 18+) and Children, Young People and Education (young people 18-25 transitioning from children's social care to adults' social care) directorates has been undertaken to identify the individuals who will be directly affected by the proposal. The data used for this EQIA is from December 2023 and we continued to use this dataset to ensure consistency, although there will have been some movement in the numbers since December 2023.

Data for young people (18-25) transitioning from children's to adults' social care, shows there are 612 active individuals who receive care and support at home, in the community or have a direct payment that may be affected.

Data for adults (18+) who draw on adults' care and support show there are potentially 9,011 individuals who receive care and support at home and in the community that may be affected now or in the future. This number represents 79% of all adults (18+) that receive care and support at home and in the community. The remaining 21% (2395 people) will not be affected by the proposed changes.

As a separate exercise we ran a financial model in September 2023 to understand the potential financial impact on people. We know that 3,784 people will be directly impacted by these proposed changes because they have the higher disability allowance and of these, 2,879 will have a change in their financial contribution if the proposal is implemented.

Although there has been analysis for each protected group, many will have a number of protected characteristics and therefore need to be considered holistically.

The below tables (using data from September 2023) show what people are currently contributing and what the changes would be if the decision is taken to implement the proposal.

Current position	Carers	Learning Disability	Mental Health	Older People	Physical Disability	Sensory	Unknown	Total
Nil	0	475	68	38	403	38	6	1,028
Part payer	0	1,625	117	215	591	30	13	2,591
Full payer	0	21	17	49	70	7	1	165
	0	2,121	202	302	1,064	75	20	3,784

Post-implementation if decision is taken	Carers	Learning Disability	Mental Health	Older People	Physical Disability	Sensory	Unknown	Total
Nil	0	353	42	25	288	26	6	740
Part payer	0	1,714	133	218	666	39	12	2,782
Full payer	0	54	27	59	110	10	2	262
	0	2,121	202	302	1,064	75	20	3,784

Movement	Carers	Learning Disability	Mental Health	Older People	Physical Disability	Sensory	Unknown	Total
Nil	0	353	42	25	288	26	6	740
Nil to part payer	0	122	26	13	113	12	0	286
Nil to full payer	0	0	0	0	2	0	0	2
Part payer	0	1,592	107	205	553	27	12	2,496
Part payer to full payer	0	33	10	10	38	3	1	95
Full payer	0	21	17	49	70	7	1	165
	0	2,121	202	302	1,064	75	20	3,784

A refresh of the data from March 2024 (below), used within the EqIA, shows the number of people, broken down by care need, and how much the proposed change to charging would impact their weekly contribution.

People in receipt of benefits included in the policy change							
	Learning Disability	Mental Health	Older People	Physical Disability	Sensory	Unknown	Total
Zero impact	393	74	63	348	39	11	928
up to £5	65	19	2	24	3	-	113
between £5 and £15	13	9	9	43	3	-	77
between £15 and £25	42	6	10	50	2	1	111
between £25 and £30	6	4	5	19	-	-	34
between £30 and £33.64	27	4	3	23	3	-	60
Full £33.65	1,596	120	195	582	33	15	2,541
	2,142	236	287	1,089	83	27	3,864
					People financially impacted		2,936

The table below shows a breakdown by care need and the movement by type of payer if the proposal was implemented.

Movement in weekly contribution by type of payer							
	Learning Disability	Mental Health	Older People	Physical Disability	Sensory	Unknown	Total
Nil payer (stays as Nil payer)	371	51	22	294	30	8	776
Part payer (stays as part payer)	1,595	120	195	577	32	14	2,533
Full payer (stays as full payer)	22	23	41	54	9	3	152
Nil payer to part payer	123	30	15	121	8	1	298
Nil payer to full payer	-	-	-	1	-	-	1
Part payer to full payer	31	12	14	42	4	1	104
	2,142	236	287	1,089	83	27	3,864
					People financially impacted		2,936

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients – Answer: Yes/No

Yes

Residents/Communities/Citizens – Answer: Yes/No

Yes i.e. current and prospective people that draw on care and support.

Staff/Volunteers – Answer: Yes/No

No

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? Answer: Yes/No

Yes

18. Please give details of Positive Impacts

KCC uses the financial contributions that people make to ensure we can continue to help as many people with care and support needs as possible with the limited resources that are available.

KCC anticipates that this proposal will contribute to our 'Securing Kent's Future' objective of protecting frontline services and continuing to provide the level of care and support needed by people in Kent who have a physical or mental impairment, disability or illness that meets the eligibility criteria.

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for Age? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Age

The data shows that there is a larger proportion of young people who may be affected should these proposed changes be implemented following consultation and this could potentially impact on their emotional and social wellbeing due to having less disposable income each week.

88.07% (539) of the young people (aged 18-25) that may be impacted, currently receive learning disability support, 3.92% (24) receive Physical Support - Personal Care Support, 3.10% (19) receive Physical Support – Access, Mobility Only and the remaining people receive mental, physical, or sensory support.

Below is a breakdown of the ages and number of young people that will be affected in each age group

Age	Individual Count	% of Total
18	51	8%
19	62	10%
20	78	13%
21	70	11%
22	80	13%
23	92	15%
24	95	16%
25	84	14%
Total	612	100%

Below is the breakdown by age band of the potentially 79% (9,011) adults (aged 18+) who may be affected. The remaining 21% are not impacted by the proposed changes.

Age	Individual Count	% of Total
60 and below	4,278	38%
60+ and above	4,733	41%
Total	9,011	79%

Increased Self-Neglect and Safeguarding

The proposed changes could increase self-neglect and/or safeguarding as some people may choose to reduce or refuse care and support due to the increased cost. Some may decide to reduce or end their

service resulting in their needs potentially not being met. There is limited evidence to suggest that this could happen, and this was not reflected through feedback during the consultation. If a person chooses to reduce their care and support, in most cases this would unlikely reduce their charge, unless they significantly reduce their charge to below their own care contribution.

Impact on Wellbeing

Someone may choose to decrease or end their care and support if the proposal is implemented. Or keep the care and support the same but have less money to spend on activities, food, heating which could impact on an individual's physical or mental wellbeing. Consultation responses highlighted how people are already financially stretched due to the cost of living and these proposals will have a further negative impact, people expressed that they will "be existing and not living".

Care and support could be ceased by the individual or their carer if they lack capacity to make decision regarding care and support; potentially increasing the risk of safeguarding referrals and carer breakdown.

A person may choose to reduce or stop attending activities in the community due to increased costs to their package of care which equally could impact negatively on the persons mental health due to increased isolation, their ability to maintain personal relationships and participation in leisure activities, and contribution to society. As wellbeing is individualistic this would need to be determined for each person.

Feedback received through the consultation:

- "Please do not charge our young adults. Their PIP is used for their care needs outside of what KCC provide and it is morally and ethically wrong that you are making proposals to make vulnerable adults contribute from their PIP. The PIP is for the individual to decide what care needs they wish to spend their enhanced level PIP on to support their day to day needs. I wish you would stop preying on vulnerable people who actually need support from KCC. It is completely wrong what KCC are proposing and I urge you not to proceed with any changes. Please support our young people to live good lives instead of making it harder for them and their carers. We as parents/carers of our young people are so stressed by your proposals and I wonder if legally you are actually able to do what you are proposing!!! Also as a carer myself of our young adult we have the responsibility for caring for days not covered by local authority and also night care responsibilities".
- "Particularly concerned on effects of young people. Inequalities relating to being able to express views are also concerning. This is a complicated consultation document; some families may not have access to the internet to express views. Carers are exhausted and don't have time to complete such things. Risk of carer breakdown".

Direct Payments

A small number of people with a direct payment could be impacted by this proposal. Following a person's financial assessment the contribution that they are assessed to pay is deducted from the personal budget/direct payment i.e. the person is paid their direct payment net of their financial contribution. Therefore, this could restrict the flexibility that direct payments allow including access to types of service and support which could have a negative impact on wellbeing.

Impact of the cost of living on residents

If the proposal to increase the means tested charge is implemented, there is a risk of a person not being able to meet all their financial commitments and getting into debt either to KCC and/or other companies.

There is also a risk that a person's limited income means that they have no surplus monies for socialising or leisure activities to support their quality of life and wellbeing.

Households across the country have struggled to keep up with growing inflation due to unprecedented rises in everyday basics such as food and heating.

Mental Health

Feedback received through the consultation process confirms that:

- “For some individuals receiving a letter from KCC regarding the proposal created a great deal of stress/ anxiety and are deeply depressed as they do not know how they will survive if it is implemented which may further affect their already fragile mental health. It is taking from the most vulnerable in society who need the most help”.
- “Taking more money out of the higher rate of benefit will potentially affect other areas of daily life and cost of living for someone who is already at a disadvantage. The higher rate is given because the person is severely disabled and needs help night & day in some cases especially severely disabled people who have very limited lifestyles. They cannot work or go out alone and need support to do anything. More money taken from them will just reduce their already very limited social life leaving them isolated and alone. This will adversely impact their financial, mental and physical wellbeing making it difficult for them and their Carers to live good lives”.

c) Mitigating Actions for Age

Increased Self-Neglect and Safeguarding

Based on the duty to safeguard, KCC will respond as appropriate and apply any waivers necessary to ensure care and support is provided regardless of an individual's ability to pay. KCC will respond as appropriate and on an individual basis and assess risks to the individual. High Risk Panels /Risk Forums can be accessed as required by practitioners for advice and guidance where an individual assessed as needing care and support decides to cancel or reduce care and support.

KCC has the power to exercise discretion when making decisions on charging, taking into account individual circumstances. KCC will act reasonably when making such decisions, for example, considering impact on person's wellbeing, individual financial hardship/outgoings.

Wellbeing and Mental Health

Section 1 of the Care Act describes wellbeing as ‘actively seeking improvements in wellbeing when carrying out care and support function’. Therefore, to minimise the effect on emotional, social wellbeing and mental health this proposal could have on people, practitioners will work with people that draw on care and support to ensure that the assessment and review process is holistic. They will work with the person to look at social and emotional needs and explore what is available within the community to support them.

Practitioners will take the opportunity during any contact (for example assessment and review) with the person and/ or their representative to establish impact on wellbeing, and respond appropriately in order to prevent, reduce or delay the impact on potential needs for care and support.

Community Involvement Officers will make links between communities and social care teams. Sharing with social care teams what networks and community support is available.

Feedback received through the consultation to highlight impact on young people's wellbeing and mental health:

- "Taking even more money from my Son, means at the age of 19 I'm still financially looking after him out of my own money as most of his will be taken away, just so he can attend a day centre 10 hours a week. I feel utterly disgusted this is even a thought or a suggestion. Why is it the most vulnerable are the ones hit the most. If you start charging even more, I'll have no choice but to pull him out of his day centre and his respite. Which will be detrimental to his mental health and mine. He is already a recluse and stays in his bedroom apart from the 2 days a week that he goes to a day centre. You have got to take into account that its not just his money you will be taking, its mine too. The more you take from him, the more I have to pay out of my money to keep him at home. If I put him into residential care it would cost you a lot more! The 2 days he goes to the day centre, are the 2 days I'm able to work. If I can't send him, I can't work. Which means me going onto benefits which would cost you even more money. The small pittance I get in wages and carers allowance is an embarrassing as it is".

Impact of the cost of living on residents

In the context of the cost-of-living pressures, individuals will be entitled to request an individual Disability Related Expenditure Assessment (DREA) which could help if the proposed changes are approved following consultation and more information about individual rights to request a DREA and the eligibility criteria can be found on our KCC website www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care/disability-related-expenditure-assessment. During the consultation there has been feedback on ensuring there is increased awareness and consistency with the DREA process, through improved training and practice guidance and dedicated staff. This feedback is being taken forward with recommendations that all requests for a DREA are presented to Practice Assurance Panels, that dedicated practitioners complete the DREA's as well as introducing DREA practice champions across the County, alongside general awareness raising for the social care workforce.

Following a government announcement in September 2021, the Department for Work and Pensions introduced a Household Support Fund to help households with essential. The Household Support Fund was distributed by councils in England to directly help those who needed it most. The grant is distributed through small payments to support vulnerable households meet daily needs such as food, clothing, and utilities. This fund has again been extended until September 2024, more information on this fund and how to apply can be found on our KCC website <https://www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care/benefits/household-support-fund>.

We will endeavour to make sure that people are aware of the above as well as independent support and advice that is available through organisations such as Citizens Advice.

Care and Support Statutory Guidance

The Department of Health and Social Care's guidance states that a person will have their benefits maximised at the same time as the means tested assessment is carried out. Having benefits maximised helps with persons overall wellbeing, can reduce stress and can help to reduce the risk of a deterioration in a person's wellbeing. It is KCC practice, at the same time as the means tested assessment, to help a person claim all their entitled benefits. The Financial Assessment Officer will ensure the person is advised of the benefits they may be entitled to and ensure they receive the correct advice and information on how to claim, which may include signposting to the relevant organisations.

Direct Payments

Practitioners will work with people that draw on care and support to ensure if a direct payment cannot be accessed there is consideration for how care and support needs can be met.

d) Responsible Officer for Mitigating Actions – Age

Sarah Denson – Assistant Director SSPPQA

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Disability

People with disabilities/chronic health conditions are disproportionately represented in the adult social care group of people that draw on care and support. Within this group, the proposed change will apply equally regardless of the type of disability/health condition. However, people with certain severe disabilities/health issues may be more likely to be on the higher rate of the disability benefits, due to being unable to work and needing support through the night, and therefore more significantly affected if the proposed changes are approved following consultation. In addition, people with certain conditions or disabilities may find the proposed policy hard to understand and therefore difficult to take part in the consultation. A carer or other representative can be asked to respond on their behalf.

Below is the breakdown by disability support reasons of the potentially 612 young people (18-25) who receive care at home, in the community or have a direct payment that may be affected.

Disability Support Reasons	Individuals Count	% of Total
Learning Disability Support	539	88.07%
Mental Health Support	2	0.33%
Physical Support - Access and Mobility Only	19	3.10%
Physical Support - Personal Care Support	24	3.92%
Sensory Support - Support for Dual Impairment	6	0.98%
Sensory Support - Support for Hearing Impairment	13	2.12%
Sensory Support - Support for Visual Impairment	4	0.65%
Social Support - Support for Social Isolation / Other	2	0.33%
Support with Memory and Cognition	3	0.49%
Total	612	100%

Below is the breakdown by disability support reasons of the potentially 79% (9,011) adults (18+) who may be affected.

Disability Support Reasons	Individual count of those that may be affected by the proposal	Total	Percentage of Total (those that may be affected)
Autism High Functioning	<10	<10	<1%
Carers	<10	468	<1%
Learning Disability Support 18-64	2,553	2,643	22%
Learning Disability Support 65+	218	226	2%
Mental Health Support 18-64	394	905	3%
Mental Health Support 65+	46	97	<1%
Not Recorded	30	35	<1%
Physical Support Access and Mobility Only 18-64	539	626	5%
Physical Support Access and Mobility Only 65+	1,132	1,436	10%
Physical Support Personal Care and Support 18-64	1,059	1,171	9%
Physical Support Personal Care and Support 65+	2,392	3,044	21%
Sensory Support for Dual Impairment 18-64	23	23	<1%
Sensory Support for Dual Impairment 65+	14	16	<1%
Sensory Support for Hearing Impairment 18-64	33	36	<1%
Sensory Support for Hearing Impairment 65+	15	18	<1%
Sensory Support for Visual Impairment 18-64	36	39	<1%
Sensory Support for Visual Impairment 65+	33	39	<1%
Support with Memory and Cognition 18-64	352	401	3%
Support with Memory and Cognition 65+	136	180	1%
Total	9,011	11,406	79%

Overall, from the above data we know that 3,765 people receive the higher allowance and will be directly impacted if the proposed changes are approved following consultation. Of the 3,765, we know that 2,142 people are learning disability and 1,089 are physical disability.

Impact on Wellbeing

Someone may choose to decrease or end their care and support if the proposal is implemented. Or keep the care and support the same but have less money to spend on activities, food, heating which could impact on an individual's physical or mental wellbeing. Consultation responses highlighted how people are

already financially stretched due to the cost of living and these proposals will have a further negative impact, people expressed that they will “be existing and not living”.

A person may choose to reduce or stop attending activities in the community due to increased costs to their package of care which equally could impact negatively on the persons mental health due to increased isolation, their ability to maintain personal relationships and participation in leisure activities, and contribution to society. As wellbeing is individualistic this would need to be determined for each person.

Feedback received through the consultation:

- “Disabled people are already disproportionately disadvantaged, as the additional costs for daily living with a disability are much greater. Many disabled people live in inappropriate housing, unable to access even their bathroom or kitchen, with no empowerment to improve their circumstances and at increased risk of homelessness for a variety of reasons. Increasingly our clients are dealing with a very complex mix of issues, and they require support that is person-centred, intensive and long term. Many are unable to access their GP and are overwhelmed trying to navigate health and care systems”.
- “Disability allowances are designed to support where a person has greater demands upon their own resources and an award of the higher rate reflects the fact that even greater demands exist”.
- “Proposed increases in the charges levelled at those who use KCC Social Care Services will disproportionately effect those that receive the higher rates of DLA and PIP. By default, directly affecting those that are significantly disabled and are already at the lowest point is life's wheel of fortune”.
- “The more a care package is needed the higher the care contribution is. In the current system a disabled person with high social care needs is penalised financially under the current social care system. This seems counter intuitive when they have a higher level of disability and or health conditions”.
- “A reduction in available resources may result in a higher risk of falling into poverty, increased loneliness if a person isn’t able to or can’t afford to get out and this may negatively effect on a person’s mental health potentially putting more strain on adult health and social services. While short term savings may be made, in the longer term this will lead to increased cost elsewhere as people look for support, fall into ill health, or worse, crisis”.
- “Disabled People who solely rely on benefits can’t get money from additional sources, e.g paid work for taking on additional jobs that able bodied people can if they wish to. In an inflationary climate this is adding to financial anxiety, pressure and isolation. It’s been an extremely worrying and struggling time for disabled people especially throughout the Covid pandemic, followed by the cost-of-living crisis”.

Mental Health

Feedback received through the consultation process confirms that.

- “For some individuals receiving a letter from KCC regarding the proposal created a great deal of stress/ anxiety and are deeply depressed as they do not know how they will survive if it is implemented which may further affect their already fragile mental health. It is taking from the most vulnerable in society who need the most help”.
- “Taking more money out of the higher rate of benefit will potentially affect other areas of daily life and cost of living for someone who is already at a disadvantage. The higher rate is given because the person is severely disabled and needs help night & day in some cases especially severely

disabled people who have very limited lifestyles. They cannot work or go out alone and need support to do anything. More money taken from them will just reduce their already very limited social life leaving them isolated and alone. This will adversely impact their financial, mental and physical wellbeing making it difficult for them and their Carers to live good lives”.

Increased Self-Neglect and Safeguarding

The proposed changes could increase self-neglect and/or safeguarding as some people may choose to reduce or refuse care and support due to the increased cost. Some may decide to reduce or end their service resulting in their needs potentially not being met. There is limited evidence to suggest that this could happen, and this was not reflected through feedback during the consultation. If a person chooses to reduce their care and support, in most cases this would unlikely reduce their charge, unless they significantly reduce their charge to below their own care contribution.

Direct Payments

A small number of people with a direct payment could be impacted by this proposal. Following a person’s financial assessment the contribution that they are assessed to pay is deducted from the personal budget/direct payment i.e. the person is paid their direct payment net of their financial contribution. This could mean that the person may no longer be able to use a direct payment and therefore no longer has the flexibility that direct payments allow. This could have a negative impact on the types of care and support someone accesses.

