

Kensington and Chelsea Disabled People's Question Time
Social Care Special
Advance Questions

Please note that information provided here is for guideline use only, everybody's circumstances are different and will often change over time. This information is therefore a broad overview - we do urge residents to contact us and take the opportunity to speak to us directly about their individual situation, in order that we can support them to find the right solution that best suits them.

General Information:

- 1. Why doesn't the council website have much information on it about what we as disabled people are entitled to so we automatically know what we can claim and so we don't have to rely on finding out by chance from other people?**

We're very sorry to hear that you have trouble finding information. There are in fact two websites: the RBKC council website (www.rbkc.gov.uk) and People First (www.peoplefirstinfo.org.uk). The latter is a Bi-borough website for residents and professionals. It has a large section on benefits, including extensive information on disability benefits. We have checked every link on the website in the last six months so all that information should be valid and up to date – there are four benefit calculators which all work.

People First carries comprehensive information about disability in general, and benefits. But if we are missing information or it can be improved, we'd really like to know about this and would be delighted to make additions and amendments. If we can improve – let us know!

We are having discussions about how we further enhance the information on our RBKC social care website, so watch this space.

- 2 If the council is notified that a person requires a reasonable adjustment to be able to understand council information, processes and/or to properly participate – why doesn't the council listen to this and ensure that all communication and information provided to the person going forwards is accessible?**

We do strive to make reasonable adjustments. This is a very individual matter, and we will make as much reasonable adjustments to documentation as we can, depending on a

person's needs. If people let us know how they want the information and in what format, we will do our best to provide it.

3 Why do people in Kensington and Chelsea have to pay for care? People in Hammersmith and Fulham have free care.

As part of the Government's broader social care reforms, we await the policy paper examining lifetime care costs and the implications for Local Authorities. Paying for care for those with means would be a subsidy and result in increased taxes for those residents who are least able to pay. Depending on the outcome of the White Paper, means testing is certainly something the Council would be happy to review.

4. Why does the council say that people are charged what they can afford? There is no real assessment of income and expenditure, like debt advisors do - and no real understanding of the cost of living. Real affordability doesn't come into it!

We are sorry to hear this. We always aim to be fair and transparent in how we assess for the amount people can afford to pay for services.

We offer our service-users an individual Financial Assessment and we take into account their disability-related expenditure and where appropriate we exclude these costs from their available income. During our assessments we refer residents to local Citizens Advice for additional benefits entitlement support where necessary. Furthermore, we have increased the standard Personal Allowances every year with inflationary increases. If a service user's financial circumstances change, we do urge them to contact us as soon as possible so that we can review their charges and adjust them if appropriate. Our Financial Assessment team are happy to meet face to face to assist and clarify how the charges apply in individual circumstances.

5. Why is it so difficult to get an assessment or re-assessment from the council? How long is it reasonable to expect to wait?

We are very sorry that on occasions some people have to wait before we are able to assess them. It is our objective to have as little waiting time as possible and we prioritise people according to need and risk. We do understand how frustrating and worrying it can be for residents who are waiting for assessments but the pandemic has had a significant impact on our workforce. However, if you feel you need an urgent assessment then please contact your social work team to organise this for you.

6. Why can't we get copies of their own review or reassessment document (not support plan)?

We are sorry if you are not getting these documents and you are entitled to copies of them - they should be supplied to you as part of your assessment or review process. Please tell us if this is not happening. We are of course mindful of confidentiality so if it is someone other than the service user who is asking for these documents, we do just need to make sure the necessary consent is in place. If you would like a copy of a document that has not been sent out, please do ask for this.

7. Why are so many social workers leaving before completing and writing up the assessment / reviews? It is stressful enough the first time – it is torturous to have to re-do it because the Social Worker has left without completing it.

We are very sorry about this lack of continuity and appreciate how stressful it is to have to provide this information again. This is very much something that we are looking to improve and we are implementing recruitment and retention initiatives to address the staffing issues. There has been a high turnover of staff across London generally in local authorities, particularly in the last few years and since the pandemic started, so it is a region-wide issue. We are working hard to try and recruit permanent staff, as opposed to temporary 'locums' to positions so that there is more consistency. We'll keep you informed of progress in this area.

8. Assessments / reviews are supposed to be an opportunity to work together to improve life – but this NOT what it feels like to us as disabled people. How can we work together to make changes to improve this experience?

