

## Appendix C - Post consultation mitigations

Mitigation	Impact financially	Impact on people we support	Impact operationally	Overall impact
<b>Increasing the Minimum Income Guarantee (MIG) for all affected individuals.</b>	<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"> <li>• implementation over a 3-month period – approximately £36k</li> <li>• ongoing monitoring* – approximately £72k</li> </ul> <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>
<b>Increasing</b>	Does not deliver the financial	This option could reduce	This would require	<b>This option has been ruled</b>

<p><b>the Disability Related Expenditure (DRE) for individuals receiving higher rate benefits.</b></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"> <li>• implementation over a 3-month period – approximately £36k</li> <li>• ongoing monitoring* – approximately £72k</li> </ul> <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.	
<b>Introduce an exceptional disregard for all affected individuals.</b>	<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"> <li>• implementation over a 3-month period – approximately £36k</li> <li>• ongoing monitoring* – approximately £72k</li> </ul> <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.	
<p><b>Phase the changes to the charging policy over three years.</b></p>	<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"> <li>• July 2024 £12 (Implementation)</li> <li>• April 2025 £12</li> <li>• April 2026 £9.65</li> </ul> <p>The financial impact and reduced income based on the current implementation timeline would be as follows:</p> <ul style="list-style-type: none"> <li>• July 2024 £1.33 million</li> <li>• April 2025 £1.69 million</li> <li>• April 2026 £1.75 million</li> </ul>	<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"> <li>• implementation over a 3-month period – approximately £36k</li> <li>• ongoing monitoring* – approximately £72k</li> <li>• annual reassessment process** over a 4-month period – approximately £120k</li> </ul> <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><b>Automatically carry out an individual DRE assessment for everyone financially affected</b></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"> <li>• implementation face to face, over a 3-month period – approximately £155k</li> <li>• financial reassessment –</li> </ul>	<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>	
<b>Not to implement proposed policy change</b>	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>Alternative savings/income would need to be achieved in other areas in KCC services.</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