

## KENT COUNTY COUNCIL

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### 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, 28th September, 2022.

PRESENT: Mr A M Ridgers (Chairman), Mrs P T Cole, Mr N J Collor, Ms S Hamilton, Ms J Meade, Mr J Meade, Mr T L Shonk, Mr R G Streatfeild, MBE, Mr R J Thomas, Mr A Weatherhead, Ms L Wright, Mr P Cole and Ms K Constantine

ALSO PRESENT: Mrs C Bell

IN ATTENDANCE: Clare Maynard (Interim Strategic Commissioner), Richard Smith (Corporate Director of Adult Social Care and Health), Chris McKenzie (Director of Adult Social Care and Health North and West Kent), Helen Gillivan (Head of Business Delivery Unit), Jim Beale (Director of Adult Social Care for East Kent), Hayley Savage (Democratic Services Officer) and Dominic Westhoff (Democratic Services Officer)

#### UNRESTRICTED ITEMS

**83. Apologies and Substitutes**  
(Item. 2)

Apologies for absence were received from Mr Webb, Ms Grehan, Mr Campkin and Mr Ross. Ms Constantine was attending virtually as substitute for Ms Grehan. Mr Cole was attending as substitute for Mr Ross.

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

Ms Meade declared an interest as she was a carer.

Mr Shonk declared that his daughter worked for the NHS and was a social prescriber.

**85. Minutes of the meeting held on 13 July 2022**  
(Item. 4)

Mr Streatfeild asked for the minutes to be corrected to show he and Ms Meade voted against, rather than abstained, the key decision – 22/00073 – *Everyday Life Activities, Skills Development and Training Opportunities for People in the Community – Dynamic Purchasing System* - at paragraph 77 of the minutes.

RESOLVED that, subject to the above amendment, the minutes of the meeting held on 13 July 2022 are correctly recorded and a paper copy be signed by the Chairman.

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

1. The Cabinet Member for Adult Social Care and Public Health, Mrs Clair Bell, gave a verbal update on the following:
  - (a) Mrs Bell updated the committee on the Adult Social Care Charging Policy in relation to savings credit disregard which last came before the committee on the 18<sup>th</sup> of May 2022. A Key Decision along with an Officer Decision was taken on the 10<sup>th</sup> of June to prevent people who the Council supported from being overcharged and reassessments would be carried out to correct charges for those who had been overcharged. Phase two of the savings credit disregard would involve a consultation for those who had been potentially undercharged. The policy change that may result from this would only affect charges for new people under the auspices of the Authority's Adult Social Care while current users, totalling around 650 users, would continue to receive the more generous allowance. Legal advice had been sought and had supported this action.
  - (b) Mrs Bell informed the committee that the Kent Drug and Alcohol Strategy 2023-28 consultation had been launched to gather views from Kent residents, who had been encouraged to share their experience of local drug and alcohol services to inform the 5-year strategy. This had been overseen by the Kent Substance Misuse Alliance. The strategy aimed to tackle drug and alcohol misuse through prevention, treatment and recovery and community safety. The priorities in the Kent strategy had been informed by local needs and aligned with the national drug strategy 'From Harm to Hope'. Mrs Bell stated that the figures from 2021 showed that 308,000 people were drinking above the recommended level of alcohol, with 15% estimated to be binge drinkers. Self-reported drinking had declined among younger age groups significantly since 2011 while there had been an increase for those aged 45 or older, and highest amongst 45–65 year olds. Illicit drug misuse had remained a pervasive issue in Kent with around 10% of adults self-reported to have used recreational illicit drugs within the past 12 months, with an increasing trend among 25–29 year-olds. Mrs Bell noted that the 2023-2028 Kent Drug and Alcohol Strategy had 13 strategic priorities. The consultation sought participants impacted by drug and alcohol, those who had experience of treatment and recovery services, relatives of those impacted and practitioners. The consultation would close on the 31<sup>st</sup> October 2022.
  - (c) Mrs Bell noted that World Suicide Prevention Day had taken place on the 10<sup>th</sup> September 2022 and made Members aware of training and services that had been provided, and made available, by Mid-Kent Mind. The Council had published suicide support helplines on its communication channels.
  - (d) Mrs Bell informed the committee that to mark Blue Badge Enforcement Day on the 4<sup>th</sup> August 2022 the Kent Fraud Team had joined Swale Borough Council's Parking Team as they conducted inspections of Blue Badge users. 209 people were inspected with 13 badges seized and around a dozen people spoken to regarding blue badge queries.
  - (e) Mrs Bell updated the committee on the video phone project Kara which won a first-place award in the category of Best Covid-19 Solution for