You are absolutely right that the assessment and review should be a discussion with you to agree on improvements to what matters to you and how that will be achieved. It should be a joint, collaborative conversation with clear outcomes and agreed goals. We are committed to getting this right for everyone and our apologies if this was not your experience.

We are working with our staff development team to have more training in this area, and including you as residents in the training and presentations. Please do let us know if you'd like to be involved

9. If the relationship between the service user and professional breaks down, what rights does the person have to be reallocated, and how long should it take?

We do hope that this is very infrequent, and we are very concerned when this happens. We would always first explore the issue and try to mend the relationship with discussion and mutual consent. If this is not possible, we will change the allocated worker and in a timely and reasonable timeframe to ensure consistency of care.

10. We want to be able to (audio) record meetings with professionals – what is the process for doing so? What can we do if professionals refuse?

Please do ask if you would like to record the conversation you have with a professional, we do wish to be as open and transparent as possible, and if all parties in the conversation agree, then this can be done. However, do please note that a member of staff may refuse to be recorded to maintain confidentiality and sensitivities of their work. If you let the team know ahead of the visit, then permission can be resolved for you.

11. If someone has a life-changing accident or illness, and they know what equipment or adaptations could help to make their life much more bearable – what is a reasonable amount of time for that person to wait? Why is there so much bureaucracy?

In the first instance after a life changing accident or illness, the hospital should provide any essential equipment needed so that the person can be discharged home. A referral is usually also sent to the Community Occupational Therapy (OT) service to look at longer-term needs. The OT undertaking the assessment will make recommendations for equipment and minor or major adaptations to the home, depending on the person's needs. The OT will always listen to your views, but sometimes they may also suggest you try something else, because of their experience of other devices and adaptations. It should be very much a conversation with you though, and if you do feel you require a certain piece of equipment, the suitability of this will be investigated fully.

Just to note that minor adaptations to the home can usually be done quickly but would depending on your housing association or tenancy type. Major adaptations are more complex and can take a bit longer as it often requires part of the building to be taken down and reconstructed. This requires several agencies in order to comply with building regulations but the service users and their representatives are involved throughout the process.

12. The council used to promote Personal Budgets as giving “Independence, choice, control and wellbeing”. What happened to that? It is now very restrictive – more or less just for washing and feeding. If we want to be supported by a Personal Assistant – why can't we have full choice? (i.e. Who the person is, their employment status, amount of pay offered).

We do strive to give as much choice and control as possible to residents, including choices which can offer the greatest flexibility where possible.

We will encourage service users to speak to the Direct Payment team on how flexibly they can use their personal budgets.

13. Which independent body or person can we go to raise a safeguarding concern if we feel that there is institutional abuse or discrimination by the council itself.

The independent body that oversees Local Authority Complaints is the Local Government and Health Ombudsman. However, the ombudsman regulations state that the Council Complaints Procedure needs to be used before they can investigate, so please do contact our Customer Feedback Team first to try to resolve the issue before contacting them. We will always try to resolve a complaint to your satisfaction but if this is not possible, we will work closely with the ombudsman to resolve the issue. All complaints about any aspect of ASC can be raised in confidence directly with the team at HSScustomercare@rbkc.gov.uk

Safeguarding issues are separate to this. Please report all safeguarding issues immediately to us directly, and they will be investigated under our safeguarding policies.

14. How does the council decide what good quality care looks like when they choose their care agencies? What does the council expect from the agencies?

We have a whole procedure for deciding on the best quality care that is available through a robust commissioning, tendering and contract process, and then following the awarding of

care contracts, through quality assurance measures afterwards. Increasingly residents themselves are involved in all stages of these processes, through our Local Account Group. Residents themselves tell us what they feel good quality care is (having often received it themselves). This is by far our best method of ensuring we understand what good quality care looks like.

There is also a tendering process for 'spot purchase' agencies delivered through on-site visits. As part of the tendering process, agencies will need to submit evidence that they can deliver the key requirements in the service specification. Each agency will need to meet or exceed the scoring criteria to be awarded the contract.

As part of the 'onboarding' process for spot agencies, Council officers vet agency policies, procedures, and processes to ensure they meet the minimum standards expected by the Council. The Council expects agencies to deliver good quality care that covers many areas including, but not limited to, meeting people's Care Act 2014 eligible needs, having an overall 'Good' or 'Outstanding' Care Quality Commission (CQC) rating and demonstrating contract compliance.

But we are also looking for ways that agencies go 'above and beyond', ways that are creative and imaginative, and put residents at the centre of what they do. We are looking for innovation in our care providers as well, and who demonstrate best practice.