Disability and Complex Health Conditions

People with a disability and complex health conditions could be more negatively impacted by this proposal due to reduced income and expenses for disability and health condition.

Impact of the cost of living on residents

If the proposal to increase the means tested charge is implemented, there is a risk of a person not being able to meet all their financial commitments and getting into debt either to KCC and/or other companies. There is also a risk that a person’s limited income means that they have no surplus monies for socialising or leisure activities to support their quality of life and wellbeing. Households across the country have struggled to keep up with growing inflation due to unprecedented rises in everyday basics such as food and heating.

c) Mitigating Actions for Disability

Increased Self-Neglect and Safeguarding

Based on the duty to safeguard, KCC will respond as appropriate and apply any waivers necessary to ensure care and support is provided regardless of an individual’s ability to pay. KCC will respond as appropriate and on an individual basis and assess risks to the individual. High Risk Panels /Risk Forums can be accessed as required by practitioners for advice and guidance where an individual assessed as needing care and support decides to cancel or reduce care and support.

KCC has the power to exercise discretion when making decisions on charging, taking into account individual circumstances. KCC will act reasonably when making such decisions, for example, considering impact on person’s wellbeing, individual financial hardship/outgoings.

Wellbeing and Mental Health

To minimise the effect on emotional, social wellbeing and mental health this proposal could have on people, practitioners will work with people that draw on care and support to ensure that the assessment and review process is holistic. They will work with the person to look at social and emotional needs and explore what is available within the community to support them.

Practitioners will take the opportunity during any contact (for example assessment and review) with the person and/ or their representative to establish impact on wellbeing, and respond appropriately in order to prevent, reduce or delay the impact on potential needs for care and support.

Community Involvement Officers will make links between communities and social care teams. Sharing with social care teams what networks and community support is available.

Impact of the cost of living on residents

In the context of the cost-of-living pressures, individuals will be entitled to request an individual Disability Related Expenditure Assessment (DREA) which could help if the proposed changes are approved following consultation and more information about individual rights to request a DREA and the eligibility criteria can be found on our KCC website www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care/disability-related-expenditure-assessment. During the consultation there has been feedback on ensuring there is consistency with the DREA process, through improved training and practice guidance and dedicated staff. This feedback is being taken forward with recommendations that all requests for a DREA are presented to Practice Assurance Panels, that dedicated practitioners complete the DREA's as well as introducing DREA practice champions across the County, alongside general awareness raising for the social care workforce.

We will endeavour to make sure that people are aware of independent support and advice that is available through organisations such as Citizens Advice.

Disability and Complex Health Conditions

To reduce the impact on disabled people with complex health conditions individuals will be entitled to request an individual Disability Related Expenditure Assessment (DREA). The DREA considers disability related expenses that are above the spending a person without the disability and complex health conditions would expect to pay. They are unique to the individual.

Care and Support Statutory Guidance

The Department of Health and Social Care's guidance states that a person will have their benefits maximised at the same time as the means tested assessment is carried out. Having benefits maximised helps with persons overall wellbeing, can reduce stress and can help to reduce the risk of a deterioration in a person's wellbeing. It is KCC practice, at the same time as the means tested assessment, to help a person claim all their entitled benefits. The Financial Assessment Officer will ensure the person is advised of the benefits they may be entitled to and ensure they receive the correct advice and information on how to claim, which may include signposting to the relevant organisations.

Direct Payments

Practitioners will work with people that draw on care and support to ensure if a direct payment cannot be accessed there is consideration to how care and support needs can be met.

d) Responsible Officer for Mitigating Actions - Disability

Sarah Denson – Assistant Director SSPPQA

21. Negative Impacts and Mitigating actions for Sex

a) Are there negative impacts for Sex? Answer: Yes/No

(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Sex

Whilst the proposed changes do not directly impact people based on their sex, we recognise that the data shows there is a disproportionate representation as outlined below.

In the data for young people (18-25) who draw on support 65.36% (400) of the group that may be affected are male whilst 34.64% (212) are female.

Sex	Individuals Count	% of Total
Female	212	34.64%
Male	400	65.36%
Total	612	100%

In the data for adults (18+) who draw on support, 43% (4,896) are female whilst 36% (4,051) are male.

Sex	Individual count of those that may be affected by the proposal	Total	% of Total (those that may be affected)
Female	4,896	6,192	43%
Male	4,051	5,136	36%
Not recorded	28	33	<1%
Unknown	36	45	<1%
Total	9,011	11,406	79%

During the consultation there were not any comments in regard to the impact or differences in opinion between men and women.

c) Mitigating Actions for Sex

To consider any individual needs, practitioners will work with people that draw on care and support to ensure that the assessment and review process is holistic.

Practitioners will take the opportunity during any contact (for example assessment and review) with the person and/ or their representative to establish impact on individual needs.

d) Responsible Officer for Mitigating Actions - Sex

Sarah Denson – Assistant Director SSPPQA

22. Negative Impacts and Mitigating actions for Gender identity/transgender

a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No

(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Gender identity/transgender

c) Mitigating actions for Gender identity/transgender

d) Responsible Officer for Mitigating Actions - Gender identity/transgender

23. Negative Impacts and Mitigating actions for Race

a) Are there negative impacts for Race? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Race

Whilst the proposed changes do not directly impact people based on their race, we recognise that there are specific health and economic inequalities that should be considered in terms of the impact of the proposed changes. People from a Black, Asian and other minority ethnic backgrounds are more likely to suffer from underlying health conditions.

In the data for young people (18-25) who draw on support 8% (52) of the group that may be affected are Black, Asian and other minority ethnic backgrounds. They could be impacted negatively by the proposed changes.

Race	Individuals Count	% of Total
Asian and any other Asian background	19	3%
Black and any other Black background	20	3%
Any other mixed background	13	2%
Not Recorded/Not Stated	0	0%
Any other Ethnic Groups	6	1%
White - British	520	85%
White - Other	34	6%
Total	612	100%

In the data for adults (18+) who draw on support 3% (387) of the group that may be affected are Black, Asian and other minority ethnic backgrounds and 4% (462) unknown. They could be impacted negatively by the proposed changes.

Race	Individual count of those that may be affected by the proposal	Total	% of Total (those that may be affected)
Asian/Asian British	165	227	1%
Black, Black British, Black Welsh, Caribbean or African or Unspecified	90	127	1%
Mixed/Multiple ethnic groups	100	126	1%

Not Recorded/Not Stated	462	807	4%
Any Other Ethnic Groups	32	49	<1%
White - British	7,783	9,534	68%
White - Other	379	536	3%
Total	9,011	11,406	79%

Direct Payments

A small number of people with a direct payment could be impacted by this proposal. Following a person's financial assessment the contribution that they are assessed to pay is deducted from the personal budget/direct payment i.e. the person is paid their direct payment net of their financial contribution. This could mean that the person may no longer be able to use a direct payment and therefore no longer has the flexibility that direct payments allow, this could be accessing culturally relevant care and support.

c) Mitigating Actions for Race

Impact of the cost of living on residents

In the context of the cost-of-living pressures, individuals will be entitled to request an individual Disability Related Expenditure Assessment (DREA) which could help if the proposed changes are approved following consultation and more information about individual rights to request a DREA and the eligibility criteria can be found on our KCC website www.kent.gov.uk/social-care-and-health/adult-social-care/paying-for-care/disability-related-expenditure-assessment. During the consultation there has been feedback on ensuring there is consistency with the DREA process, through improved training and practice guidance and dedicated staff. This feedback is being taken forward with recommendations that all requests for a DREA are presented to Practice Assurance Panels, that dedicated practitioners complete the DREA's as well as introducing DREA practice champions across the County, alongside general awareness raising for the social care workforce.

We will endeavour to make sure that people are aware of independent support and advice that is available through organisations such as Citizens Advice.

Direct Payments

Practitioners will work with people that draw on care and support to ensure if a direct payment cannot be accessed there is consideration to how care and support needs can be met.

Disability and Complex Health Conditions

To reduce the impact on disabled people with complex health conditions individuals will be entitled to request an individual Disability Related Expenditure Assessment (DREA). The DREA considers disability related expenses that are above the spending a person without the disability and complex health conditions would expect to pay. They are unique to the individual.

d) Responsible Officer for Mitigating Actions – Race

Sarah Denson – Assistant Director SSPPQA

24. Negative Impacts and Mitigating actions for Religion and belief

a) Are there negative impacts for Religion and Belief? *Answer: Yes/No*
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Religion and belief

Whilst the proposed changes do not directly impact people based on their religion and belief, there is a large number where religion and belief are unknown therefore actions are required to improve our data.

Direct Payments

A small number of people with a direct payment could be impacted by this proposal. Following a person's financial assessment the contribution that they are assessed to pay is deducted from the personal budget/direct payment i.e. the person is paid their direct payment net of their financial contribution. This could mean that the person may no longer be able to use a direct payment and therefore no longer has the flexibility that direct payments allow, this could be accessing culturally relevant care and support.

c) Mitigating Actions for Religion and belief

We need to improve our data; this is being addressed through our operational teams which includes action on how we improve collecting data.

Direct Payments

Practitioners will work with people that draw on care and support to ensure if a direct payment cannot be accessed there is consideration to how care and support needs can be met, in particular culturally relevant care and support.

d) Responsible Officer for Mitigating Actions - Religion and belief

Sarah Denson – Assistant Director SSPPQA

25. Negative Impacts and Mitigating actions for Sexual Orientation

a) Are there negative impacts for sexual orientation. Answer:
Yes/No (If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Sexual Orientation

c) Mitigating Actions for Sexual Orientation

d) Responsible Officer for Mitigating Actions - Sexual Orientation

Sarah Denson – Assistant Director SSPPQA

26. Negative Impacts and Mitigating actions for Pregnancy and Maternity

a) Are there negative impacts for Pregnancy and Maternity? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Pregnancy and Maternity

c) Mitigating Actions for Pregnancy and Maternity

d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity

Sarah Denson – Assistant Director SSPPQA

27. Negative Impacts and Mitigating actions for marriage and civil partnerships

a) Are there negative impacts for Marriage and Civil Partnerships? Answer: Yes/No
(If yes, please also complete sections b, c, and d).

No

b) Details of Negative Impacts for Marriage and Civil Partnerships

c) Mitigating Actions for Marriage and Civil Partnerships

d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships

Sarah Denson – Assistant Director SSPPQA

28. Negative Impacts and Mitigating actions for Carer's responsibilities

a) **Are there negative impacts for Carer's responsibilities?** Answer: Yes/No
(If yes, please also complete sections b, c, and d).

Yes

b) Details of Negative Impacts for Carer's Responsibilities

The change may result in increased charges to individuals because less income will be disregarded, so may result in the following:

- Person may choose not to receive care from KCC because of increased charges. This might result in needs being unmet and impact on their safety and wellbeing.
- As a result, any carer may be required to provide more unpaid care, thereby affecting their economic wellbeing.
- This might also result in increased need for support from other KCC services such as more respite or the carer is not willing and able to continue with their caring role and ASC needs to meet all needs.
- Increase in safeguarding concerns due to carer breakdown.

The Care Act says Local Authorities should have regard for whether a carer works or not or whether they are participating in or wish to participate in education, training or recreational activities.

In the data for young people (aged 18-25) who draw on care and support there was no carer responsibility identified.

In adults (18+) out of the potentially 79% (9,011) individuals who may be affected. 2% (238) have carer responsibility while 77% (8,773) do not.

In Kent, an estimated 148,341 adults aged 16+ provide the following unpaid care each week:

- 94,640 provide 1-19 hours
- 18,131 provide 20-49 hours
- 35,570 provide 50 hours

Therefore, Carers are playing a key role in supporting people and if impacted by this proposal could increase carer support needs and the care and support for individuals they are caring for.

Wellbeing and Mental Health

There is a big responsibility on Carers who are already providing unpaid care and support. A lot of Carers and families are already facing problems with their financial, mental and physical wellbeing. If people decide not to go ahead with some of the care they receive due to introduction of the proposal this could have a huge impact on the financial, mental and physical health of everyone involved including Carers and families. This is because the pressure of supporting them could fall on their Carers and this could impact them unfairly.

Financial Impact on Carers

The consultation highlighted the potential negative financial impact on Carers.

Consultation feedback:

- "My son's PIP is used for other important things, such as clothes, food and travel to name but a few, if this is used to pay is day to day care in the community it just will not stretch. This on top of the fact you only like to spend money to support three days out in daycare services, when they are at school

for five days also means my husband and I will have a lot less money as we will have to give up work to cover this. We can't have help taken away from every direction".

- "This service was given to me so that my daughters could have their own life's. They are young carers and were doing all the household chores. This was set in place to relief them of the burden. If I was made to pay for my care, I could not afford it as I use my pip to pay my mortgage and have no disposable income. This means I would have to cancel the support I get and my children's life's would take a huge impact".

c) Mitigating Actions for Carer's responsibilities

The Care Act (2014) and its supporting regulations and guidance sets out a clear legal framework for how local authorities support an individual who has been identified as a Carer.

An individual who has been identified as a Carer can be eligible for support in their own right. Carers have the right to information, advice and guidance, prevention, needs assessments, eligibility criteria, personal budgets, support planning, direct payments and reviews.

Wellbeing and Mental Health

To minimise the effect on emotional, social wellbeing and mental health this proposal could have on people, practitioners and Carer organisations will work with Carers to ensure that the assessment and review process is holistic. They will work with the person to look at social and emotional needs and explore what is available within the community to support them.

Practitioners will take the opportunity during any contact (for example assessment and review) with the Carer to establish impact on wellbeing, and respond appropriately in order to prevent, reduce or delay the impact on potential needs for care and support.

Community Involvement Officers will make links between communities and social care teams. Sharing with social care teams what networks and community support is available.

Working with health and social care staff to ensure Carers are signposted and connected with the right information, advice and guidance.

Financial Impact on Carers

An individual who has been identified as a Carer can be eligible for support in their own right. Carers have the right to information, advice and guidance, prevention, needs assessments, eligibility criteria, personal budgets, support planning, direct payments and reviews.

If the carer supporting the person is impacted by this proposal, the Carer could request the person has an individual Disability Related Expenditure Assessment (DREA) which could help if the proposed changes are approved following consultation and more information about individual rights to request a DRE assessment and the eligibility criteria can be found on our KCC website [Disability related expenditure assessment - Kent County Council](#). During the consultation there has been feedback on ensuring there is consistency with the DREA process, through improved training and practice guidance and dedicated staff. This feedback is being taken forward with recommendations that all requests for a DREA are presented to Practice Assurance Panels, that dedicated practitioners complete the DREA's as well as introducing DREA practice champions across the County, alongside general awareness raising for the social care workforce.

We will endeavour to make sure that people are aware of independent support and advice that is available through organisations such as Citizens Advice.

d) Responsible Officer for Mitigating Actions - Carer's Responsibilities

Sarah Denson – Assistant Director SSPPQA

Appendix C - Post consultation mitigations

Mitigation	Impact financially	Impact on people we support	Impact operationally	Overall impact
<p>Increasing the Minimum Income Guarantee (MIG) for all affected individuals.</p>	<p>Does not deliver the financial aim of achieving the desired level of income.</p> <p>For example, every £1 increase will reduce the full year income by £145k (does not take into account debt/increased DRE).</p>	<p>This option could reduce the impact on people we support but this would be dependent on the contribution an individual pays and the cost of their care.</p> <p>For majority of people we support they will see an increase of the full amount (£33.65 per week) and therefore any increase to the MIG would have a minor effect on the impact of this proposal.</p>	<p>This would require a manual implementation process, therefore, increasing administration and additional resources:</p> <ul style="list-style-type: none"> • implementation over a 3-month period – approximately £36k • ongoing monitoring* – approximately £72k <p>*ongoing monitoring would be required until all financially affected individual were no longer receiving care and support in their own home or in the community.</p> <p>To remove the need for a manual process, significant changes would be required to Mosaic (ASCH case management system). These changes would require a third party to action at a significant cost.</p>	<p>This option has been ruled out due to not delivering the financial aim of achieving the desired level of income, increased administration and having a minor effect on the negative impact for people we support.</p> <p>To make amendments would result in the Council no longer being in line with national guidance and doubling the currently number of permutations.</p> <p>The MIG was reviewed four years ago and brought in line with national guidance.</p>
Increasing	Does not deliver the financial	This option could reduce	This would require	This option has been ruled

<p>the Disability Related Expenditure (DRE) for individuals receiving higher rate benefits.</p>	<p>aim of achieving the desired level of income.</p> <p>For example, every £1 increase will reduce the full year income by £145k (does not take into account debt/increased DRE).</p>	<p>the impact on people we support but this would be dependent on the contribution an individual pays and the cost of their care.</p> <p>For majority of people we support they will see an increase of the full amount (£33.65 per week) and therefore any increase to the DRE would have a minor effect on the impact of this proposal.</p>	<p>increased administration if this was to be only implemented for existing people impacted by the proposal because of needing to create a manual process.</p> <p>To implement a manual process, would require increasing administration additional resources:</p> <ul style="list-style-type: none"> • implementation over a 3-month period – approximately £36k • ongoing monitoring* – approximately £72k <p>*ongoing monitoring would be required until all financially affected individual were no longer receiving care and support in their own home or in the community.</p> <p>To remove the need for a manual process, changes would be required to Mosaic (ASCH case management system). This would result in being applied to all existing and new people. These</p>	<p>out due to not delivering the financial aim of achieving the desired level of income, increased administration and having a minor effect on the negative impact for people we support.</p>
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			changes would require a third party to action at a significant cost.	
Introduce an exceptional disregard for all affected individuals.	<p>Does not deliver the financial aim of achieving the desired level of income.</p> <p>For example, every £1 increase will reduce the full year income by £145k (does not take into account debt/increased DRE).</p>	<p>This option could reduce the impact on people we support but this would be dependent on the contribution an individual pays and the cost of their care.</p> <p>For majority of people we support they will see an increase of the full amount (£33.65 per week) and therefore any exceptional disregard would have a minor effect on the impact of this proposal.</p> <p>This would also create a differential impact on people with the same financial means.</p>	<p>This would require increased administration if this was to be only implemented for existing people impacted by the proposal because of needing to create a manual process.</p> <p>To implement a manual process, would require increasing administration additional resources:</p> <ul style="list-style-type: none"> • implementation over a 3-month period – approximately £36k • ongoing monitoring* – approximately £72k <p>*ongoing monitoring would be required until all financially affected individual were no longer receiving care and support in their own home or in the community.</p> <p>To remove the need for a manual process, changes would be required to Mosaic</p>	<p>This option has been ruled out due to not delivering the financial aim of achieving the desired level of income, increased administration and having a minor effect on the negative impact for people we support.</p>

			(ASCH case management system). This would result in being applied to all existing and new people. These changes would require a third party to action at a significant cost.	
Phase the changes to the charging policy over three years.	<p>Does not deliver the financial aim of achieving the desired level of income.</p> <p>The income would be over three years and therefore not achieve the level of income required for 24/25 onwards.</p> <p>For example, £33.65 per week over three years based on the current implementation timeline:</p> <ul style="list-style-type: none"> • July 2024 £12 (Implementation) • April 2025 £12 • April 2026 £9.65 <p>The financial impact and reduced income based on the current implementation timeline would be as follows:</p> <ul style="list-style-type: none"> • July 2024 £1.33 million • April 2025 £1.69 million • April 2026 £1.75 million 	<p>Reduces the initial impact on people we support as the increased charging would be introduced over a three-year period.</p> <p>However, after the three years the full proposed charge would be applicable and would still have a negative impact on people we support.</p>	<p>This would require increased administration if this was to be only implemented for existing people impacted by the proposal because of needing to create a manual process.</p> <p>This would require a manual process, therefore, increasing administration and would require the following additional resources:</p> <ul style="list-style-type: none"> • implementation over a 3-month period – approximately £36k • ongoing monitoring* – approximately £72k • annual reassessment process** over a 4-month period – approximately £120k <p>*ongoing monitoring would</p>	<p>This option has been ruled out due to not delivering the financial aim of achieving the desired level of income, significant increased administration and although initial reduced impact for people their charges would still increase over a three-year period.</p>

			<p>be required until all financially affected individual were no longer receiving care and support in their own home or in the community.</p> <p>** this would be required for year two and year three.</p> <p>To remove the need for a manual process, changes would be required to Mosaic (ASCH case management system). This would result in being applied to all existing and new people. These changes would require a third party to action at a significant cost.</p>	
<p>Automatically carry out an individual DRE assessment for everyone financially affected</p>	<p>An individual DREA is available to people who draw on care and support at any time.</p> <p>The council always runs the risk of DRE's higher than the standard £17 as this is based on individual need.</p>	<p>This will be resource intensive for people as they need to provide evidence of expenditure and could see people go through an unnecessary process as a DREA may not be relevant.</p> <p>A new DREA could lead to an increased DRE payment, and this could</p>	<p>This would significantly increase administration due to being a manual process and would require the following additional resources:</p> <ul style="list-style-type: none"> • implementation face to face, over a 3-month period – approximately £155k • financial reassessment – 	<p>This option has been ruled out due to the significant increase in administration and the possibility for people to go through an unnecessary process.</p>

		<p>reduce the negative impact of the proposed changes.</p> <p>Not everyone could see an increase in DRE payments because they may not have the additional disability expenditure and the £17 standard DRE is sufficient. Therefore, not reducing the negative impact for these people.</p>	<p>approximately £71,844</p> <p>DREA's are reviewed annually and therefore will require additional resources on an annual basis.</p>	
Not to implement proposed policy change	Does not deliver the financial aim of achieving the desired level of income.	<p>No increase to charges over and above annual increases.</p> <p>Therefore, there is no negative impact on people we support.</p>	<p>Requires no system or policy changes and no additional resources.</p> <p>Therefore, there is no impact operational.</p>	<p>This option has been ruled out due to not delivering the financial aim of achieving the desired level of income.</p> <p>Additional income/savings would need to be identify from other areas in KCC.</p>

Key:

RAG	Definition
	Does not deliver the financial aim of achieving the desired level of income
	Has an impact on the financial aim of achieving the desired level of income
	Has a minimal impact on the financial aim of achieving the desired level of income

From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Richard Smith, Corporate Director Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 15 May 2024

Subject: **ADULT SOCIAL CARE AND HEALTH PERFORMANCE Q4 2023/2024**

Classification: Unrestricted

Previous Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary: This paper provides the Adult Social Care Cabinet Committee with an update on adult social care activity and performance during Quarter 4 for 2023/2024 and outlines the changes being made to the suite of measures for 2024/2025.