Safeguarding the Vulnerable at the Health-Tech Digital Awards. Currently 1700 vulnerable people had been equipped with the technology so they could communicate with friends, family, and professionals.

- (f) Mrs Bell expressed gratitude for the service of Mr McKenzie, Director of Adult Social Care and Health North and West Kent, who was leaving the Council, and wished him well for the future.
2. The Corporate Director of Adult Social Care and Health, Mr Richard Smith, then gave a verbal update on the following:
- (a) He updated the committee on the reorganisation of Adult Social Care, which was informed by the Adult Social Care Strategy Development and Carers Strategy Development and was co-produced by people who had drawn on carer support. The reorganisation had been a move from diagnostic pathways to locality-based teams and aimed to provide more opportunities for career progression. The restructure would ensure that the Council met its statutory responsibilities outlined in the Care Act 2014 and the new social care reform. There would also be better alignment with geographical boundaries for help and support. The consultation ran from the 12<sup>th</sup> of July to the 2<sup>nd</sup> of September 2022 and received over 350 responses with engagement from individual teams, unions, and health colleagues.
  - (b) He said the team was preparing for an inspection from the Care Quality Commission (CQC) with a plan named 'The Best We Can Be', not just to get the team ready for the assessment but to deliver the best outcomes for all. The assessment framework covered 3 areas including the effect of the social care department, the internal relationship within the Council and the relationship with the Integrated Care Partnership (ICP) and health colleagues. He also listed several areas that the assessment framework would look at under those 3 main areas including a work programme, delivery plan, quality assurance framework, audit tools, communications plan, key performance indicators, CQC inspection ready plan and new governance structure, to ensure they were well prepared for the assessment.
  - (c) A Winter Pressures Plan had been developed in collaboration with acute hospitals and the Integrated Care Board to prepare for the winter period. The plan aimed to avoid admissions over the winter period and to ensure the right staff were involved in decision making regarding pathways for patients. There had been an investigation into community setting and the team had worked with GPs to draw up action plans. He informed the committee that it was important to be aware that hospitals had been under pressure throughout the summer. Mr Smith listed several ongoing projects: the creation of virtual wards, single point of access for urgent crises and responses, development of an urgent treatment centre network and a discharge programme. He informed the committee that last week's national announcement of £500 million for supporting hospitals with discharge was welcomed yet, the exact funding that would be allocated to the Council was not yet known.

3. Mr Smith and Mr Beale then responded to questions and comments from the committee, including the following:
  - (a) Asked if in-year savings were being made to the rate required and if the Council's part of the £500 million would be enough to make up for the predicated loss of tax revenues, Mr Smith said that it was probable that the Council would receive between £10.5 to £12 million of the £500 million. He added that making savings had been difficult and complex due to inflation but was optimistic that savings targets would be reached despite this and statutory responsibilities would be met.
  - (b) Asked if Adult Social Care would meet the winter challenge with rising Covid-19 rates and the pressure throughout summer, Mr Smith stated that the health workforce and colleagues were very resilient and although the winter would be challenging, he remained confident in their preparations.
  - (c) Asked if a shortage of carers had impeded hospital discharges and how could the Council help vulnerable people stay warm in their homes during the winter, Mr Beale noted that the relationship with community support had improved, leaving them in a strong position to support people in their homes. They had been looking at intermediate care and community care to get more people out of hospital. The Winter Plan had already been worked on to ensure it moved at pace and focussed on solution-based actions to provide better outcomes, prevent hospital admissions, and support people.
  - (d) Asked about recruitment and retention, and what the contingency plans were regarding staff shortages due to illness if the flu forecasts were correct, Mr Smith responded that a proactive programme of vaccination for flu would be carried out in line with national guidelines but added there was the challenge of more circulation as people moved back to the office. He noted that recruitment had been difficult for social workers and his team had been proactively working on this. The Member asked for the number of social workers needed and geographical breakdown to be circulated.
4. The Chairman thanked Mr McKenzie for his contributions to the committee and wished him well for the future.

