

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.
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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

13. Report Author

Louise White
Project Manager
03000 413184
Louise.White4@kent.gov.uk

Lead Officer

Sarah Denson
Assistant Director of Strategy Safeguarding, Practice, Policy and Quality Assurance
03000410740
Sarah.Denson@Kent.gov.uk

Relevant Director

Richard Smith
Corporate Director Adult Social Care and Health
03000 416838
Richard.smith3@kent.gov.uk