Quarter 4 again saw increases in demand and pressures on adult social care, there was an increase in people making contact, increases in Care Needs Assessments to be undertaken, increased delivery of Carers Assessments, ongoing increases in people needing support with mental health needs, a substantial increase in Deprivation of Liberty Safeguards applications received and an increase in safeguarding concerns.

Whilst continuing to manage these increases, adult social care has continued to keep the numbers of people in a short term residential or nursing bed decreasing, delivered as many Deprivation of Liberty Safeguards assessments as those being received, kept our contacts being provided with Information, advice and guidance meaningful (ASCH1), increased the percentage of Care Needs Assessments delivered within 28 days (ASCH2), increased the number of people with a Direct Payment (ASCH3) and maintained the percentage of people at home after 91 days (ASCH4) and those supported in a care home Care Quality Commission rated as good or outstanding.

The suite of Key Performance Indicators and activity measures will essentially stay the same for 2024/2025 to allow for continuity, however the main change will be the inclusion of performance data for those accessing the Children, Young People and Education (CYPE) 18-25 year old division, who are supported by CYPE on behalf of the Corporate Director Adult Social Care and Health.

Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 4 2023/2024 and changes to the suite of measures for 2024/2025.

1. Introduction

- 1.1 A core function of the Cabinet Committee is to review the performance of services which fall within its remit. This report provides an overview of the Key Performance Indicators (KPI) for Kent County Council's (KCC) adult social care services. It includes the KPIs presented to Cabinet via the KCC Quarterly Performance Report (QPR).
- 1.2 Annually the suite of measures is reviewed and changes made where necessary to reflect changes in practice and local or national policy; these are outlined in section 3.
- 1.3 Appendix 1 contains the full table of KPIs and activity measures with performance over previous quarters and where appropriate against agreed targets.

2. Overview of Performance

- 2.1 Adult social care had 21,671 people contact them in Quarter 4; for the whole of 2023/2024 it was 53,626 unique individuals, with a total volume of 178,193 contacts. The KPI on the percentage of people who re-contacted adult social care, having had a previous contact resolved with advice and information, moved to 5% re-contacting us remaining below the threshold of 9% and continues to be RAG rated Green. Each quarter in 2023/2024 has either been 5% or 4%.
- 2.2 The aim of the Area Referral Service is to provide advice and support which prevents, reduces or delays the onset and development of need in line with the Care and Support Statutory Guidance of the Care Act 2014. The service provides robust information for people to help them find and access the right support without drawing them into adult social care. Staff in the referral service aim to provide advice with sustainable outcomes to keep people as independent as possible for as long as possible. The implementation of the Locality Operating Model in April 2023 changed the delivery model of our "front door" and moved to having the Area Referral Services based on a more local footprint, widening the team to include social workers and social care practitioners. This has improved the local knowledge and professional support offered at first contact with adult social care.
- 2.3 In addition to providing telephone advice there is also a suite of online Self-Assessment tools, providing an opportunity for people, or those who support them, to help them understand their needs and the services available as well as the financial side to accessing social care support. The online self-assessment tool on needs provides a 'prescription' of advice including the option for a digital solution alongside the traditional options.
- 2.4 Quarter 4 saw adult social care complete 4,382 Care Needs Assessments (CNA), and for the whole of 2023/2024 there were 18,105 CNAs completed, with an incoming volume of 18,787. Delivering CNAs, both in a timely manner and to a high quality is a key driver and priority for adult social care, and is included in all targeted work and action plans across adult social care. All Area

Operational Managers are now in post in the four areas adding capacity for managing performance. It is important to note though that each CNA is delivered with the person, for the person, and is worked through with their agreement and this can take time.

- 2.5 For the KPI of the percentage of CNAs completed within 28 days (ASCH 2) of the incoming CNAs for Quarter 3, 73% were completed within 28 days which although is another increase on the previous quarter since the 66% seen in Quarter 1, it is still below the floor standard of 80% and is RAG Rated Red. Initial figures for Quarter 4 also show 73%, however these remain under review and are subject to updates.
- 2.6 881 Carers' Assessments were completed in Quarter 4 by adult social care and the Carers' organisations. This was above the number that were proposed at 851. Adult social care is ensuring that the new practice assurance panel process implemented in March 2024 will increase the identification of Carers' and the offer of a Carers Assessment.
- 2.7 Where eligible for support, people receive a Care and Support Plan (C&SP) which details with the person they can be supported and the services they may receive. Adult social care had 16,350 people with an active C&SP at the end of Quarter 4. Not everyone will go on to need a support package and adult social care has seen varying numbers of new support packages being arranged each quarter, in Quarter 3 it was 2,395 and in Quarter 4 it was 2,069, however both of these figures will change as the client recording system is updated. The average weekly cost of new support packages were £620 and £603, which are also subject to change.
- 2.8 Adult social care completed 2,306 annual reviews of the C&SP in Quarter 4, with 9,278 for the whole of 2023/2024. This volume of completions is below the number of ongoing reviews becoming due but the completions in Quarter 3 and Quarter 4 have led to a stabilisation of the number of people requiring an annual review on the last day of the quarter at 6,000. Operational Teams are prioritising delivery of reviews, both the first review at 6-8 weeks and the annual reviews, delivery of which are part of the Performance Assurance Framework.
- 2.9 Where people need short-term enablement services, adult social care has the Kent Enablement at Home Service (KEaH) which aims to keep people independent and in their home. Quarter 4 saw a decrease on the previous quarter in the number of people actively receiving this support to 1,656. Although there were decreases in Quarter 3 and Quarter 4, overall 2023/2024 had 5% more people accessing KEaH when compared to the previous year.
- 2.10 The KEaH Service continues to work with referrals from multiple sources, including from acute and community hospitals, and reaches out to adult social care teams to help maximise the opportunities for people to receive enablement. The KEaH team has spent this time helping those who are ready to leave but are unable to do so (for example they need further support but a provider has not been located) and were able to make substantial progress with helping those move to new provider, and also used their capacity for updates to training, additional training and practice reviews.

- 2.11 There will be people who require residential or nursing care on a temporary basis (either while their longer-term needs or circumstances are assessed, or to provide respite) via the hospital discharge pathways or from community settings, and adult social care has been working to reduce the use of Short-Term Beds (STB) as well as the amount of time people spend in them, ensuring they maximise the opportunities for people to remain independent in their own homes. There was another decrease into Quarter 4 of 9% on the previous quarter, with just 1,071 people in a STB. This is the lowest number for Quarter 4 we have seen for two years.
- 2.12 Ensuring people only spend the time they need to in a STB and the work by the enablement services, such as KEaH and Occupational Therapists meant that adult social care maintained 84% of people aged 65 and over at home 91 days after discharge from hospital having had reablement services (ASCH 4). Winter pressures started in Quarter 3 and continued to Quarter 4 and work continued with partners in the integrated Transfer of Care Hubs, with cross-working by the Short Term Pathways Teams and Health colleagues.
- 2.13 Direct Payments are nationally recognised as an effective way to enable people to remain independent and in their own homes with clear personal choice and control of their support. In Quarter 4 there was an increase to 26% of people in community services with a Direct Payment and is the highest we have seen for over two years. This measure does however remain RAG Rated Amber (ASCH 3). There continue to be increases in the numbers of carers, people with learning disabilities, and mental health needs receiving a Direct Payment.
- 2.14 Adult social care does continue to see people aged over 65 years old going into long term residential and nursing care. In the 12 months to the end of Quarter 3, the admission rate was 626 per 100,000 of the population and the KPI remains RAG Rated Red. It is expected that the more recent quarters will increase as the information on the client recording system is updated.
- 2.15 Although the aim is for people to leave a STB and go back to the community, there have been some increases this year in the move from a STB to a long-term bed. Adult social care has seen more people needing to start a long-term placement in a care home in general, either from hospital discharge pathways or following increased needs. The introduction of practice assurance panels in March 2024 will ensure all opportunities for support in the community are considered and exhausted before people enter long term support in care homes.
- 2.16 The percentage of KCC supported people in a care home with a Care Quality Commission (CQC) rating of Good or Outstanding was maintained at 75% for Quarter 4 and continues to be RAG Rated Amber. There has been no increase in the proportion of those in an Inadequate home this quarter remaining at 1% (ASCH 6).
- 2.17 There are currently eight care homes (two older person care homes and six learning disability, physical disability, and mental health care homes) who have contract suspensions in place to prevent further placements. A collaborative approach between KCC, Health colleagues and external agencies is taken to

support providers to deliver on comprehensive multi agency action plans to improve CQC ratings.

- 2.18 The number of people with mental health needs who are contacting services is increasing. The Mental Health Services monthly statistics produced by NHS Digital provides figures for December 2023 show that 1.87 million people were in contact with mental health services. The majority of these (1,206,919) were in contact with adult services. In July 2023 the figures were 1.75m and 1,136,347 respectively.
- 2.19 Adult social care is supporting discharge from Mental Health Hospitals as a priority to ensure people who are in need of inpatient Mental Health Services are supported. We are working closely with Kent and Medway Partnership Trust and partners to implement the transformation of Mental Health Services, which will see the implementation of a new model for Community Mental Health Teams, this started in East Kent and is now being developed across the county with the aim of providing better access to health support.
- 2.20 We support people across a spectrum of need levels from those with co-occurring conditions, people with behaviours that challenge, to people who require lower levels of support to maintain their independence. Some people with Autism are also recorded as having a primary mental health need and require varying support provision. The need for a sound understanding of how to engage with and support people with a mental health need is paramount in many instances as this enables adult social care to support people who may otherwise fall through the net.
- 2.21 In Quarter 4, and specifically in January, adult social care saw the highest number of Deprivation of Liberty Safeguards (DoLS) applications received. 2,731 were received, 1,041 in January alone. Increased demand is expected and forecast for Quarter 4 each year but this was above expectations. For the whole of 2023/2024 over 9,500 applications were received, and was an increase of 1% on the previous year.
- 2.22 The DoLS Team completed 2,733 assessments, addressing increased applications in Quarter 4 and regular work each year during this period is planned in by the DoLS Head of Service and built into their winter planning actions. In total, 8,984 assessments were completed in 2023/2024, a 2% increase on 2022/23.
- 2.23 The number of safeguarding enquiries open on the last day of the quarter continues to increase. Quarter 4 saw a further increase of 5% in safeguarding concerns received and an increase of 8% in active safeguarding enquiries. The new Safeguarding Hubs were implemented at the end of Quarter 4 and their work on the incoming safeguarding concerns is expected to give the community teams working on the enquiries more time to complete them; The teams are already reporting back the positive effect of the hubs on helping to manage safeguarding.

3. Key Performance Indicators and Measures for 2024/2025

3.1 Adult social care will be keeping the suite of current KPIs and activity measures the same, with one new measure for Safeguarding, the inclusion of data relating to the 18-25 year old division (delivered by CYPE on behalf of the Corporate Director Adult Social Care and Health) additional information to two measures to allow for further understanding of demand and provide context, and the change of targets for two of the KPIs. The table below provides an outline of the changes to the suite of performance measures for 2024/2025.

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The below measures have a target change		
ASCH 1	The percentage of people who have their contact resolved by Adult Social Care and Health but then make contact again within 3 months	Decrease the target to 5% with an upper threshold of 9%
ASCH 2	The proportion of new Care Needs Assessments (CNA) delivered within 28 days.	Decrease the target to 85%, floor to 75%. Include CYPE 18-25 data.
The below measures will now include data from the 18-25 year old team in CYPE		
ASCH 3	The percentage of people in receipt of a Direct Payment with Adult Social Care and Health.	
ASCH 8	The number of new CNAs to be undertaken and the number of people requiring a CNA on the last day of the quarter	
ASCH 10	The number of people with an active Care & Support Plan at the end of the quarter	
ASCH 16	The number of people in Long Term Residential or Nursing Services and the number of people receiving a long-term community services during the quarter.	
ASCH 18	The number of DoLS applications received and the number of DoLS assessments completed	
ASCH 19	The number of safeguarding enquiries open on the last day of the quarter	
The below measures will now include more information		
ASCH 9	The number of new Carers' assessments to be undertaken and the number delivered	Add incoming Carers' assessments
ASCH 13	The number of people requiring a first Review (6-8 weeks) or an annual review to be completed on the last day of the quarter.	Add in first reviews to the chart Include CYPE 18-25 data.
The below measures will be a new Activity Measure		
ASCH 20	Outcome of concluded Section 42 Safeguarding Enquiries where a risk was identified	

4. Conclusion

- 4.1 Quarter 4 continued to see adult social care deal with high levels of demand and pressures across all the teams; there have been improvements in delivery on a number of KPIs this quarter, and continued good performance in priority areas such as the use of short-term beds, and delivery of DoLS assessments. Work is ongoing with Operational Teams on prioritisation and risk management of these demands so we can meet our statutory duties and keep people safe and independent.

5. Recommendation

5.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **NOTE** the performance of adult social care services in Quarter 4 2023/2024 and changes to the suite of measures for 2024/2025.

6. Background Documents

None

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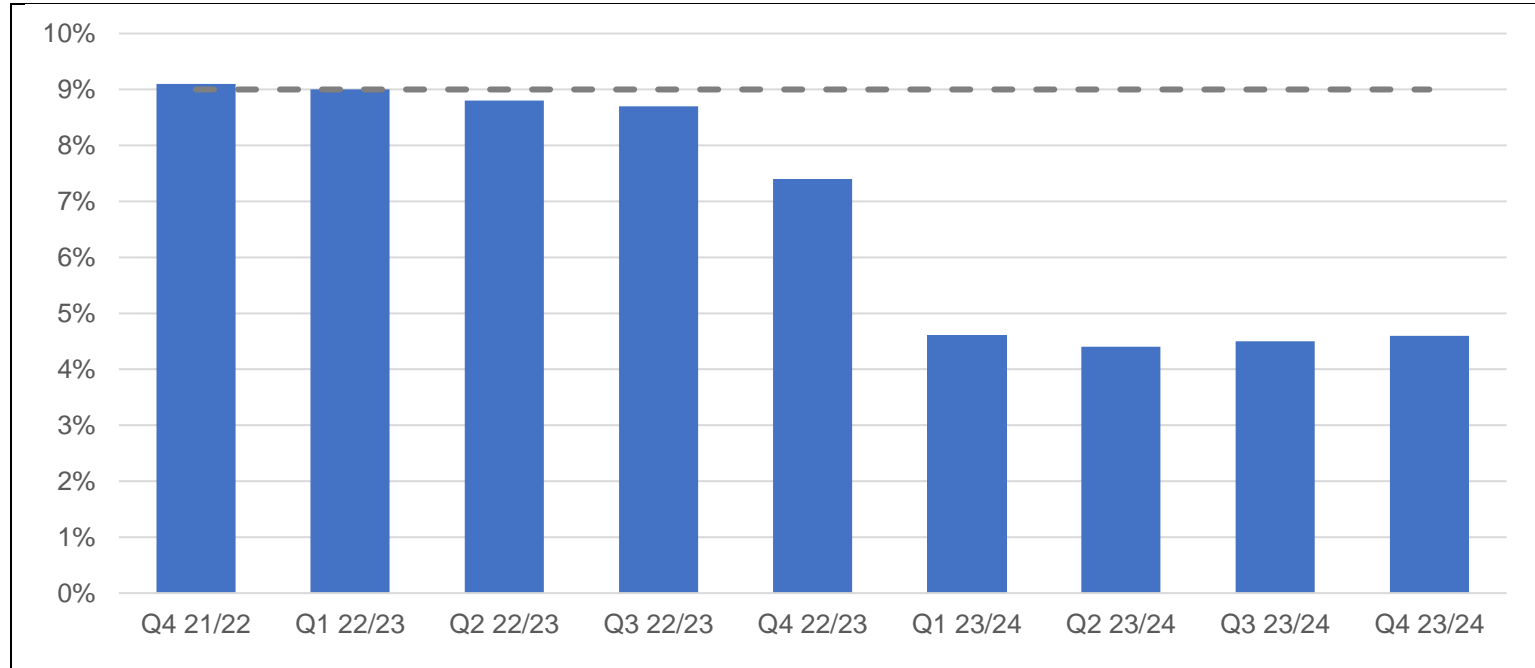
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Appendix 1: Adult Social Care and Health Key Performance Indicators and Activity Performance 2023/2024

ASCH1: The percentage of people who have their contact resolved by Adult Social Care and Health (ASCH) but then make contact again within 3 months.

GREEN
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Technical Notes:

Target set at 9% (dotted line) with an upper threshold of 13%

The overall Direction of Travel is significant.