**87. 22/00081 - Integrated Community Equipment Service**  
(Item. 6)

*Ms Sharon Wilcock (Interim Senior Commissioner), Ms Mel Anthony (Senior Commissioning Manager) and Ms Akua Agyepong (Assistant Director, Adult Social Care and Health) were in attendance for this item.*

1. Ms Wilcock introduced the report regarding the extension of the current Integrated Community Equipment Service contract to 31<sup>st</sup> March 2024. She noted that in this time a new service would be designed that aligned with the Council's new strategic direction and provided for future sustainability due to rising costs. She then provided an overview of the Integrated Community Equipment Service.

2. Ms Wilcock then responded to questions and comments from the committee, including the following:

(a) Asked why no date had been given for the period of time the calculations and assessment took place, whether the current financial calculations and monies required still fit, and if flexibility had been built in given financial volatility and inflation fluctuations, Ms Wilcock responded that the current extension was for 16 months, but this was a conservative estimate. She confirmed that contingencies had been built into the financial calculations.

(b) Asked to expand on point 7.7 in the report in relation to the incorporation of digital technology to promote self-directed support, specifically how this would make the service more effective, Ms Wilcock replied that the service would provide all the current provisions along with a greater choice of equipment for users.

RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health to:

- (a) Extend the current Integrated Community Equipment Service Contract for 16 months from 1 December 2022 to 31 March 2024;
- (b) Procure a new long term sustainable service model; and
- (c) Delegate authority to the Corporate Director Adult Social Care and Health to take relevant actions, to finalise the terms of the required contract extension and to facilitate procurement activity, as necessary to implement the decision

be endorsed.

*Ms Meade asked for her abstention to be recorded in the minutes.*

**88. 22/00090 - Procurement of Interpreting and Communication Services for People who are D/deaf and Deafblind**  
(Item. 7)

*Ms Katherine Clark (Commissioner) was in attendance for this item.*

1. Ms Clark introduced the report and said the Council had a statutory requirement under the Care Act 2014 and Equality Act 2010 to make sure that services were available to everyone including those with a hearing impairment. The provision of specialist communication services for people who were D/deaf and deafblind was an important way for the Council to meet those obligations.
2. Ms Clark then responded to a question from the committee
  - (a) Asked if the figure of £20,000 per year for the service was correct, Ms Clark confirmed that the £20,000 was from the Adult Social Care and Health Budget with additional spend from other areas of the Council and external partners.

RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health to:

- (a) Approve the procurement of Interpreting and Communication Services for People who are D/deaf and Deafblind; and
- (b) Delegate authority to the Corporate Director Adult Social Care and Health to take relevant actions to facilitate the required procurement activity

be endorsed.

**89. 22/00092 - Community Navigation Services Contract Extension**  
(Item. 8)

*Mr Simon Mitchell (Senior Commissioning Manager) was in attendance for this item.*

1. Mr Mitchell introduced the report and said that an extension was sought for the Community Navigation Services Contract and that two single-year extensions were available. He said the extensions would allow time for the strategy and future design of the services to be considered.
2. Mr Mitchell then responded to questions and comments from the committee, including the following:
  - (a) Support was expressed for the report and social prescribing.
  - (b) Asked if there was opportunity to work with health colleagues to shape services, Mr Mitchell said there would need to be a countywide effort to ensure that community navigation in all areas was available for both adults and children rather than just children which was currently the case in some locations.

RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health to:

- (a) Agree to use the first of the two, one-year contract extension options to extend the current Community Navigation Services Contracts for a period of 12 months, from 1 April 2023 to 31 March 2024;
- (b) Delegate authority to the Corporate Director Adult Social Care and Health to use the second one-year contract extension option (1 April 2024 to 31 March 2025), should it be required; and
- (c) Delegate authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision

be endorsed.

**90. 22/00093 - Carers Short Breaks Service - Direct Award**  
(Item. 9)

*Mr Simon Mitchell (Senior Commissioning Manager) was in attendance for this item.*

1. Mr Mitchell introduced the report and said a county-wide contract was in place with a single provider and a strategy promoted the importance of breaks for carers. The current contract would expire in March 2024 and a further 1-year extension was requested to allow time for work to be carried out with providers, partners, and carers to codesign and coproduce a new model.
2. Mr Mitchell then responded to questions and comments from the committee, including the following:
  - (a) Asked why this was the third year running that a 1-year extension was being sought and no optional further extensions were included, Mr Mitchell said a single-year extension had been chosen because of the Covid-19 pandemic and because the Carers' Strategy would inform the future of carers breaks to make them more secure in the long-term.
  - (b) Asked about the use of historic data, whether more up-to-date data was available, and would the plan be able to sustain increased demand, Mr Mitchell said that the Carer's Strategy included the most up-to-date information and moving forward data would be used from provider and contract management data, and better working across adult social care in supporting carers would ensure the necessary level of provision.
  - (c) Asked if a review could be conducted into the use of 1-year extensions and the effects of them on providers, Mr Mitchell said he would be happy to discuss this further outside of the meeting.

RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health to:

- (a) Approve a Direct Award contract for Carers' Short Breaks for a period of 12 months, from 1 April 2023 to 31 March 2024; and
- (b) Delegate authority to the Corporate Director Adult Social Care and Health to take relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision

be endorsed.

**91. 22/00082 - Community Mental Health and Wellbeing Services Contract Award**  
*(Item. 10)*

*Mr Luke Edwards (Senior Commissioner) and Ms Heather Randle (Commissioner) were in attendance for this item*

Mr Edwards introduced the report and said the Community Mental Health and Wellbeing Services Contract was due to end on the 31<sup>st</sup> March 2023. He stated that the service had a vision to provide a holistic offer of support for both those living with, and without, a mental health diagnosis and he gave a brief overview of what the service provided and how it was commissioned.

RESOLVED that the decision to be taken by the Cabinet Member for Adult Social Care and Public Health to:

- (a) Award the contract, to the successful providers identified in Exempt Appendix A, for the provision of Community Mental Health and Wellbeing Services (known as Live Well Kent and Medway) for a period of three years with the option to extend for further two years (24 months);
- (b) Delegate authority to the Corporate Director Adult Social Care and Health, after consultation with the Cabinet Member for Adult Social Care and Public Health and the Corporate Director for Finance, to agree the relevant contract extensions as required; and
- (c) Delegate authority to the Corporate Director Adult Social Care and Health to take other relevant actions, including but not limited to finalising the terms of and entering into required contracts or other legal agreements, as necessary to implement the decision

be endorsed.

## **92. Update on Adult Social Care Reform**

*(Item. 11)*

*Ms Paula Parker (Head of Business Delivery Unit) and Ms Michelle Goldsmith (Finance Business Partner Adult Social Care) were in attendance for this item.*

1. Ms Parker and Ms Goldsmith updated the committee on Adult Social Care Reform through a PowerPoint presentation (attached to these minutes) which covered the following areas: fair cost of care and market sustainability plan, care cap and extension of the means test, Section 18(3) of the Care Act-New Self Funder right, national assurance framework, financial implications and adult social care reform funding.
2. Ms Parker and Ms Goldsmith then responded to questions and comments from the committee, including the following:
  - (a) Asked how much action had been taken on the Significant Action Demand from October 2023 and what the numbers were for Kent, Ms Goldsmith replied that an additional 4,600 assessments and 4,200 financial assessments had been estimated along with the number of additional workers required. Finance figures for this would be circulated amongst Members following the meeting.
  - (b) Asked about the timeframe for the user journey under the self-funder pathway, Ms Parker responded that the exact time was currently unknown and that different types of assessment would result in different timeframes. Mr McKenzie added that a transformation would take place in how care was provided in the community which included digital tools and ability to self-serve. He noted that more efficient and effective ways of working would ensue people received timely support when they needed it. Ms Gillivan said the modelling process, working with and learning from other local authorities, would provide more information on the timeframe.



