



Ms F Montford
CILK
C/O British Red Cross Kent Area Office
25 College Road
Maidstone
Kent
ME15 6SX

Kent County Council
Families and Social Care
3rd Floor, Branchley House
Week Street
Maidstone
Kent
ME14 1RF

Direct Dial: 01622 694592
Date: 16 August 2011

Dear Ms Montford

Thank you for your letter dated 27th July 2011 which was also sent to Mr Newsam, Corporate Director of Families and Social Care and Mrs Tidmarsh, Director of Older Persons and Physical Disability to which I am responding on behalf of KCC.

I note that you suggest the amount of disregard should be raised. As you know the minimum amounts that are disregarded are wholly determined by central government

You refer in your second paragraph to the average protected income levels used in the examples and that these are insufficient. KCC's policy is in line with the "Fairer Charging Policies for home care and non residential Social Services" guidance issued by the Department of Health and the protected income levels used are in line with those laid down by central government.

The 'Protected Income Level' is the minimum income the government has stated individuals should be left with after KCC has charged them for non-residential services. The Protected Income Level is worked out by taking the basic means tested benefit levels applicable to people under Pension Credit age and over Pension Credit age and adding 25% to this figure. The basic levels for those under Pension Credit age will have more variation than is reflected in the Protected Income Levels but KCC has decided to use the figure at the upper end of the spectrum, thus benefiting service users. According to government guidelines people in receipt of middle or lower DLA should be allowed £124.44 per week but Kent already allows £138 per week for all and not just those receiving the DLA higher rate care component.

In your third paragraph you refer to raising the percentage of net disposable taken into account from 85% to 100%. In Kent service users will be left with more than the basic Protected Income Level (PIL) amounts because we add a Standard Disability Related Expenditure to the PIL for everyone. Housing costs are also added and in some circumstances extra amounts in exceptional circumstances.

In your fourth paragraph you refer to the proposed reduction in the Disability Related Expenditure Allowance from £21 per week to £17 per week. As previously stated, in Kent we give this to everyone without the requirement for an assessment.



However if some one considers that their additional costs exceed this they can request an individual assessment. In most cases people consider that they could not justify a higher amount and accept the standard amount as adequate to meet their additional costs. This is simpler and less bureaucratic for all concerned.

In paragraph five you refer to charging mental health service users, I can confirm that this would not apply to any one subject to Section 117. Furthermore in line with the Mental Health code of practice we have arrangements in place to identify individuals who are subject to section 117 of the mental Health act and therefore entitled to a free aftercare service.

I note your comments in paragraph six and can confirm that service users are already expected to pay for meals and drinks and that the proposals relate to the day care itself. You are correct in your assumption that if an individual already receives other services then the cost of any day care would be added to these and only a single assessment undertaken. This may or may not lead to them paying additional contributions.

While the increase in numbers receiving domiciliary support do not seem to have grown exponentially year on year this is only due to the strong partnership working that exists in Kent with the NHS and KCC's continued investment in services such as enablement, Telecare and TeleHealth. Each year over 39,000 people are helped to remain at home and this is expected to increase in future years as the elderly population grows.

In paragraph eight you refer to the equality impact assessment which you state should be undertaken at the end of the consultation. We believe it is important to undertake an equalities impact assessment at the beginning, review it during the process and again at the end of the consultation to fully understand the impact of the proposals as well as make adjustments to ensure that no particular group is adversely affected over another and this is what has been done. Furthermore a number of practical measures will be put in place to work with individuals who either refuse or indicate that they will reduce the level of service they receive as a direct result of these policy changes.

We note your comments in relation to government tax and would like to point out that the council tax paid is disregarded from a persons income before any charge is worked out.

In paragraph ten you refer to only 6 public meetings of one hour being held across the county. During the consultation additional meetings were requested and 16 public meetings were eventually attended by council officers to explain the proposals.

You ask why 24500 questionnaires were sent out when only 9500 people receive domiciliary care. We considered it important to consult with the wider service user group including not only those who currently receive support but those who are recorded on our records and may require it in the future as these proposals will affect them as well.

As for consulting with disability groups before going out to consultation the decision was taken to inform every one of the proposals at the same time so that every one heard the single message and no single group was disadvantaged over another.

I note your comment that the £2.9 million expected to be raised if these proposals are approved is a drop in the ocean. However every KCC department is expected to contribute to the gap and this is only one of many other efficiency measures that are being taken, the majority of which are being made in back office functions.

In paragraph thirteen you ask what preventative services are being protected. Most preventative services are provided by the voluntary sector and KCC has continued to maintain the funding of the voluntary sector in Adult Social care at the same level as last year. There is also a strong partnership between the NHS and KCC in Kent and this and the existence of such services as enablement and Telecare and TeleHealth.

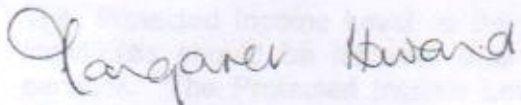
In your final paragraph you refer to the recent Birmingham judgement.
The Birmingham judgement:-

The judicial review ruling found against Birmingham City Council on its consultation process to change its eligibility criteria. It is important to point out that the judge Mr. Justice Walker said that it was not enough to just be considerate and thoughtful of disabled people, in making decisions, but that it also needs to be fully informed by an impact assessment.

It is important to understand the impact of the proposals across the council, and particularly on those people who use services and their carers. One of the key issues was that any Equality Impact Assessment (EIA) should be reconsidered in the light of the consultation before the final decision is made and that is why we considered it important to review the EIA part way through the consultation and at the end before considering any recommendations. The obligation to comply with due regard duties placed on local authorities will be drawn to the attention of decision makers.

I want to thank you for the time you have taken to write to the county council about these matters to do with the charging policy and will ensure your comments are forwarded to the officers collating the responses.

Yours sincerely



Margaret Howard
Director Learning Disability & Mental Health

cc: Mr Malcolm Newsam and Mrs Anne Tidmarsh