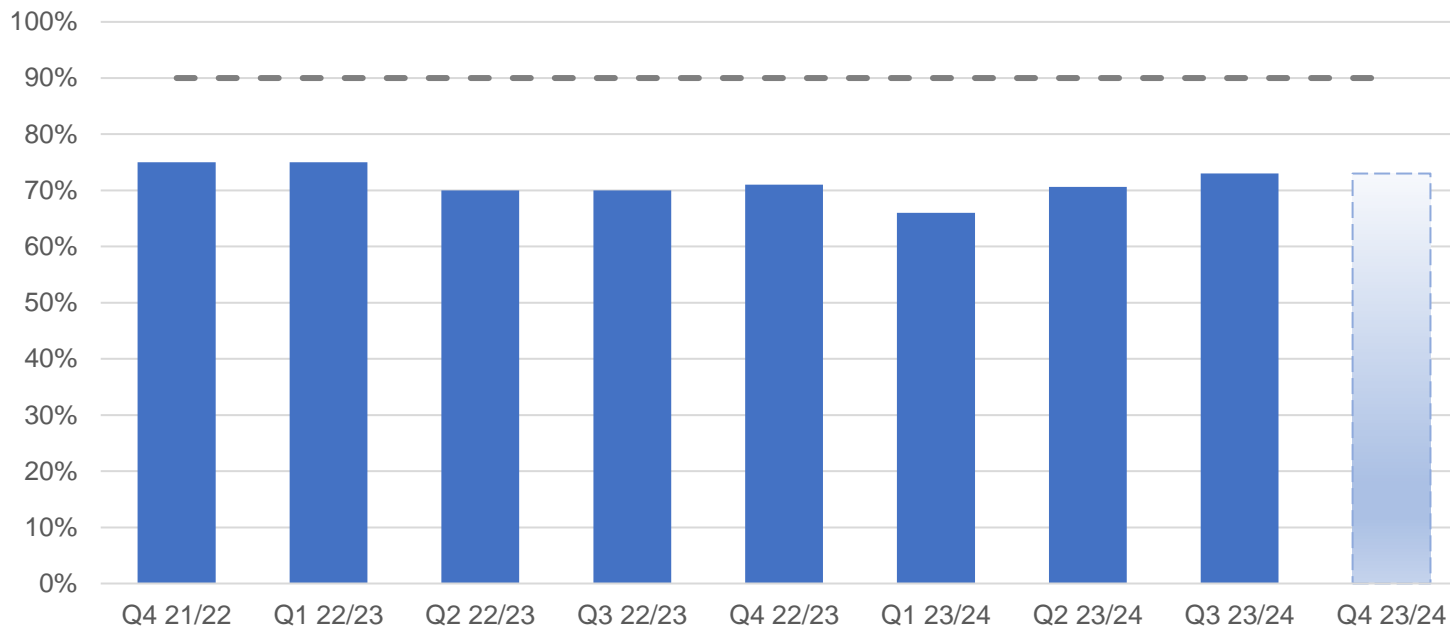
Please note axis does not end at 100%

Commentary: The aim of the Area Referral Service is to provide advice and support which prevents, reduces or delays the onset and development of need in line with the Care and Support Statutory Guidance of the Care Act 2014. The service provides robust information and signposting for people to help them find and access the right support without drawing them into adult social care.

Staff in the referral service aim to provide advice with sustainable outcomes to keep people as independent as possible for as long as possible. The figures above indicate that we are helping people with sustainable advice and 3 months additional independence is also a good outcome.

ASCH2: The proportion of new Care Needs Assessments delivered within 28 days.

RED
↑



Technical Notes:

Target set at 90% (dotted line) Floor Threshold of 80%.

KPI runs a quarter in arrears to account for the 28-day time frame.

The overall Direction of Travel is not significant.

Does not include people with Learning Disabilities aged 18-25 with Children Young People and Education (CYPE).

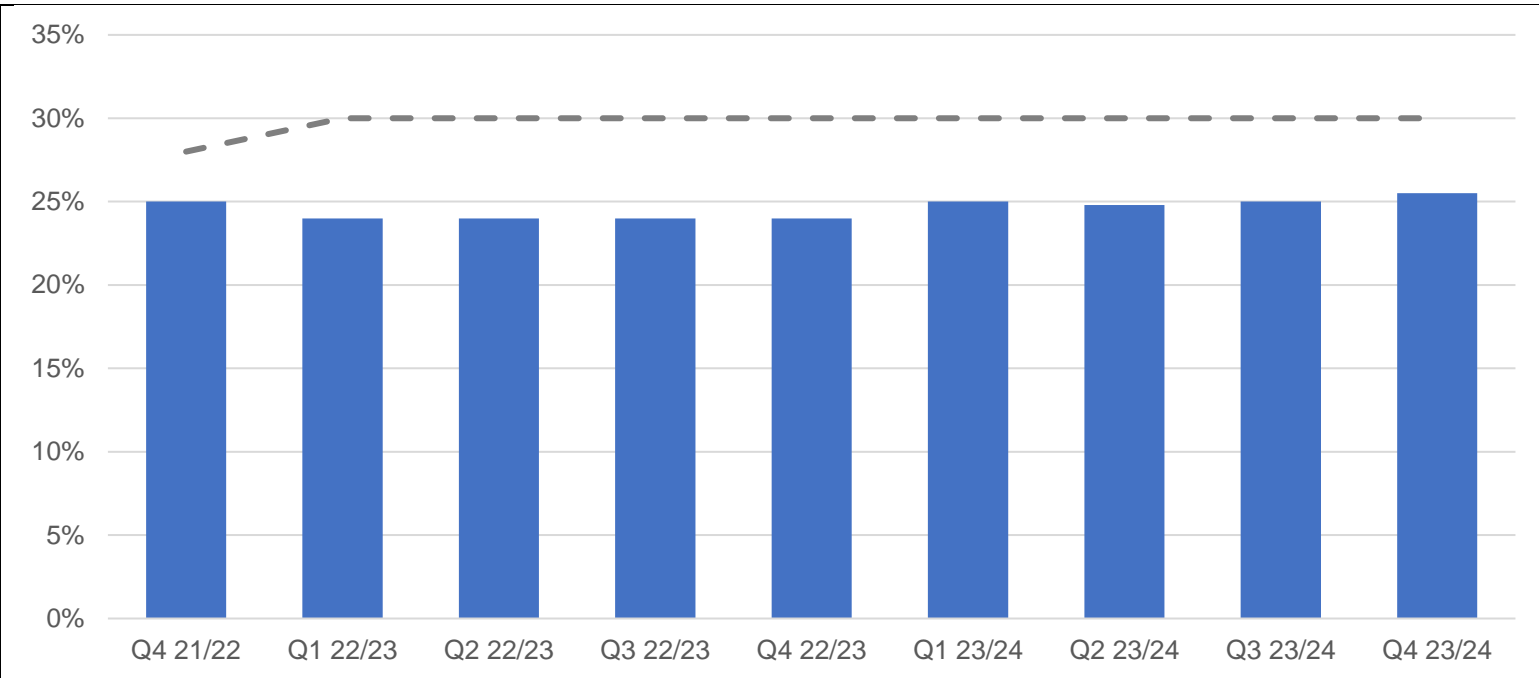
Commentary: *At the request of Cabinet Committee members we have included figures for Q4, however the full time needed for this measure had not completed for this report and is subject to change.*

Adult social care saw a 2% increase in the percentage of Care Needs Assessments completed within 28 days for Quarter 3 and are currently seeing the same for Quarter 4. This improvement reflects action taken by the Community Teams and regular use of Power BI as the performance monitoring mechanism is ensuring supervisors are able to identify trends and address these. Area Operational Managers are now in post in the four areas adding capacity for managing performance.

Care Needs Assessments completed by the Short term Pathway Team, for people discharged from hospital, continue to be at over 90% completed within 28 days. As are those completed by the Area Referral Service, predominately in the North Kent area.

ASCH3: The percentage of people in receipt of a Direct payment with Adult Social Care and Health

AMBER
↑



Technical Notes:

Target set at 30% (dotted line) The floor threshold is 24%

Does not include people with Learning Disabilities aged 18-25 with Children Young People and Education (CYPE).

The overall Direction of Travel is significant.

Please note axis does not end at 100.

Commentary: There was an increase to 26% of people in receipt of a Direct Payment in Quarter 4 of all community services, and in this quarter there were 3,087 which is the highest number seen since prior to the Covid-19 pandemic and 2019.

We continue to see increases in the numbers of people having Direct Payments who are Carers, have Learning Disabilities and have Mental Health needs.

ASCH4: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

AMBER
↔

Technical Notes:

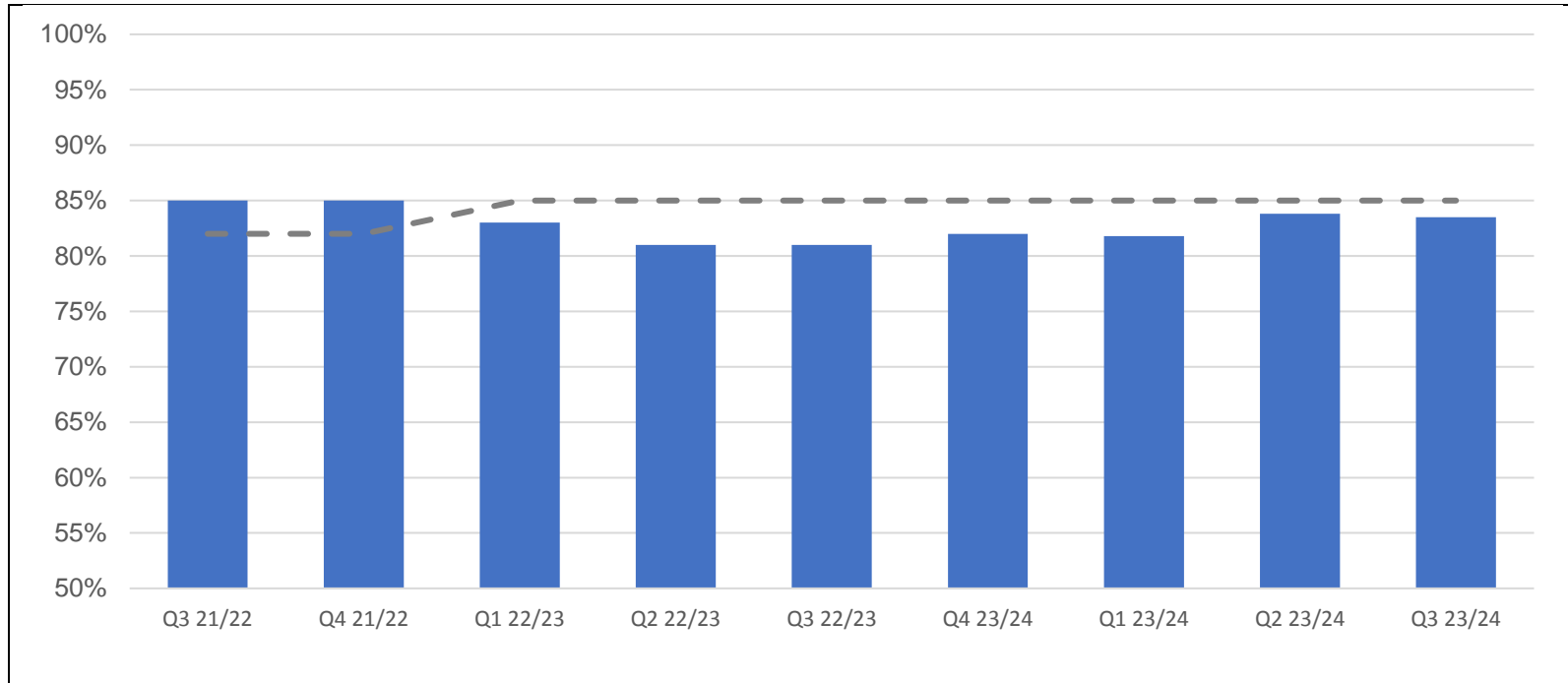
Target set at 85% (dotted line) with a floor threshold of 80% for 23/24

KPI runs a quarter in arrears to account for the 91-day time frame.

The overall Direction of Travel is significant.

Please note axis does not start at 0.

Better Care Fund Measure

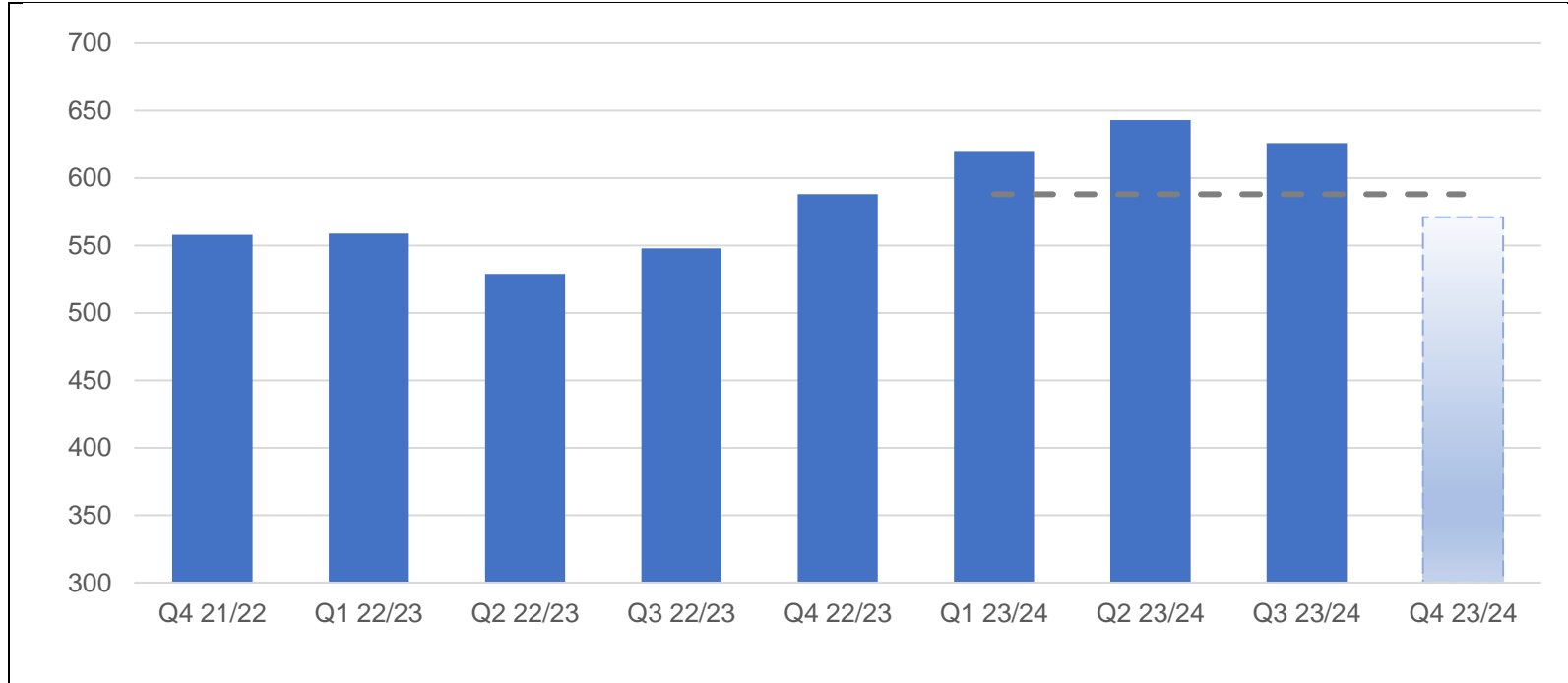


Commentary: Adult social care continue to see the majority of people who received reablement services with us following a hospital stay, being at home 91 days later (from the hospital stay)

There continues to be work to ensure that people remain in short-term beds only for as long as they need to and are enabled to return to their home, alongside work to ensure people who would benefit from receiving Kent Enablement at Home services (KEaH) do so.

ASCH5: Long Term support needs of older people (65 and over) met by admission to residential and nursing care homes

RED
↓



Technical Notes:

Target set at 588 (dot) with an upper threshold of 617.

Rate per 100,000 of the population

KPI runs a quarter in arrears to account for recent levels of late inputting.

The overall Direction of Travel is significant.

Q1, Q2 and Q3 2023/24 figures has been updated.

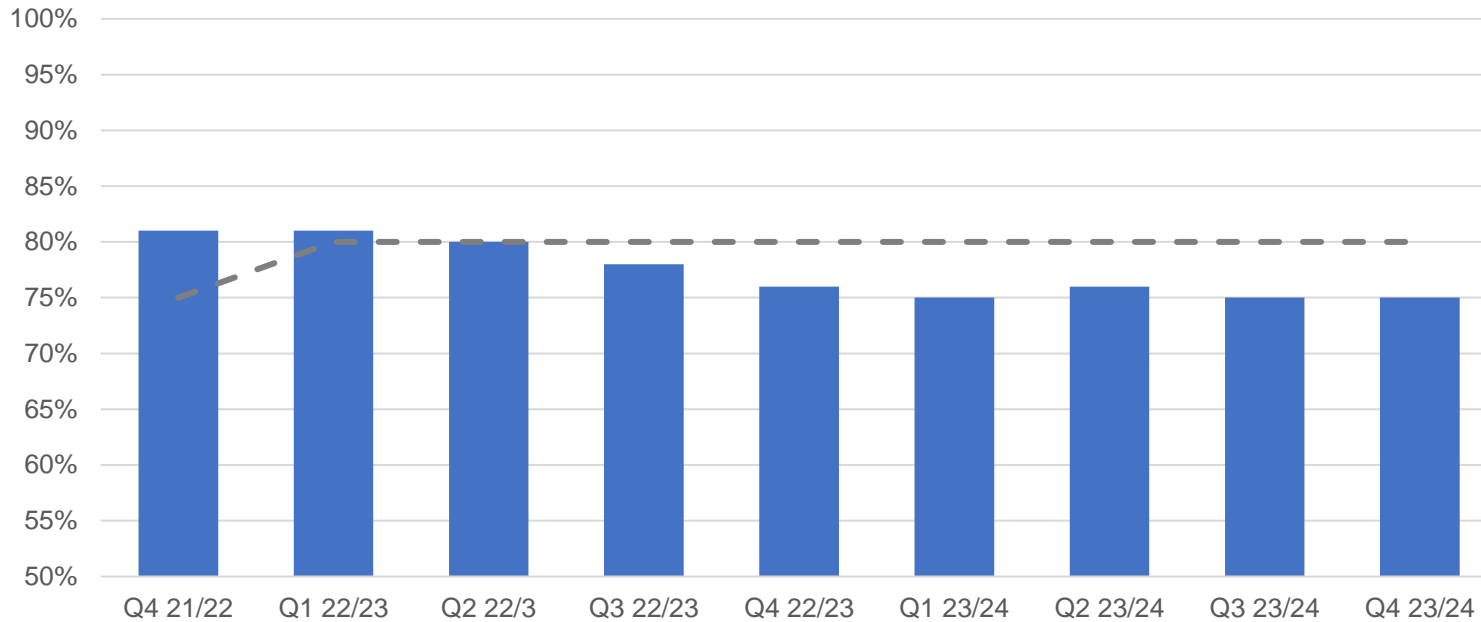
BCF Measure

Commentary: *At the request of Cabinet Committee members we have included figures for Q4, however the full time needed for this measure had not completed for this report and is subject to change.*

A key objective for adult social care is to support people to remain in their own homes, and only to enter into care homes permanently when no other support can be provided to keep them safe. Although the aim is for people to leave a short term bed and go back to the community, there have been some increases this year in the move from a short term bed to a long term bed. Adult social care has seen more people needing to start a long term placement in a care home in general. The introduction of practice assurance panels in March 2024 will ensure all opportunities for support in the community are considered and exhausted before people enter long term support in care homes.