- (c) Asked if a lot of people fell into the debt burden category and how this was dealt with, Ms Goldsmith said people were, and would continue to be, financially assessed. She added that as more people were expected to use the service the level of debt would increase, but this had yet to be costed.
- (d) A Member sought further clarification on the number of assessments and when this number was expected to peak. Ms Parker responded that the numbers had yet to be modelled and further updates could be provided to the committee at future meetings.
- (e) Asked about the number of self-funders and the recruitment process for additional staff, Ms Goldsmith responded that the number of self-funders was currently unknown, and that modelling would be undertaken. Ms Parker said a recruitment campaign would be designed and other ways of managing the demand, including digital tools, would be explored.

RESOLVED that the committee considered the content of the report.

Post Meeting Note:

*Following the meeting an error was identified in paragraph 7.1 of the Update on Adult Social Care Reform report (and slide 18 on the attached presentation under 'Financial Implications') where the correct amount of funding received should have been recorded as £4.16m and not £4.6m.*

**93. Adult Social Care and Health Performance Q1 2022/2023**  
(Item. 12)

*Mr Matt Chatfield (Head of Performance and Systems) was in attendance for this item.*

1. Mr Chatfield updated the committee on the key activity and performance during quarter 1 for 2022/2023.
2. Mr Chatfield and Mr Beale then responded to questions and comments from the committee, including the following.
  - (a) Asked about the number of needs assessments not achieved within the 28-day period and the proposed solution for the downward trend, Mr Beale said this was due to a wider range of people with diverse health needs and pressures across adult social care and finding the right level of support for people. Mr Beale said the performance assurance framework and a rigorous set of action plans for each area had been developed to ensure the assessments would be completed within the desired timescales.
  - (b) Asked about ASCH18 – *Number of DoLS applications received and completed* – and the number of applications completed from those received, Mr McKenzie said all the applications were screened and reviewed and then prioritised based on level of need, with those most in need of support being processed in a timely manner. He said the proposed implementation of future Deprivation of Liberty Safeguards would change the way applications were managed.

RESOLVED that the committee noted the performance of services in Q1 2022/2023.

**94. Local Account for Kent Adult Social Care (September 2020 to December 2021)**  
*(Item. 13)*

*Ms Lisa Clinton (Stakeholder Engagement Manager) and Ms Paula Parker (Head of Business Delivery Unit) were in attendance for this item.*

Ms Clinton introduced the report and said that the timeframe for the Local Account had been revised and would be from January 2023 to December 2023. She noted that a person-focussed approach had been taken and engagement with the public would take place.

RESOLVED that the committee noted the Local Account document– ‘Here for you, how did we do?’ (September 2020 – December 2021).

**95. Decisions Taken Outside of the Cabinet Committee Meeting Cycle**  
*(Item. 14)*

Mrs Bell gave an overview of the decisions and explained why they had been taken outside of the Cabinet Committee meeting cycle.

RESOLVED that the decisions – *22/00075 Kent Homeless Connect Service Termination of the Service and 22/00076 Kent Homeless Connect Service Funding of Transition Phase Through Reserves* - had been taken in accordance with the process as set out in Part 2 paragraph 12.36 of the Constitution.

**96. Work Programme 2022/2023**  
*(Item. 15)*

RESOLVED that the Work Programme 2022/2023 be noted.

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# Update on Social Care Reform

Adult Social Care Cabinet Committee, 28 September 2022

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**Richard Smith**

Corporate Director of Adult Social Care & Health

Minute Item 92

## The meeting is asked to:

Note and consider the content of the presentation and related report including:

1. Fair Cost of Care and Market Sustainability Plan
2. Care cap and extension of the means test
3. Section 18(3) of the Care Act–New Self Funders right
4. National assurance framework
5. Financial implications
6. Adult Social Care Reform Funding

It is important to be clear about what is meant by 'social care reform'. The 10-year national programme includes the following key changes:

1. Reform of Adult Social Care charging with the introduction of a cap on personal care cost and extended means-test
2. Fair cost of care and market sustainability reforms
3. Implementation of Section 18(3) of the Care Act which gives self-funders a right to ask a local authority to arrange their care
4. New national assurance framework under which the Care Quality Commission (CQC) inspects local authorities and the Integrated Care Systems (Integrated Care Board and Integrated Care Partnership)
5. Professional development plan for the social care workforce
6. More supported housing and reform of the Disabled Facilities Grant
7. Integration of health and social care (vis-à-vis the Integration White Paper)
8. Accelerate the digitisation of social care
9. Innovative Models of Care Programme - new ways of delivering care in the community
10. Change in services to support unpaid carers

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We are focusing initially on four elements of the government policy commitments within the Social Care Reform programme.

1

## Fair Cost of Care

- This is to ensure that local authorities are paying providers in a sustainable way and not paying less than it costs to provide the care.
- This work will give understanding to the full and fair costs of care in Kent in residential, nursing for aged 65+ and home care ages 18+.

2

## Care Cap and Extension of the Means Test

- The new Care Cap of £86,000 will go live from October 2023, and only after this date will you begin counting towards your cap.
- Only money spent on a person's personal care will count towards the cap.
- New means test capital limits move from £14,250 - £20,000 to £23,250 to £100,000.
- Once a person reaches the care cap, the local authority will take on the cost of the personal care element of the care and support.
- Changes to the means test and introduction of care cap could both have significant impacts on Kent Adult Social Care resources and funds.

3

## Section 18(3) of the Care Act—self funders have a right to ask a local authority to arrange their care

- The potential proportion of self-funders in Kent (in care homes and in the community who remain self-funders following the extended means test) will impact Kent Adult Social Care and market sustainability in Kent.

4

## Care Quality Commission inspection readiness

- From April 2023 the CQC will begin a two-year comprehensive assessment programme across all the Local Authorities in England.

# 01. Fair Cost of Care and Market Sustainability Plan

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- On 7 September 2021 government set out the plan for Adult Social Care Reform in England. A part of this is the **Fair Cost of Care** exercise and **Market Sustainability Plan** to ensure that local authorities are paying for social care services in a sustainable way and are not paying less than the cost of providing care.
- The Council has a duty under Section 5 of the Care Act 2014 to promote the **efficient and effective operation of a market** in services for meeting care and support needs. This includes people who pay for their own care.
- The Fair Cost of Care exercise scope was limited to providers that deliver **18+ care and support in the home** (CSiH) and **65+** care in residential and nursing **care homes**.
- The exercise required providers to complete a Local Government Association (LGA) approved **cost model** in order to identify the **median, lower quartile** and **upper quartile** costs of care. (Weekly for care homes and hourly for CSiH)
- The Market Sustainability plan shall be no more than 5 pages and must make reference to the Fair Cost of Care exercise outputs and answer **three key questions** on current **market sustainability, future market** changes, and how **sustainability issues** will be addressed.



# 02. Care Cap and Extension of the Means Test

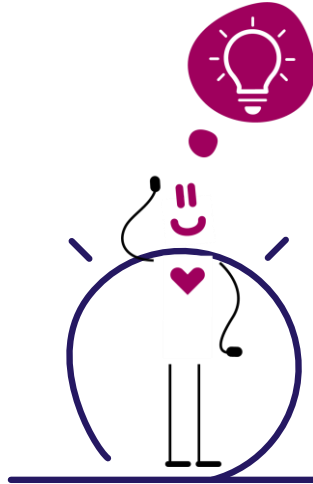
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# Reaching the £86,000 cap, an example

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Meet **Yusef**. Yusef is in his late 70's and lives on his own.