ASCH6: The % of Kent Count Council (KCC) supported people in residential or nursing care where the Care Quality Commission rating is Good or Outstanding

AMBER
↔



Technical Notes:

Target set at 80% (dotted line) with a floor threshold of 75%

The overall Direction of Travel is not significant.

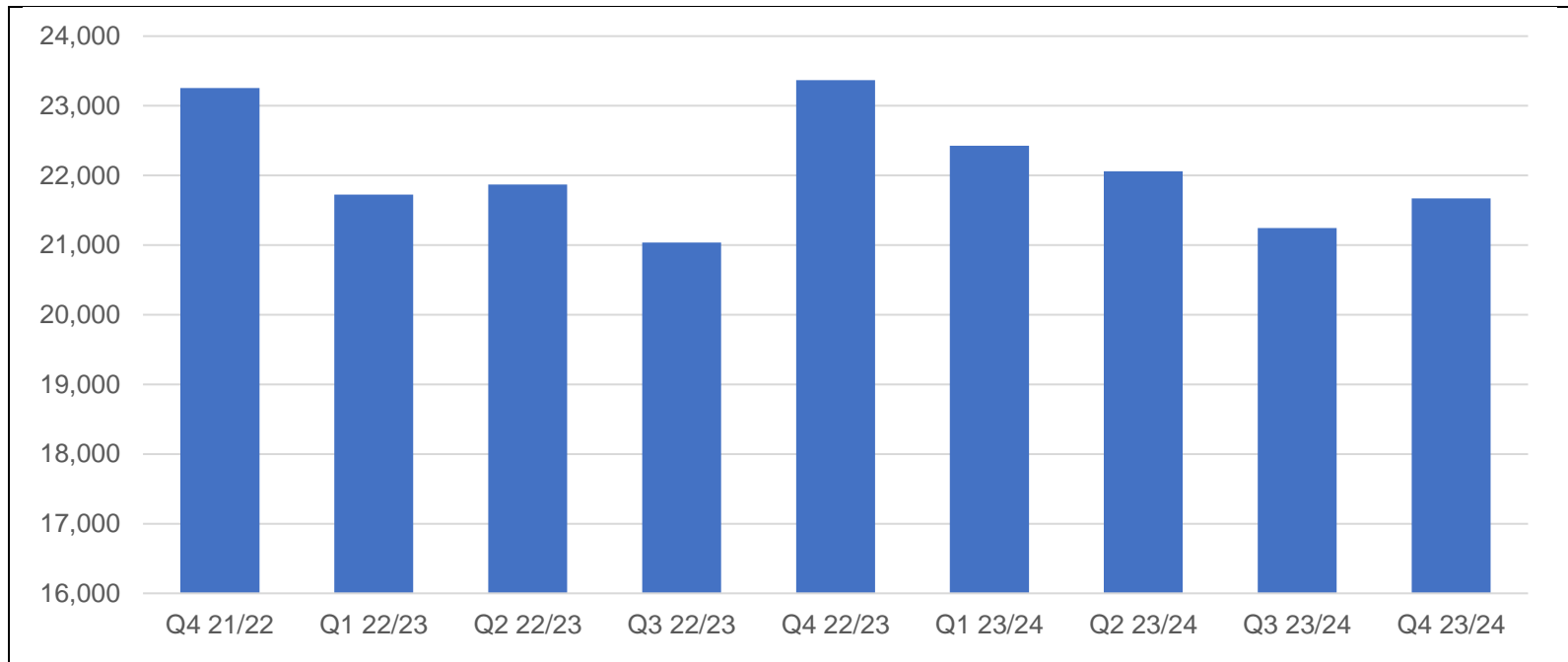
Please note axis does not start at 0.

Corporate Risk Register: CRR0015

Commentary: Adult social care continue to have 75% of the people the support in care homes in a home rated as Good or Outstanding. There has not been an increase in the percentage of those in an Inadequate rated home, staying at 1% in Quarter 4.

There are currently six Learning Disability, Physical Disability and Mental Health (LDPDMH) residential homes with a Level 3 contract sanction preventing further placements. Two of which are currently dormant due to a programme of refurbishment. A collaborative approach between Kent County Council, Health colleagues and external agencies is being taken with the other four homes, to support providers to deliver on comprehensive multi agency action plans to improve the quality of the home and the CQC rating. There are currently two Older Persons residential care homes with a Level 3 contract suspension preventing further placements. These are due to contract compliance rather than quality concerns and will remain in place until the issues are resolved.

ASCH7: The number of people making contact with Adult Social Care and Health



Technical Notes:

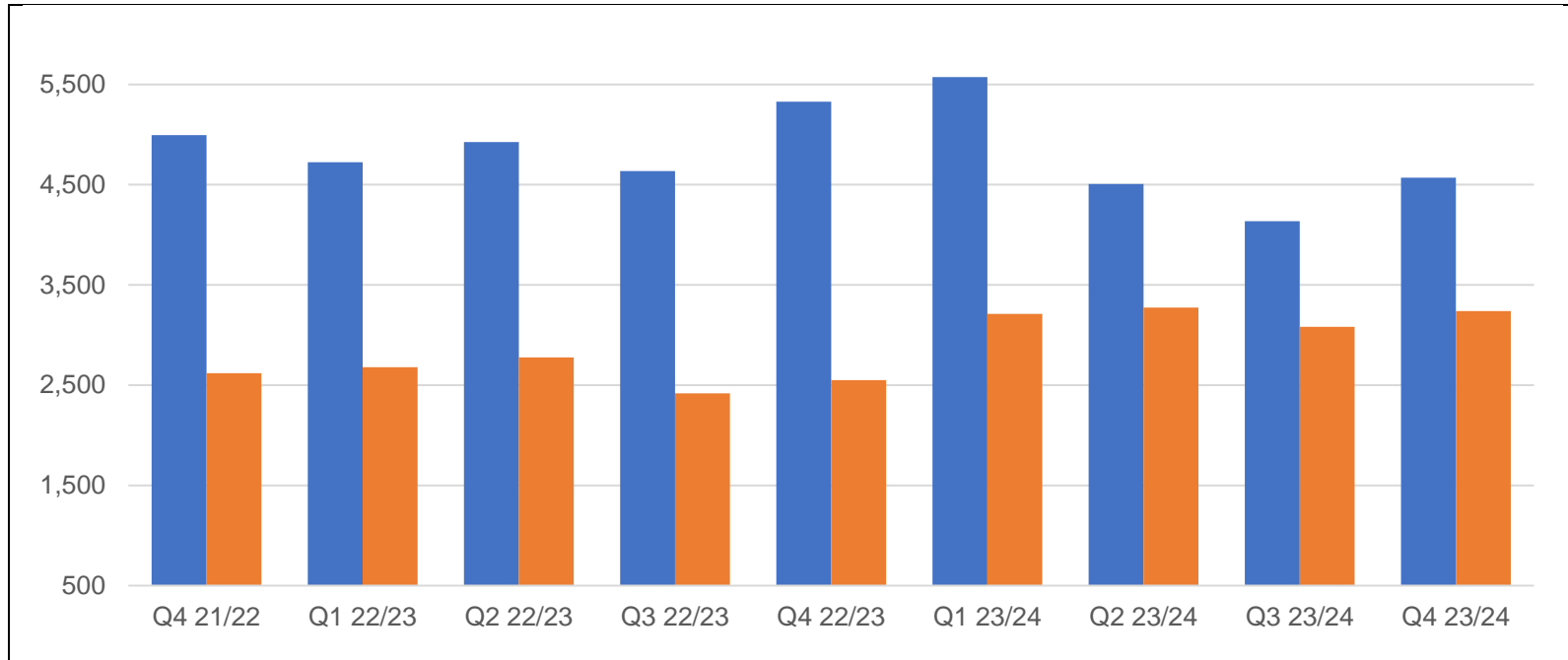
Activity measure, no specified target

Includes all forms of contact.

Please note axis does not start at 0

Commentary: Over 21,000 people made contact with adult social care in Quarter 4, an increase of 2% on Quarter 3. Over the full year it was 53,626 (some people making contact in multiple quarters) with a total volume of contacts at 178,193.

ASCH8: Care Needs Assessments



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

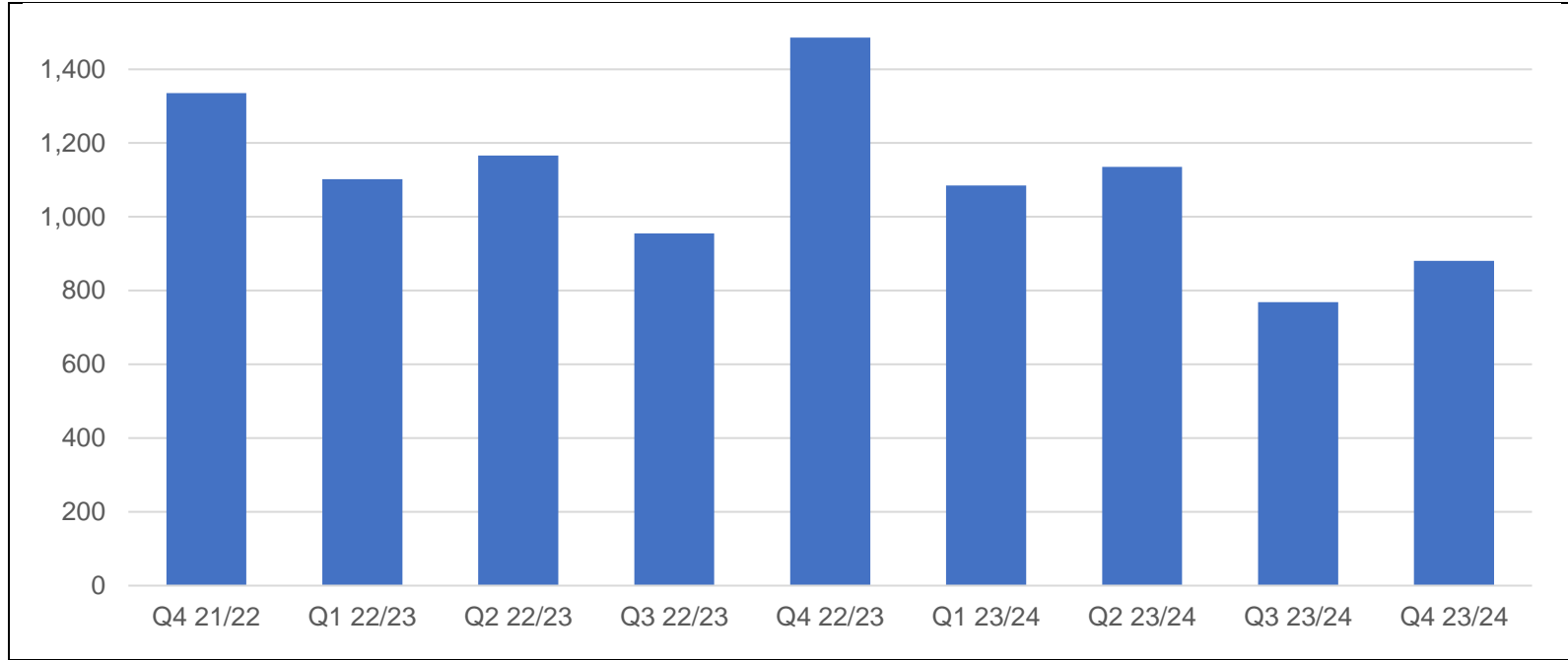
Blue – New assessments to be undertaken.

Orange – Assessment needing to be completed.

Commentary: There was an increase in the number of Care Needs Assessments in Quarter 4 to be undertaken, with 4,569 incoming which was a 10% increase on Quarter 3. Even with this increase we remain at a lower number than seen in the quarters last year. 4,382 Care Needs Assessments were completed in Quarter 3, which was slightly more than in Quarter 4.

Quarter 4 ended with 3,240 people with their assessment needing to be completed.

ASCH9: The number of new Carers' Assessments delivered



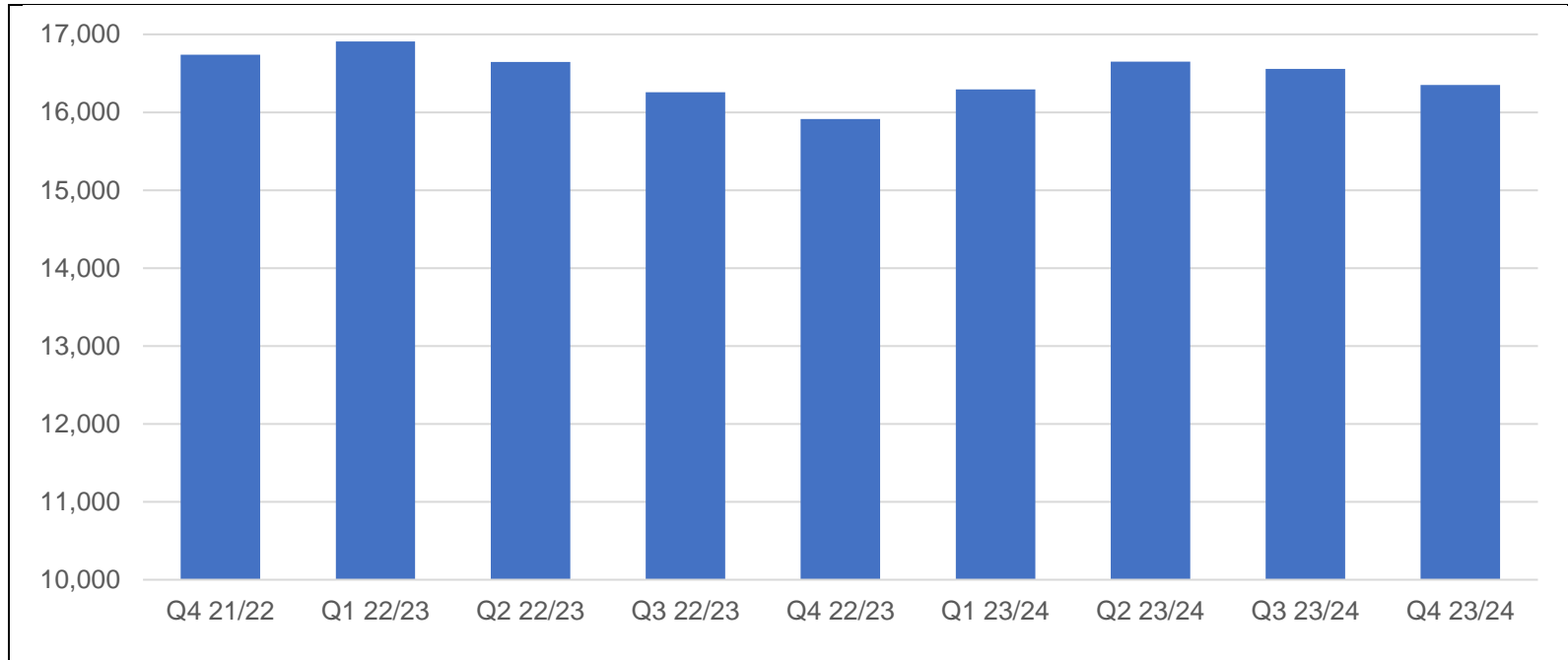
Technical Notes:

Activity measure,
no specified target

Commentary: Quarter 4 saw 881 carers' assessments completed, with 851 proposed, this saw the Carers' Organisations deliver some of their outstanding assessments.

The implementation of panels in March 2024 is providing greater scrutiny, as an outcome where a carers' assessment has not been completed practitioners are reminded of the need to offer and encourage carers' assessments. Increases are expected in line with panel activity.

ASCH10: The number of people with an active Care and Support Plan at the end of the Quarter



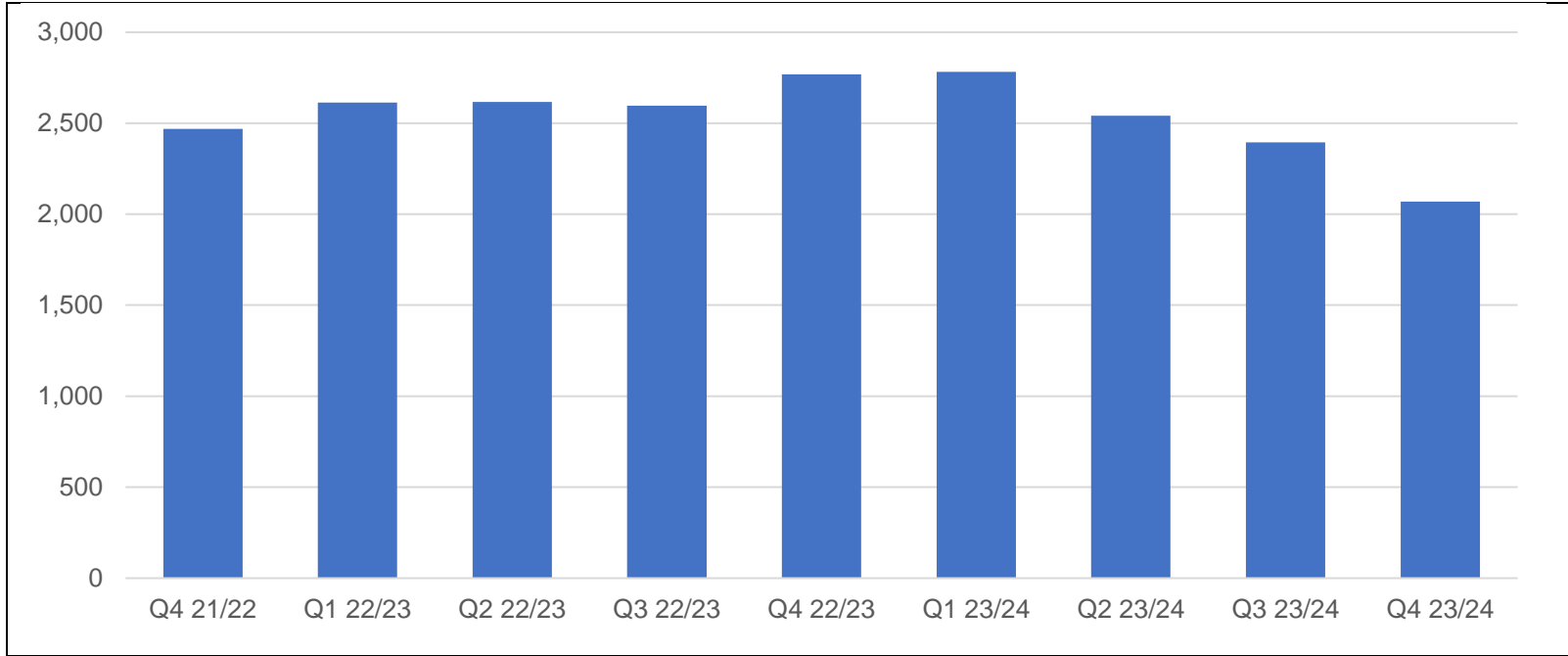
Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

Commentary: Adult social care continue to support over 16,000 people who have an active care and support plan.