**Currently** Yusef would spend **£293,000** on his care from his assets and his income, and as a result only has **£35,000** left in assets. This does not include any additional income from state benefits such as Attendance Allowance, which he may be entitled to.

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Yusef recently downsized to a property worth **£180,000**. As a result, he has **£70,000** in savings. Yusef develops dementia and moves into residential care where he lives for 8 years. The care home costs **£700** per week.

Under the new system, Yusef hits the **£86,000** cap after 3 years and 5 months. He no longer needs to contribute for his personal care from either his assets or his income. Beyond this, he will only have to contribute towards daily living costs. He is now left with **£152,000**.

**Over his whole care journey, Yusef spends £118,000 less than under the current system**

# New capital thresholds, an example

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Meet pensioners **Mary and her husband Bob.**



**Currently** if they both stayed in residential care for 2 years, Mary and Bob would have spent around £105,000 towards their care. They wouldn't have got any state support until they individually reached the UCL of £23,250, which would be based on half of their shared assets. They would be left with around £43,000 in assets between them.

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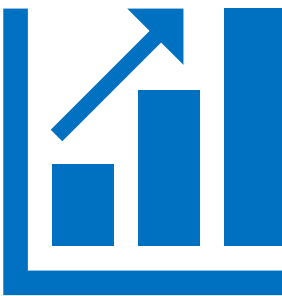
Together, they own a home worth £90,000 and have joint savings of £10,000. They have a joint weekly income from pensions of £470. Due to a decline in health both Bob and Mary need to enter residential care.

Under the **new system**, once they enter a care home, they become eligible for some state support due to each of their £50,000 share of their wealth being below the new £100,000 UCL. Under the new system, they spend £68,000 in total for their care from their income and assets.

**Over their combined care journeys, Mary and Bob save £37,000 from their assets and their income in the new system.**

# Estimated change in workload

- The operational analysis of the impact on Kent carried out by the County Council Network (CCN) projected that:



- Estimated additional care assessments of 4,600 per year will arise
- 182 additional workers will be required to manage demand from the reform
- An estimated increase of 4,190 financial assessments will be required to be completed each year
- 32 additional financial assessment officers will be required to manage demand from the reform

Kent County Council (KCC) is at an advanced stage to understand the additional demand and early indications predict significantly increased numbers for Kent than those projected by CCN. The ongoing modelling work will also factor in, to the best our knowledge, the impact of the extension of the means-test which will bring more people who will rely on publicly funded support.

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# 1. Key Implications

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**System Changes  
& Care Account**



**Additional  
Resource**



**Appeals Process**



**Commissioning**



**Policy & Practice  
Changes**



**Debt Burden**



**Staff Training &  
Education**



**Communication**



**Funding  
Concerns**

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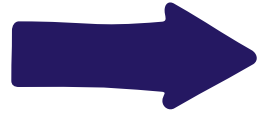
# 03.

## Section 18(3) of the Care Act–New Self Funders right

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# User Journey of a self-funder with no prior ASC contact

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Request for assessment

Needs Assessment

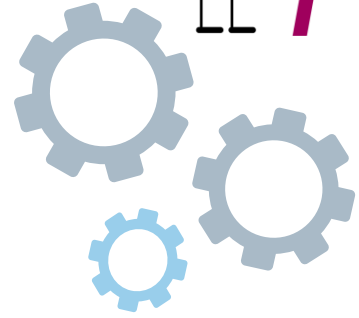
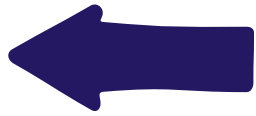
Financial assessment

Care Planning and Purchasing

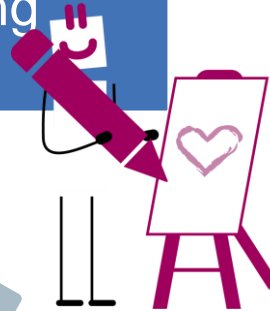
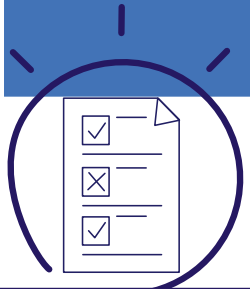
Review