ASCH11: The number of new support packages being arranged for people in the quarter



Technical Notes:

Activity measure, no specified target

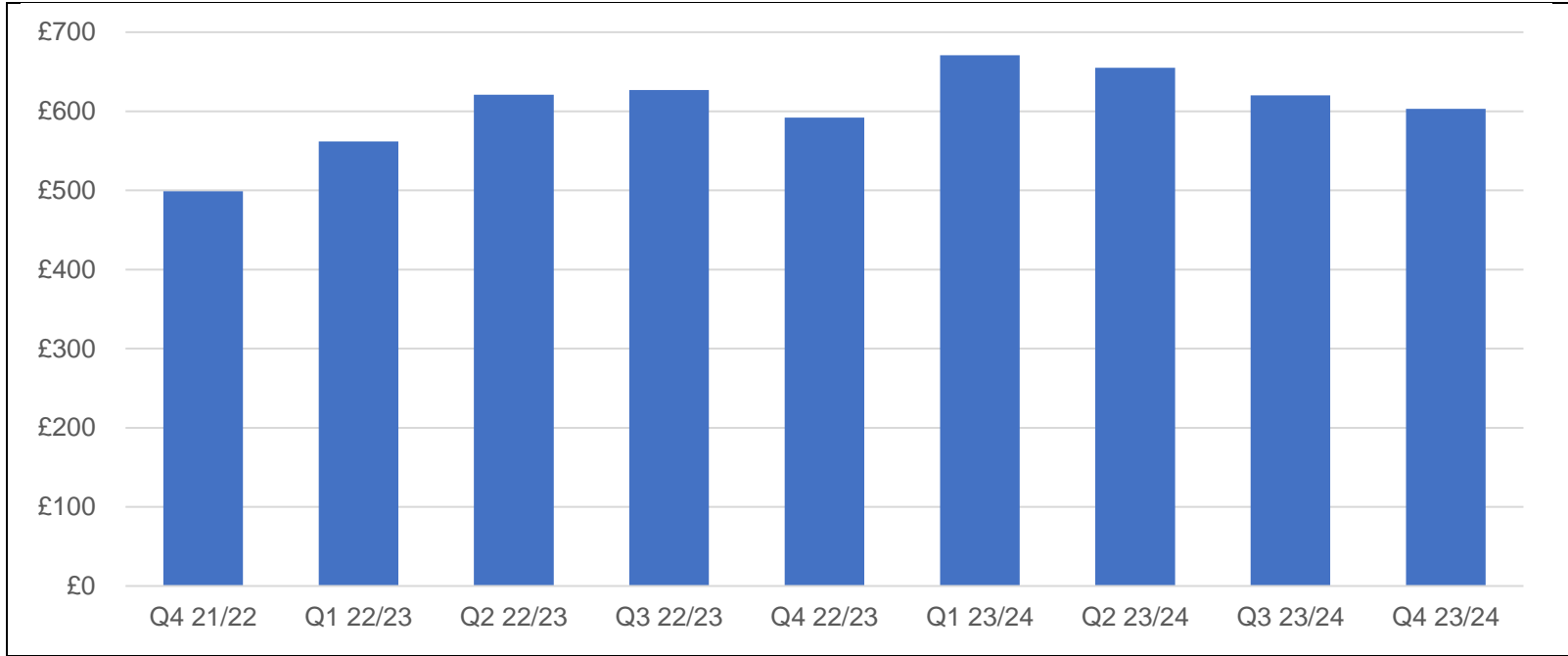
The most recent quarters are subject to change

Q1, Q2 & Q3 2023/24 figures has been updated.

Corporate Risk Register CRR0015

Commentary: The number of new support packages being arranged in the quarters following the high number of packages arranged in Quarter 1 have been decreasing, however it is expected that the most recent quarter will increase following updates to the client recording system.

ASCH12: The average cost of new support packages arranged for people in the quarter



Technical Notes:

Activity measure, no specified target

Average weekly cost at end of quarter

Q1, Q2 & Q3 2023/24 figures has been updated.

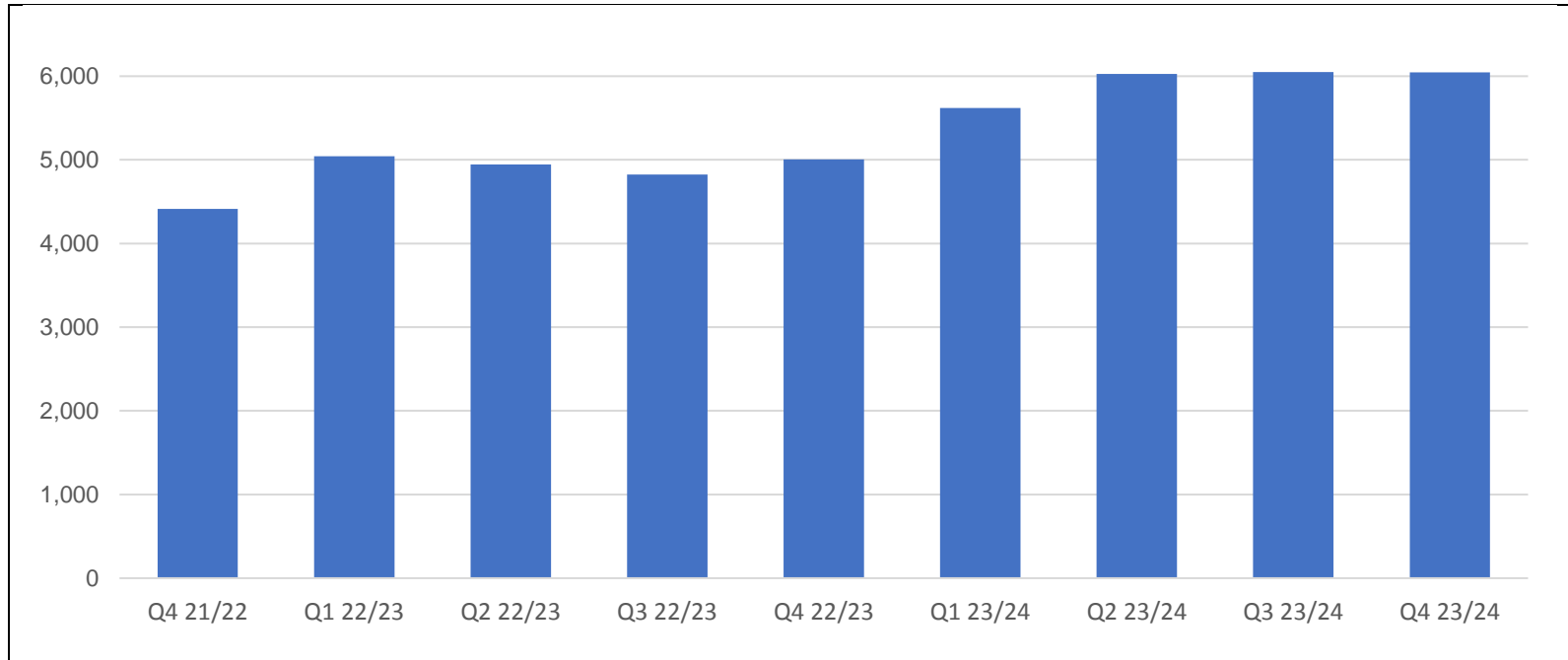
The most recent quarters are subject to change

Commentary: Each quarter in 2023/2024 the average cost of support packages has been over £600; this is an increase on previous years and is reflective of the overall pattern of increasing average costs of services in adult social care in Kent.

ASCH13: The number of people requiring an annual review to be completed on the last day of the quarter

Technical Notes:

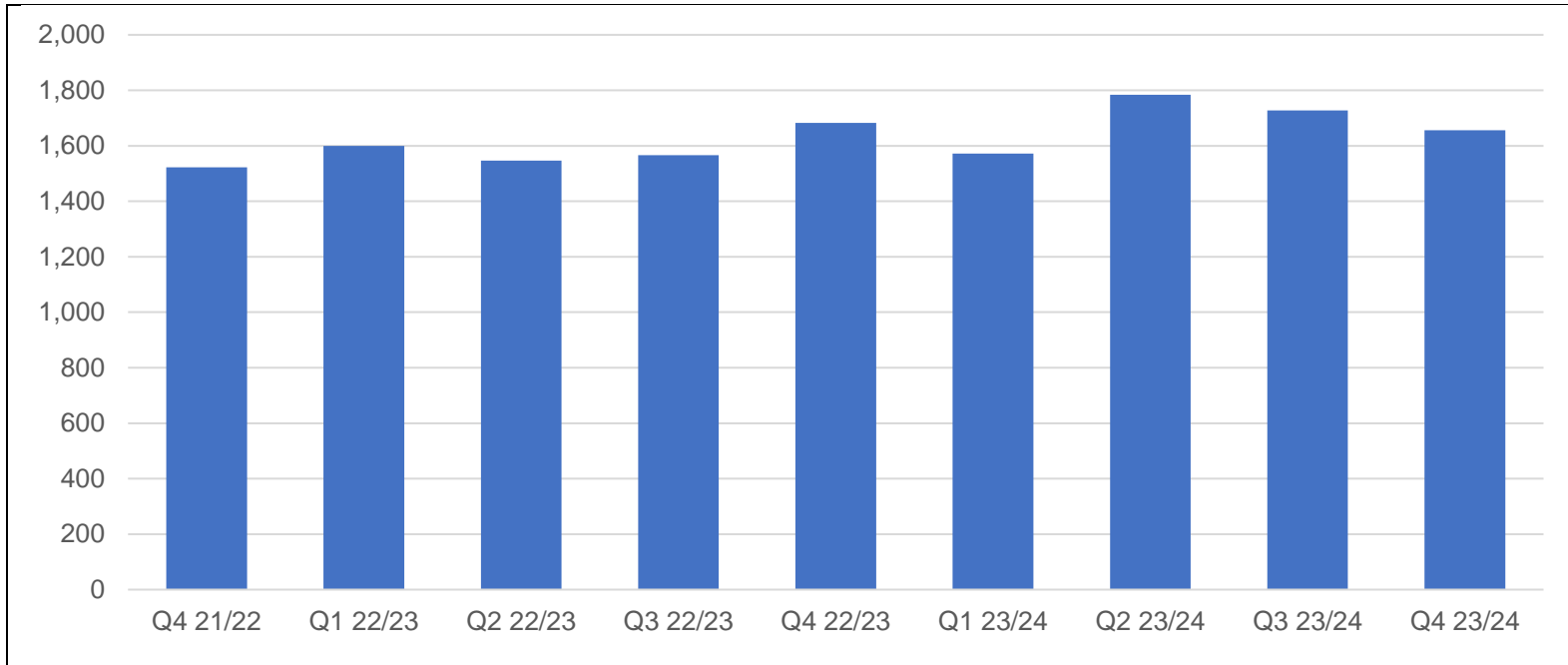
Activity measure,
no specified target



Commentary: Adult social care is currently holding stable the number of people requiring an annual review of their care and support plan.

2,305 annual reviews were completed in Quarter 4, and for 2023/24 there were 9,277 in total.

ASCH14: The number of people in Kent Enablement at Home



Technical Notes:

Activity measure, no specified target.

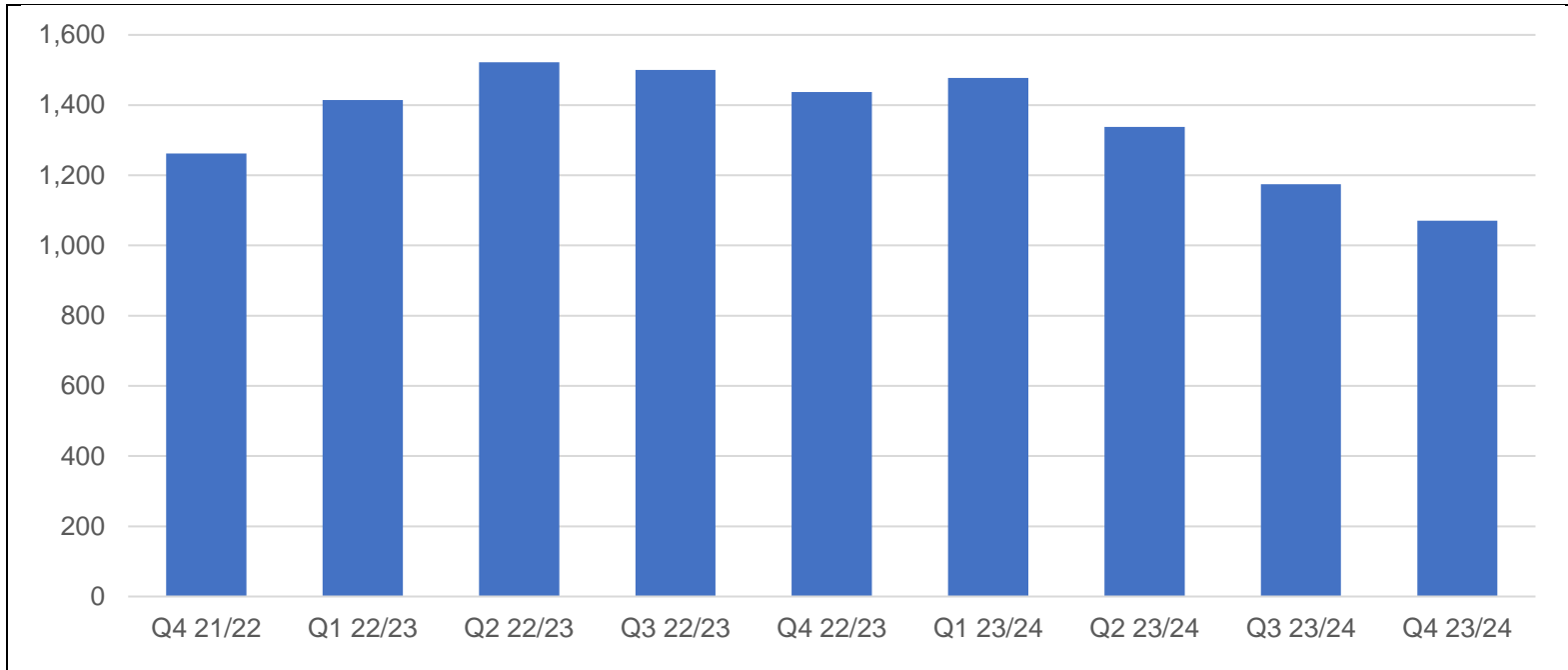
People receiving services with Kent Enablement at Home (KEaH).

Q1, Q2 & Q3 2023/24 figures has been updated.

Commentary: There continue to be decreases in the numbers of referrals received by the Kent Enablement at Home Service (KEaH); the KEaH teams have reached out to Community Teams during this time to find opportunities to work with people who are in the process of receiving their Care Needs Assessment and therefore maximise enablement in helping people to remain independent.

The KEaH team has also spent this time helping those who are ready to leave KEaH but are unable to do so (for example they need further support but a provider has not been located) and were able to make substantial progress with helping those move to new providers.

ASCH15: The number of people in Short Term Beds



Technical Notes:

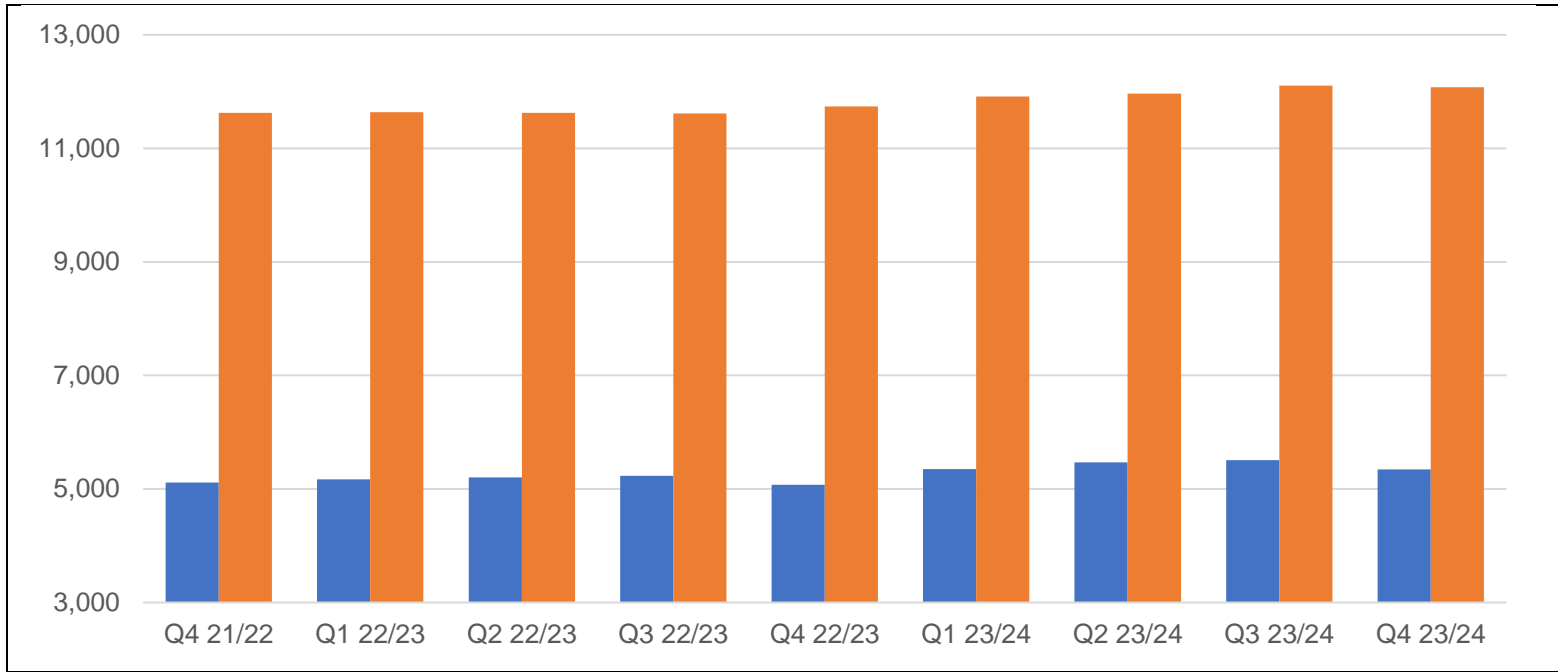
Activity measure,
no specified target

Q1, Q2 & Q3
2023/24 figures
have been updated.

Commentary: The number of people in a short term residential or nursing bed continues to decrease, with ongoing decreases in the numbers starting this support.

There has been targeted activity within operational teams to move people into longer term solutions where appropriate, this provides a more long term solution and better confidence for people and their families. It is important to note that the aim is for people to leave the short term support and move to their previous place of residence and remain independent, and this does occur for the majority of people.