Care provision

Care account set up



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# 04. National Assurance Framework

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# Overview

- From April 2023 we have an opportunity to showcase the Adult social care strategy and our ambition to be “The best we can be”, through the CQC assurance process.
- We need to be able to tell our story through the voice of the people we support, our staff and our partners both within Kent County Council, our health partnership and the wider community.
- South East Region of the Directors of Adult Social Services has set up Peer Review Groups.
- Progress to date has focused on completing the **regional self-assessment tool**. Which provides us with a key source of evidence of achievements in improving outcomes for people who use adult social care services
- We need to effectively demonstrate how successful we are in meeting our adult social care duties and listening to the people we support.

# Quality Assurance Framework

A robust Quality Assurance Framework setting out clear practice standards and responsibilities to ensure we are delivering a consistently high-quality service. Measures will be meaningful and useful so we can understand when things are working well and when we need to improve.

- Practice Postcards
- Bespoke Locality Sessions
- Research activity
- Share good practice with other local authorities

- Training and CPD
- Kent Academy
- Research in Practice
- Examples of good practice



- Improvement of policies, practice guidance and processes
- Responding to Ombudsman (LGSCO)
- Mock inspection
- Measures that Matter (understanding impact and success criteria)

- 1-1 Supervision
- Reflective Learning Sessions
- Locality Partnership Discussions
- Good Conversations
- Performance improvement

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Focus groups have been held with Supervisors and Managers



A new Quality Assurance Tool is scheduled to be developed over summer



Outputs will feed into the Quality Assurance Board, which will be held quarterly

# 05. Financial Implications

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- In 2022 to 2023, £162 million was allocated to local authorities through the Market Sustainability and Fair Cost of Care Fund. KCC was allocated £4.6m for the Fair Cost of Care and £98k for the Implementation Support Funding which have been factored into the 2022-2023 budget.
- Local authorities are expected to use at least 75% of allocated funding in 2022 to 2023 to increase fee rates paid to providers in scope, where necessary, and beyond pressures funded by the Local Government Finance Settlement 2022 to 2023. Up to 25% of allocated funding in 2022 to 2023 can be used to fund implementation activities associated with meeting the fund purpose.
- Further tranches of an additional £600m through the Market Sustainability and Fair Cost of Care Fund are anticipated in 2023-24 and 2024-25. The government intend to review allocations for 2023-24 and 2024-25.
- The Market Sustainability and Fair Cost of Care Fund will amount to £1.36 billion (out of the £3.6 billion to deliver the charging reform programme).
- As a condition of receiving future funding, local authorities will need to evidence the work they are doing to prepare their markets and outcomes of the Cost of Care exercise and submit to the Department of Health and Social Care (DHSC) by 14 October 2022.

# 06. Adult Social Care Reform Funding

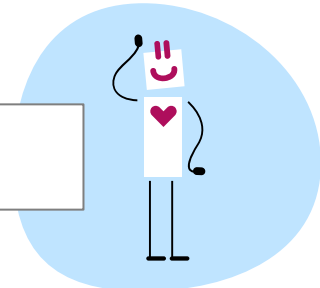
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- The government launched a consultation which closed on 23 September 2022, on introducing a new Adult Social Care Charging Framework from October 2023. The consultation was on proposals for distributing funding to support the first year of delivery of Adult Social Care Charging Reform in 2023 to 2024. There were proposals on the distribution funding for needs and financial assessments, the extension to the means-test and the cap on personal care costs.
- KCC used the opportunity to make its voice heard through its response to the consultation. Our main concerns were centred on the funding formulae used to allocate the available resources between individual authorities and the quantum of the funding to be made available for the reform
- Most of the options either allocate resources based on population adjusted for relative needs or a more simple approach based purely on population. However, the relative needs are based on a presumption of building on the existing formula (which has been in place for many years and has been criticised for being out of date/not fit for purpose) to reflect the new responsibilities.
- The largest estimated costs are for the changes to the means test and the implementation/additional assessments

# 07. Closing



Comments and Feedback



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