ASCH16: The numbers of people in Long Term Services



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

Blue – Residential or Nursing services

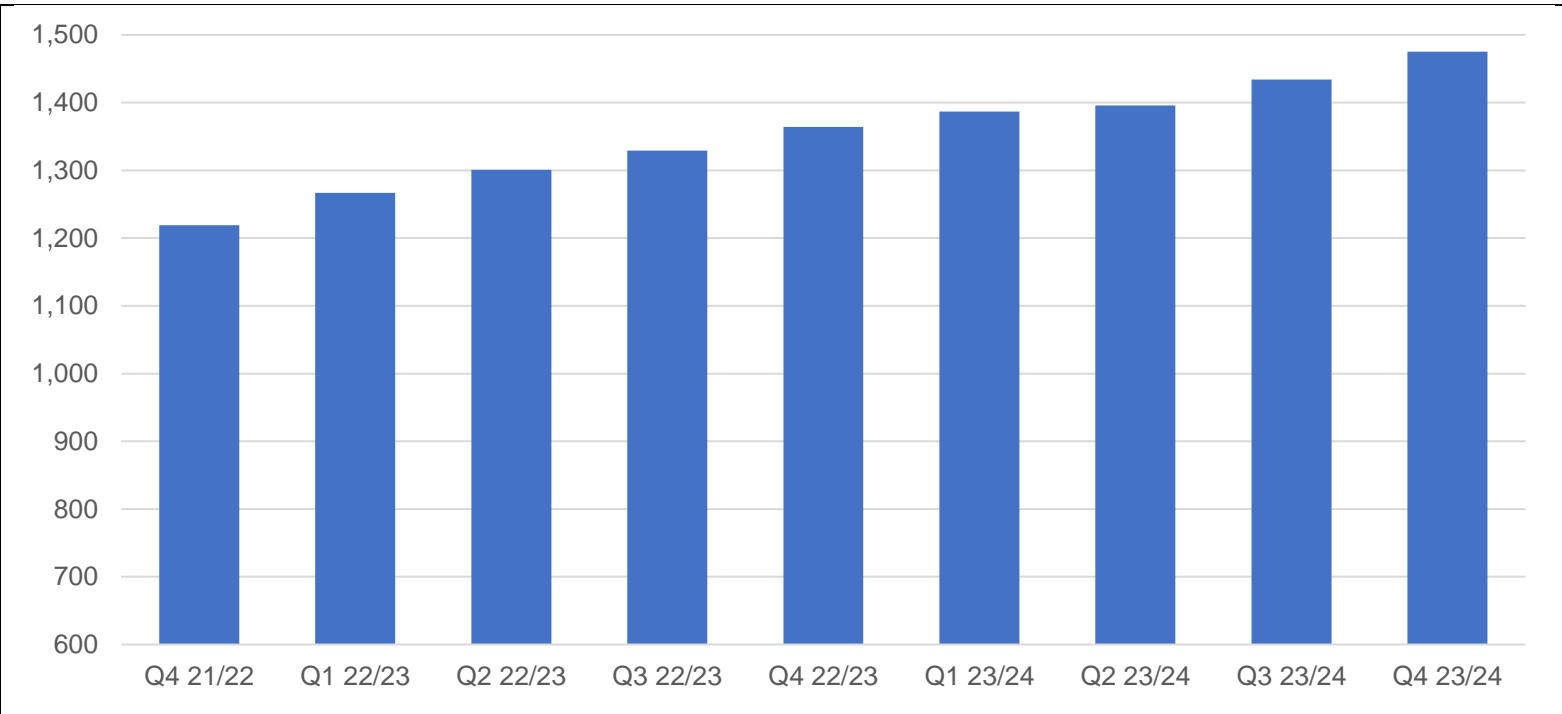
Orange – Community Services

Q1, Q2 & Q3 2023/24 figures backdated.

Commentary: Adult social care continue to see 12,000 people with community services during the quarter, with just over 5,000 in residential or nursing.

There is an overall increase in both areas of services, however there are fluctuations seen in neighbouring quarters.

ASCH17: The number of people accessing Adult Social Care and Health Services who have a mental health need



Technical Notes:

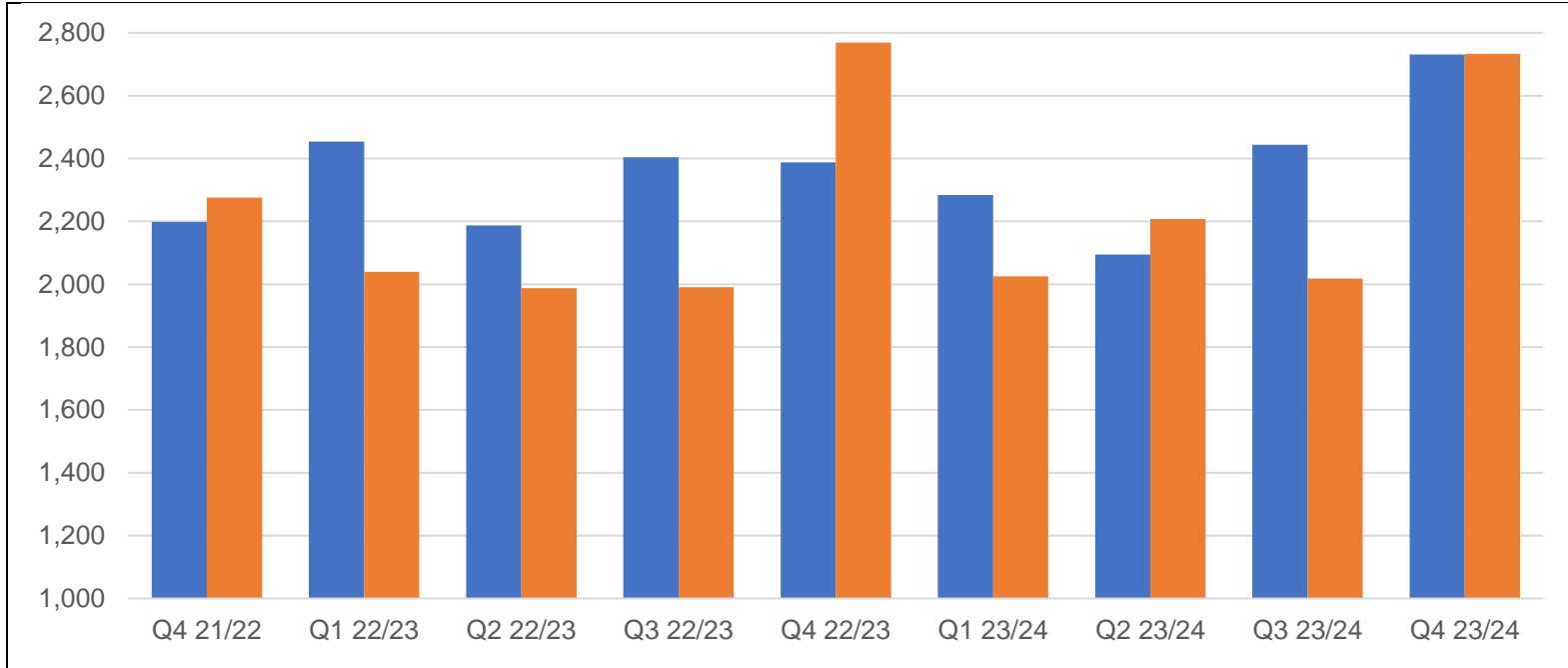
Activity measure, no specified target

Please note axis does not start at 0

Q1, Q2 & Q3 2023/24 figures has been updated.

Commentary: The number of people with mental health needs who are contacting services is increasing, we are supporting people across a spectrum of need levels from those with co-occurring conditions, people with behaviours that challenge to people who require lower levels of support to maintain their independence. Some people with Autism are also recorded as having a primary mental health need and require varying support provision.

ASCH18: Number of Deprivation of Liberty Safeguards applications received and completed



Technical Notes:

Activity measure, no specified target

Please note axis does not start at 0.

Blue – applications received.

Orange – Applications completed.

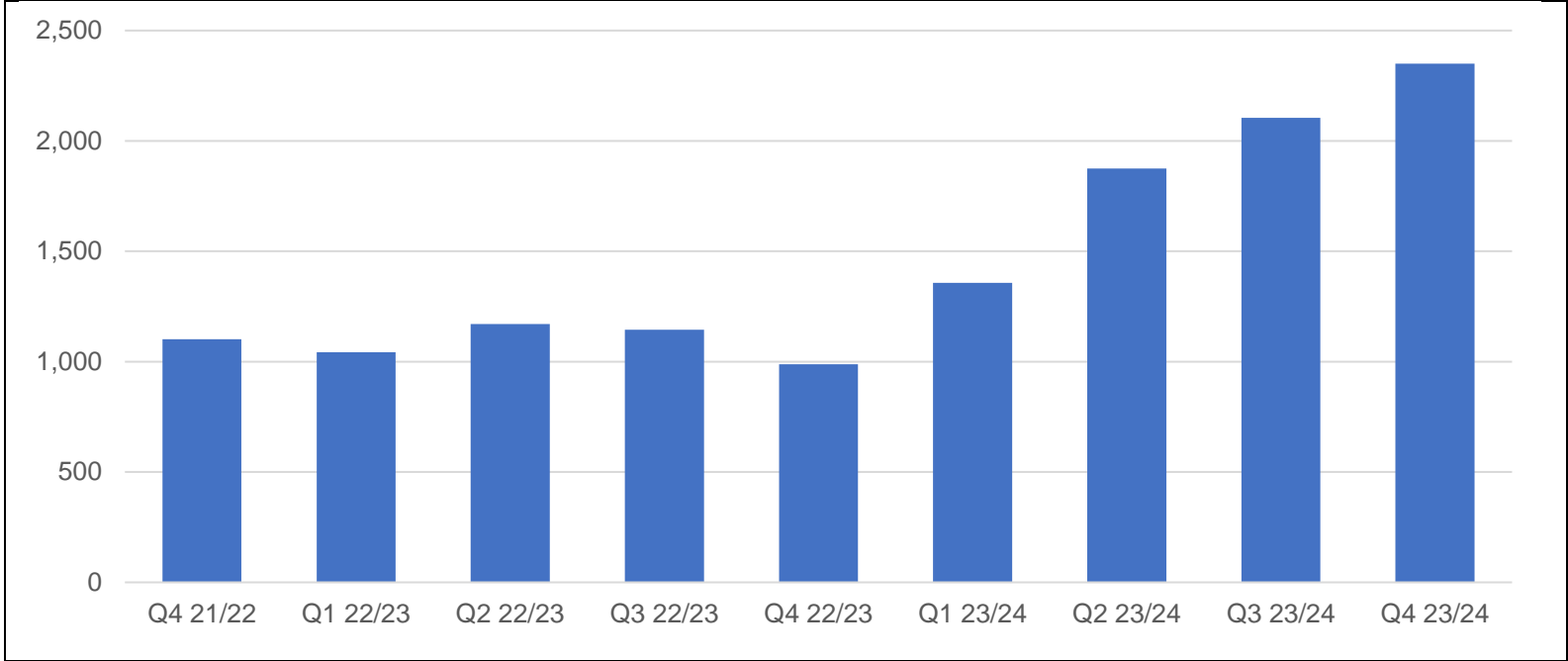
Q3 2023/24 figures have been updated.

Commentary: Quarter 4 saw a large increase in applications received, this is the largest number in a quarter we have ever seen. The increased number for had a big impact for Quarter 4 with 1,041 applications. The Deprivation of Liberty Safeguards Team Head of Service forecasts increased demand in Quarter 4 and had built the work into the winter planning, completing 2,733 applications.

ASCH19: The number of safeguarding enquiries open on the last day of the quarter

Technical Notes:

Activity measure,
no specified target



Commentary: Adult social care continue to see an increase in the number of safeguarding enquiries open on the last day of the quarter. There is an ongoing quarterly increase in safeguarding concerns being received, with 5% more concerns received in Quarter 4 at 5,179. The increasing concerns leads to an increase in enquiries and at 3,978 active in Quarter 4 it was a 8% increase in active work.

There was an increase in safeguarding enquiry closures in Quarter 4, at 1,628 this was a 4% increase. The new Safeguarding Hubs were implemented at the end of Quarter 4 and their work on the incoming safeguarding concerns is expected to give the community teams working on the enquiries more time to complete them.

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From: Dan Watkins, Cabinet Member for Adult Social Care and Public Health
Richard Smith, Corporate Director Adult Social Care and Health

To: Adult Social Care Cabinet Committee – 15 May 2024

Subject: **Adult Social Care Contract Pipeline**

Classification: Unrestricted

Electoral Division: All

Summary: This report sets out the lifespan of the current adult social care contracts and the draft timelines for the recommissioning of the main four contracts.

Recommendation(s): The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of the report.

1. Introduction

- 1.1 The lifespan of the current adult social care contracts is contained in Appendix 1.
- 1.2 The contracts database is maintained by Commercial Services. Plans relating to the contracts are discussed regularly between adult social care and Commercial Services. Commissioning and procurement is overseen by the Commissioning and Transformation Directorate Management Team which meets monthly.

2. The big four adult social care contracts

- 2.1 Unusually all of the main four adult social care contracts, which relate to £400m of spend per annum, are up for renewal in a similar timeline, although we will have to stagger them to manage capacity, detail on the indicative timings for re-procurement is set out below.
- 2.2 As more detailed planning work is in progress, these are subject to alteration. Discussions are in progress with the Integrated Care Board (ICB) about joint commissioning of these services.

Home Care (current value £71m per annum)

- 2.3 This was previously commissioned as Care and Support in the Home (CSiH), and included other elements such as support in Extra Care schemes and the Supporting Independence Service (SIS). This contract has been extended to 31 March 2026.

- 2.4 It is proposed to re-commission SIS services alongside Supported Living Services and to focus more narrowly on Home Care, but to still include the prison service and to potentially add an enablement lot to the tender. The plan is to launch the procurement in September 2024 with award in July 2025.

Older Persons Residential and Nursing Care (£160m per annum)

- 2.5 This contract has been extended to 31 March 2027. The plan is to go out to tender commencing October 2024 with contract award in September 2025.

Under 65s Residential Care and Supported Living (£108m and £68m per annum)

- 2.6 Both of these contracts have been extended to 14 June 2026 and the intention is to procure the new contracts in parallel as there is some degree of overlap in providers. The Under 65s Residential Care Contract was previously labelled Learning Disability, Physical Disability and Mental Health. The Supported Living contract will include lots for Extra Care and SIS.
- 2.7 There is further consideration to be made as to whether to separate out mental health services and to procure these as a separate contract.

3. Contracts ending in 2024

- 3.1 The Discharge to Assess contract will end on 30 September 2024. This has been subject to a separate report and relates to the expansion of the Kent Enablement at Home Service.
- 3.2 The Community Micro-Enterprises contract ends on 3 May 2024 and is in the process of being brought in house to sit with our locality commissioners.

4. Contracts ending in 2025

- 4.1 The Mental Health Assessment Services Contract provides support to fulfil our Deprivation of Liberty Safeguards duties. The contract is under review and a decision on future commissioning will be made later in the year.
- 4.2 There is a review of carers support offer underway, encompassing our Community Navigation (Carers) and Short Breaks Contracts and the contract listed below is part of the scope of that review. Future commissioning intentions will be made later in the year.
- 4.3 Contracts relating to adult social care contributions to Home Improvement Agencies, Healthwatch, Community Navigation, Community Wellbeing and Live Well Kent are currently under review as part of the 2025/2026 Medium-Term Financial Plan (MTFP) discretionary spend savings.

5. Financial Implications

- 5.1 There are savings that relate to some of these contracts in the MTFP. These are £8m Older People Residential and Nursing, £3.4 Home Care, £11m discretionary spend (£3.2m 2024/2025 and £8m 2025/2026), £0.9m community equipment.

6. Conclusions

- 6.1 The lifespan of the current adult social care contracts is contained in Appendix 1.
- 6.2 Unusually all of the main four adult social care contracts, which relate to £400m of spend per annum, are up for renewal in a similar timeline, although we will have to stagger them to manage capacity. Discussions are in progress with the Integrated Care Board (ICB) about joint commissioning of these services.

7. Recommendations

7.1 Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the content of the report.

8. Background Documents

None

9. Report Author

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Richard.ellis@kent.gov.uk

Relevant Director

Richard Smith
Corporate Director Adult Social Care and Health
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Richard.smith3@kent.gov.uk

Appendix 1 – Adult Social Care Contract Pipeline

Contracted service	Current approved end date	Contract Value pa
Older Person's Residential and Nursing (OPRN)	31/03/2026	£160m
Care and Support in the Home (CSiH)	31/03/2027	£71m
Learning Disability, Physical Disability and Mental Health Residential (under 65) (LDPDMH)	14/06/2026	£108m
Supported Living (SL)	14/06/2026	£68m
Better Homes Active Lives (BHAL)	04/10/2037	£5.37m
Kent Excellent Homes for All (KEHFA)	03/12/2040	£3.93m
Discharge to Assess (Hilton)	31/09/2024	£2.75m
Community Micro-Enterprises	31/03/2025	£0.35m
Pre-paid cards (Direct Payments)	07/12/2024	£01m
Everyday Life Activities	30/09/2026	£1.9m
Independent Advocacy Services	31/07/2026	£1.6m
Integrated Community Equipment	31/03/2029	£28.5m
Technology Enabled Lives (assistive tech.)	20/09/2028	£3.3m
Mental Health Assessment Services	31/07/2025	£0.42m
Carers Short Breaks	31/03/2025	£3m
Home Improvement Agencies	<i>expired</i>	£0.59m
Peoples Voice (Healthwatch)	30/09/2025	£0.75m
Community Navigation - Part B (Carers)	31/03/2025	£2.49m
Community Navigation - Part A (Universal)	31/03/2025	£0.84m
Community Based Wellbeing Services Phase 1	31/03/2026	£3.29m
Community Based Wellbeing Services Phase 2	31/02/2025	£2.62m
Live Well Kent	31/03/3026	£3m
Interpreting and Communication Services framework	16/06/2027	£0.05m

Making a Difference Everyday Approach Self-Directed Support

Adult Social Care Cabinet Committee – 15 May 2024



Vision for **Adult Social Care** in Kent:

“Making a positive difference every day, supporting you to live as full and safe a life as possible and make informed choices.”

“I feel in control because I can decide what kind of help I need and when, where and how to receive it.”

People we support including carers, will make more informed choices about what support is right for them



Empowering people to find trusted help and support locally from a range of sources

“I feel stronger as I have access to a range of local support that is helping me to live the life I choose”



ADASS Time to Act – A better system of care and support is:

- 1. Focused on outcomes and wellbeing**
- 2. Personalised, co-created and flexible**
- 3. Proactive and preventative**
4. Integrated and coordinated
- 5. Local, community-based and relational**
- 6. Sustainable, efficient and effective**
7. Fair in what it asks of people

Involvement Group June 22 – March 23

Working Group March 22 – March 23

Interviews with Practitioners

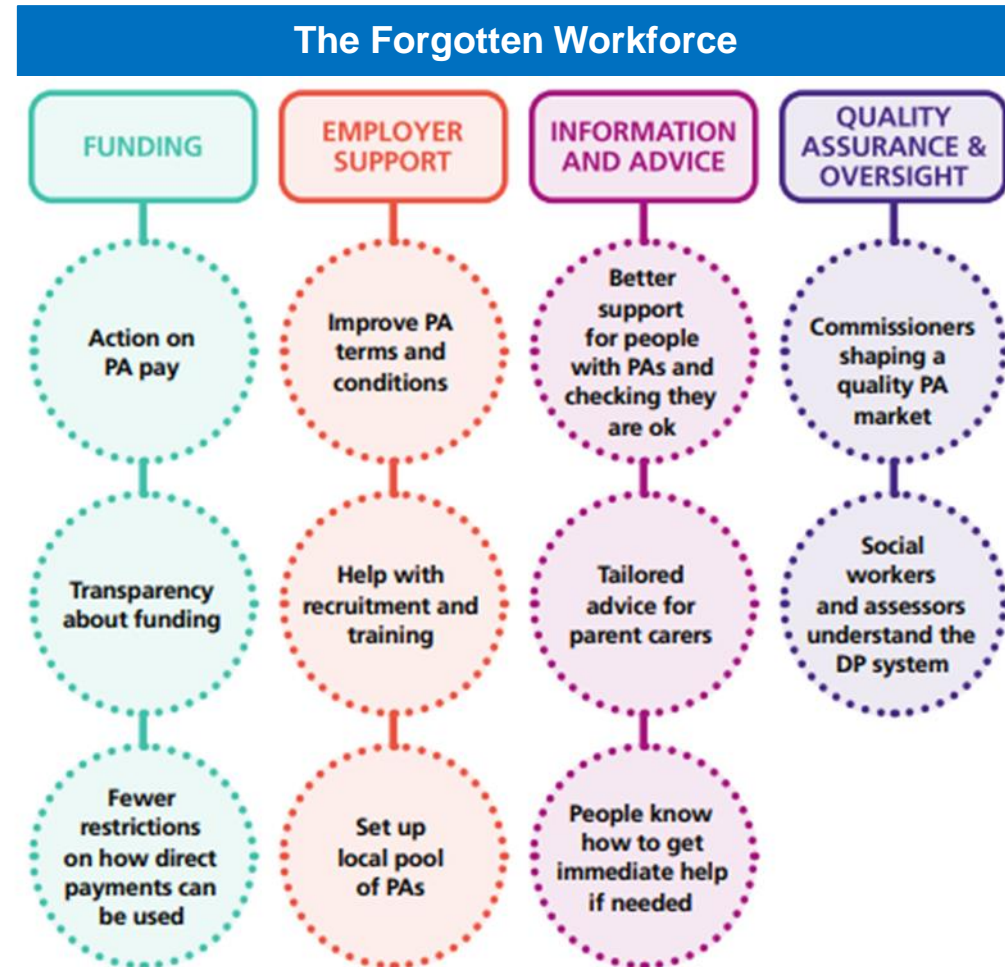
Page 195
Researching other Local Authorities

Direct Payment team Workshops

Attending Online Groups, such as:

- Direct Payment National Peer Group
- Social Care Futures
- Re-imaging Self Direct Support (TLAP)

Peter's story



Drivers for Change and Benefits

Drivers for change:

- **Think Local Act Personal and Social Care Futures** – *“we all want to live in a place we call home, with the people and things we love, in communities where we look out for one another, doing things that matter to us.”*
- *People having **choice and control** on how their needs will be met and shifting from meeting need to promoting well-being*
- Meet our **statutory responsibilities** under the Care Act and Equality Act
- Contribute towards the new **Care Quality Commission assurance process** on local authorities to evidence how we are providing equitable choice.
- **Securing Kent’s Future** includes the objective to deliver New Models of Care and Support.
- Address the **demand on commissioned care services** and manage pressures in the care market workforce.
- Contribute towards Adult Social Care’s **offer of sustainable support in a proportionate way.**

Benefits:



People: provide more choice and control to live a gloriously ordinary life. To encourage prevention, reduction and delay of needs by improving health and wellbeing and support people at home for longer.



Carers and families: confidence, more choice and control, peace of mind and improved health and wellbeing.



Adult Social Care and Kent County Council

- Achieving Adult Social Care savings plan
- Achieving strategic objectives
- To support **seamless transition** from Children’s and Young People Education to Adults Social Care Services, for young people **reducing barriers** for Self-Directed Support.

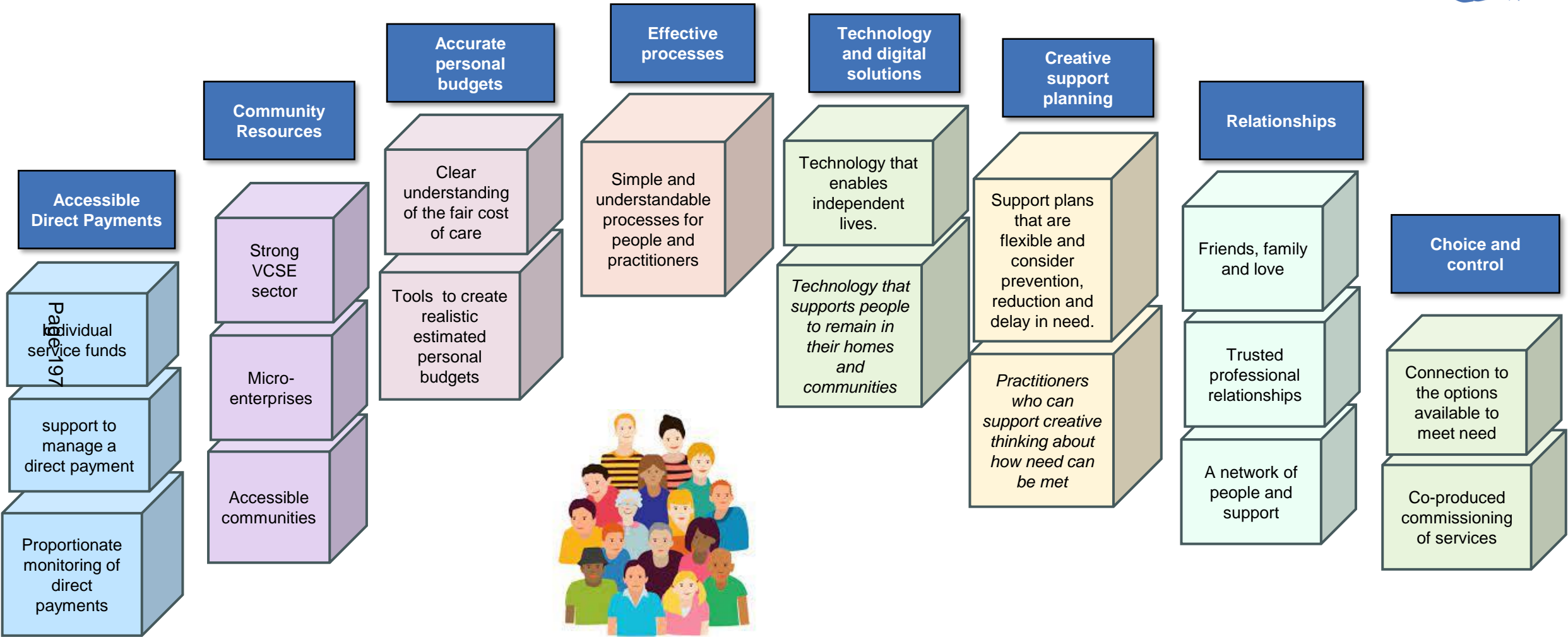


Health: Creating a preventive space and whole system offer:

- Offering choice and control to people when they are discharged from hospital by developing community services to meet people’s needs.
- Enhancing health partnerships to develop a wider strategy around Health and Social Care needs.

Building blocks to self-directed support

Making a difference every day

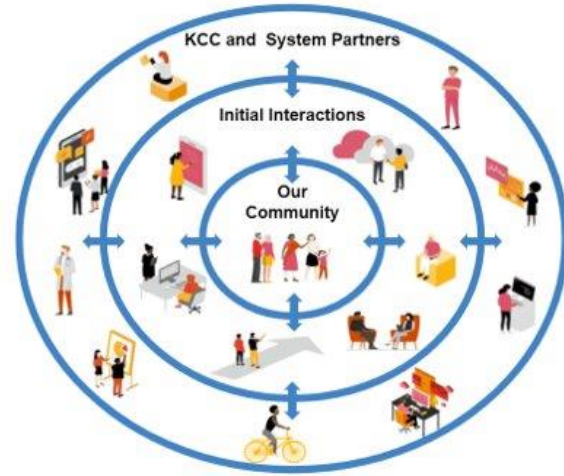


Ingredients to build a glorious, ordinary life

What would self-directed support feel like for the people we support and our staff?

Making a difference every day

People we support:



I was given a choice for how my assessed needs could be met which took into consideration what a good life looks like for me

I chose to receive a direct payment and I was supported to identify the best way to spend my personal budget. I decided to employ a personal assistant and attend a yoga class in my community



I had help to recruit my personal assistant and pay for the services I use

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Our staff:

By following the practice framework and using the skills I have picked up through related training, I am working in a strengths based and person-centred way. I co-produce care and support plans with the person in a creative way which focuses on what matters to them and their assessed needs



I give the person choice and control over the type of support they receive and will offer people a direct payment to ensure they can be creative and flexible with the support they choose to receive.

Our arranging support and direct payments team is easily accessible with simple processes. I am supported to identify the best way to meet a person's needs with the available resources

Overly
bureaucratic
policy and
process which
restrict
creativity,
choice and
control

Lack of
external Self-
Directed
Support
options

Complicated
internal
processes

People's
choice to
refuse a
direct
payment

Public
expectation of
adult social
care

Communities'
knowledge of
and
perception of
direct
payments

Negative
perception of
Self- directed
Support/
Direct
payments
amongst
practitioners

Inequitable
access to
direct
payments

A check on Culture through internal audit (assurance that policy and practice aligns with)

- The statutory requirements of the Care Act set out in S31, S22, and S23, alongside the care and support statutory guidance.
- The ambitions and strategy of securing Kents future, with a focus on new models of care and support – with direct payments being a key enabler.
- The ambitions and strategy of making a difference day which was co-produced with people in Kent – with direct payments being a key enabler.
- Are underpinned by a culture and the fundamental principles of people having choice, and control, over how their care and support needs are met, which includes flexible use of their direct payment so they can respond to changing situations in their life. ***This requires a reset in how we view the use of public monies in meeting assessed needs and outcome.***

- Ensuring that ASCH (acting on behalf of the Council) has a proportionate response to high balances that ensures decisions are equitable, and understands what actions it needs to take on a person by person basis.
- Ensuring we understand where systems and processes require refinement to make sure the take up of direct payments is streamlined and unnecessary barriers are removed.
- Ensuring a proportionate and balanced approach is taken to potential financial mismanagement / fraud.

What are our objectives for increasing direct payments?

Making a difference every day

Direct Payments are a mechanism that support us to deliver self directed support including the increase in use of both Micro-enterprises and Technology Enabled Care. Our objectives are to:



Improve choice and control for people we support, utilising innovative solutions and developing a creative care and support planning culture.

Increase the likelihood of someone choosing to opt for a Direct payment as opposed to a commissioned service.



Increase the number of direct payments being offered per Practitioner

The team has increased capacity and the skills to be able to support everyone with a direct payment.



75%

Direct Payments

Increase the use of direct payments to 75% for new people accessing care and support

25%

Arranged Support

Fewer people using arranged services

Current national benchmark shows that the maximum total direct payments in any authority is 38% - this would suggest that may need to reconsider our target.

What would support the increase in Direct payments?

Making a difference every day

Support Services ●

Help to link people to our community support offer. For example; micro enterprises, technology enabled care.

Brokerage & ISF ●

Support to find and negotiate fair rates of pay for services.

Set up & Monitoring ●

Setting up the direct payment and ongoing monitoring.

PA Recruitment & Retention ●

Support to recruit, and onboard a Personal Assistant.
Inc Payroll

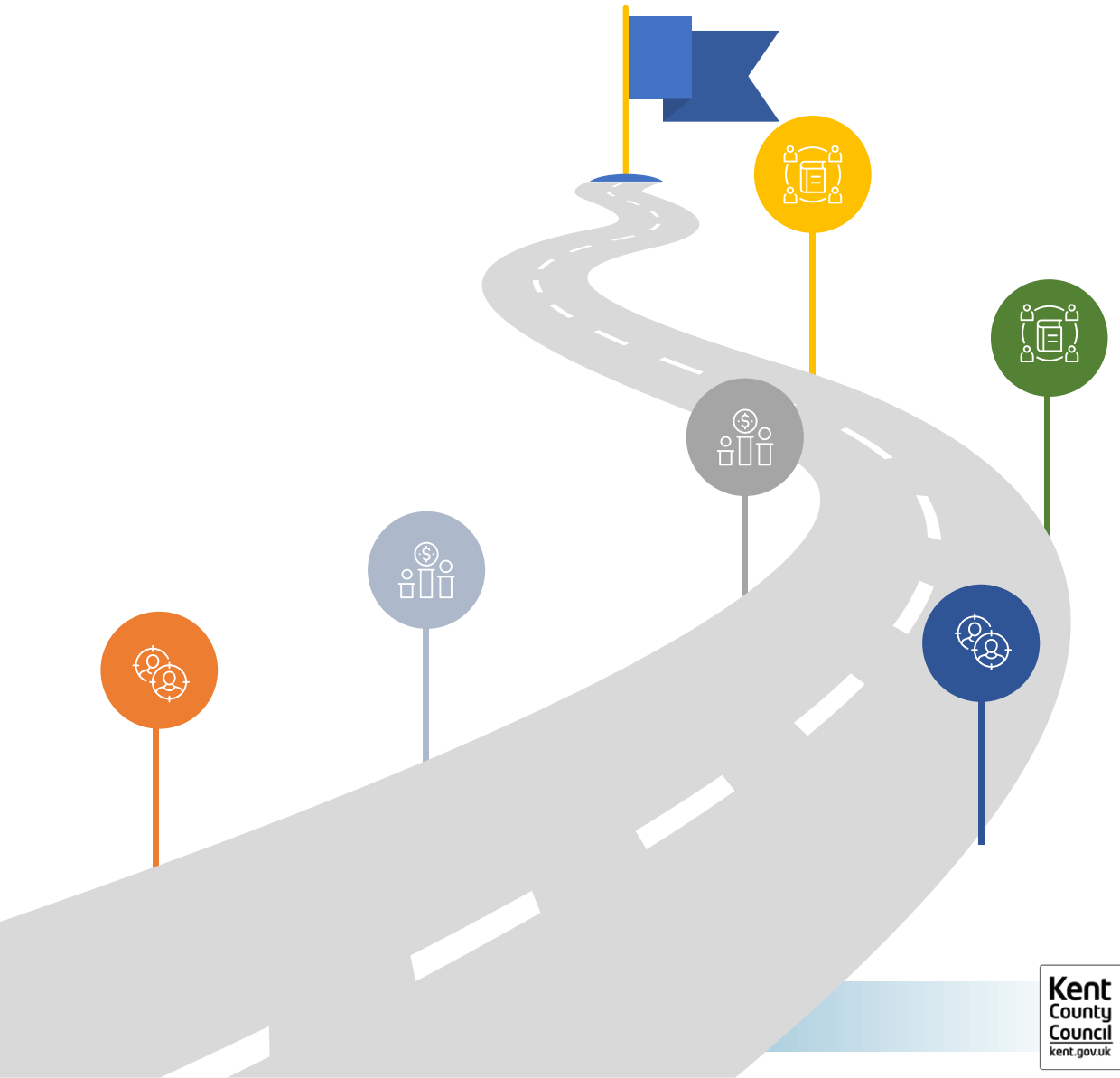
Managed Account ●

Helps to manage all the necessary financial processes associated with a direct payment.

Information, Advice and Guidance ●

Robust and easy to navigate IAG.

Page 202



Personal Assistant Development Officer

- Suite of promotional flyers, leaflets posters
- Social Media Campaign
- Over 100 events attended as well as presentations to six forms and further education establishments

Developed an improved internal process for the set up and referral for a direct payment.

Direct payments and creative care and support plan training developed and rolled out to staff

Technology Enhanced Lives service in place

As part of our locality approach, Community teams are reaching out to local communities to develop sustainable communities

Increased Awareness of Self Directed Support across Communities and Operations

- Monthly communications to practitioners including availability reporting for micro-enterprises and personal assistants
- Monthly Involvement group meetings with People with lived experience
- Monthly Personal assistant Collaboration meetings with NHS and Medway Council
- Sessions with all social care teams across the County to connect with community resources
- New and improved web pages across Connect to Support
- Suite of 6 videos for staff and the public around direct payments, personal assistants and micro-enterprises.
- [How KCC adult social care and Community Micro-enterprise can help local communities \(youtube.com\)](#)
- [Me and my Personal Assistant : Hannah and Caitlin \(youtube.com\)](#)

- Procurement of a Managed Accounts and payroll service
- Continued co-production of how direct payments are working and the opportunities and barriers including co-production of policy and processes
- An internal audit has been requested to explore the outcome and compliance of our direct payment offer
- Continued improvements to the Direct Payments Team in line with changing use of direct payments.
- Individual Service Funds as part of our commissioning intentions.

The Adult Social Care Cabinet Committee is asked to **CONSIDER AND COMMENT** on the presentation

From: Ben Watts, General Counsel
To: Adult Social Care Cabinet Committee – 15 May 2024
Subject: **Work Programme 2024**

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: Standard item

Summary: This report gives details of the proposed work programme for the Adult Social Care Cabinet Committee.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **NOTE** its work programme for 2024.

1.1 The proposed work programme has been compiled from items on the Forthcoming Executive Decisions List, from actions arising from previous meetings and from topics identified at agenda setting meetings, held six weeks before each Cabinet Committee meeting, in accordance with the Constitution, and attended by the Chairman, Vice-Chairman and the Group Spokesmen. Whilst the Chairman, in consultation with the Cabinet Member, is responsible for the final selection of items for the agenda, this report gives all Members of the Cabinet Committee the opportunity to suggest amendments and additional agenda items where appropriate.

2. Terms of Reference

2.1 At its meeting held on 27 March 2014, the County Council agreed the following terms of reference for the Adult Social Care and Health Cabinet Committee: - *‘To be responsible for those functions that sit within the Social Care, Health and Wellbeing Directorate and which relate to Adults’*. Public Health now sits within the Health Reform and Public Health Cabinet Committee which was founded 25 May 2017.

3. Work Programme 2024/25

3.1 Following the most recent meeting of the committee, an agenda setting meeting was held at which items for this meeting were agreed and future agenda items planned. The Cabinet Committee is asked to consider and note the items within the proposed work programme, set out in the appendix to this report, and to suggest any additional topics they wish to be considered for inclusion in agendas for future meetings.

3.2 The schedule of commissioning activity which falls within the remit of this Cabinet Committee will be included in the work programme and considered at future agenda setting meetings. This will support more effective forward agenda

planning and allow Members to have oversight of significant service delivery decisions in advance.

- 3.3 When selecting future items, the Cabinet Committee should give consideration to the contents of performance monitoring reports. Any 'for information' or briefing items will be sent to Members of the Cabinet Committee separately to the agenda, or separate Member briefings will be arranged, where appropriate.

4. Conclusion

- 4.1 It is vital for the Cabinet Committee process that the Committee takes ownership of its work programme, to help the Cabinet Member to deliver informed and considered decisions. A regular report will be submitted to each meeting of the Cabinet Committee to give updates of requested topics and to seek suggestions of future items to be considered. This does not preclude Members making requests to the Chairman or the Democratic Services Officer between meetings, for consideration.

5. Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **NOTE** its work programme for 2024.

6. Background Documents

None.

7. Contact details

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**ADULT SOCIAL CARE CABINET COMMITTEE
WORK PROGRAMME 2024/25**

Item	Cabinet Committee to receive item
Verbal Updates – Cabinet Member and Corporate Director	Standing Item
Work Programme 2022/23	Standing Item
Key Decision Items	
Performance Dashboard	September, November, March and May
Draft Revenue and Capital Budget and MTFP	Annually (November)
Risk Management: Adult Social Care	Annually (March)
Annual Complaints Report	Annually (November)

3 JULY 2024 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Blackburn Lodge – Petition Debate	
7	Blackburn Lodge – Key Decision	Key Decision
6	Work Programme	Standing Item

19 SEPTEMBER 2024 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Performance Dashboard	Regular Item
7	Accommodation Strategy	
8	Work Programme	Standing Item

13 NOVEMBER 2024 at 2pm

1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item

4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Draft Revenue and Capital Budget and MTFP	Annual Item
7	Performance Dashboard	Regular Item
8	Annual Complaints Report	Annual Item
9	Work Programme	Standing Item
15 JANUARY 2025 at 2pm		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Performance Dashboard	Regular Item
7	Work Programme	Standing Item
5 MARCH 2025 at 2pm		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Performance Dashboard	Regular Item
7	Risk Management: Adult Social Care	Annual Item
8	Work Programme	Standing Item
8 JULY 2025 at 2pm		
1	Intro/ Web announcement	Standing Item
2	Apologies and Subs	Standing Item
3	Declaration of Interest	Standing Item
4	Minutes	Standing Item
5	Verbal Updates – Cabinet Member and Corporate Director	Standing Item
6	Performance Dashboard	Regular Item
7	Work Programme	Standing Item

ITEMS FOR CONSIDERATION THAT HAVE NOT YET BEEN ALLOCATED TO A MEETING

External Community Opportunities for People with Learning and Physical Disabilities Update - positive impacts of the service on users	Suggested at ASC CC 31/3/22
Carers' Short Breaks Future Options Update	Suggested by Mr Ridgers 06/07/23
Demand Forecasting Methodology	Suggested by Mr Streatfeild 23/11/23
Accommodation Strategy	Work ongoing 23/11/23

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