15. Why doesn't the council advertise which agencies people with a direct payment can afford? If you set a limit, it is only fair to say where we can find care for the cost you allow us.

Care managers do have access to a list of providers that we know work within the DP agency rate, and they are able to share this with service users. Please ask for this. However, we are unable to publicise this information online, as this information is market sensitive for the respective providers.

16. The council allow you to employ a relative who does NOT live with you, but they will not allow you to employ a relative who DOES live with you except in "exceptional circumstances". Why? What is the difference? And what are "exceptional circumstances"?

We know it's frustrating, but the government regulations about Direct Payments state that, as you say, you cannot employ a relative that lives with you. 'Exceptional circumstances' mean a situation where the care could not be delivered in any other way by any other person, other than the relative living with you. The Council would need to be the decision maker in these cases.

17. Why can't actual people talk to the Direct Payment advisor? Why does it have to be a social worker?

We're afraid we currently do not have an in-house Direct Payment support for the majority of our residents. However, we recognise the need and have been running a Direct Payment Support Service pilot scheme for six months now supporting residents who are coming out

of reablement care, and are hoping to extend the pilot to other service users as well. In the meantime, should you have queries about your DP payments, please contact the Direct Payments Finance team. For employment law and payroll queries, employers will be signposted to their insurance and payroll providers for help and advice.

For queries about DP budgets and what you can use your DP on, please continue contacting your allocated worker or the duty worker. We will always try to make sure that all aspects of your Direct Payment are explained fully to you.

18. Will the council ask DP service users what support THEY would like to have or what they think is missing when it comes to the support they get?

Yes, absolutely. You will be asked if your care and support is working during your annual review. Please mention everything that is important to you.

19. Why doesn't the council send out information and communication to service users? Sometimes it is like the council does not care about us at all.

The Council does regularly send out general newsletters and information to residents (for instance North Ken News, Our Borough newsletter) as well as via social media.

For individual correspondence with you about your care, this would always be done by an allocated worker or someone dealing with your case.

Any changes to a service such a change in supplier will be communicated to the residents concerned via phone, letter and or email.

However, we do want to know how we can communicate with you better, so please let us know. What are we missing? What can we tell you that would be helpful? How would you like this done? We know this is an area where we can improve.

20. Why does it take so long to get adaptations done – even when housing say that funding is approved you have to have an OT to say what needs to be done and this takes forever.

We're really sorry it can take so long and we apologise for these frustrations. To explain the process, all adaptations require an OT assessment and recommendation based on the assessed needs of the individual resident. We are required to follow a process so when a person is first referred to the Council, they will be asked to try out equipment first to see if this meets their 'presenting' needs.

A minor adaptation will be considered where the adaptation costs less than £1000. The OT undertaking the assessment will make a minor adaptation referral to the landlord to complete the works.

A major adaptation is between £1000 and £30,000 and the OT will make the recommendation and referral. A non-local authority major adaptation needs to go through the Disabled Facilities Grant application process. The Council is required to seek the

permission of the landlord and the freeholder, and for this reason the major adaptation process is more complex. Adaptations of this kind will also require quotations and specialist input from contractors and builders. A building surveyor is required to prepare plans and specification of works and ensure that the recommended adaptation is feasible and practicable at the property.

There is a large demand for major adaptations in RBKC but we are really doing our best to reduce waiting times and to facilitate this we have been working in partnership with an external OT provider in order to progress recommendations and assessments. But we do apologise for the long wait for things to happen.

21. It is stressful and difficult for people to go through assessments. If the staff member leaves without completing assessment, why do we have to start the whole stressful process over again? Why can't the already started process just be finished off? And why aren't we told the social worker has left?

As in the answer to question 7, we are really sorry about this lack of continuity and the stress this causes. You should always be told that a worker has left. We agree that the process of assessment should not have to start again if possible and will strive to avoid this.

22. If you are lucky and get a copy of the support plan, it seems like they are talking about someone else! Why can't we at least be given the option of writing our own care and support plans - for the council to check and sign off - anymore?

This is a great idea! We would very much welcome the opportunity to work more collaboratively with people to complete care and support plans. Making them personal and individual to you is a key part of the process, and what we want to do.

You should always be sent a copy of your plan, please make any comments on it to the staff member undertaking the assessment, who will change any errors and make any amendments. This is a fundamental part of person-centred support planning, and is very much the approach we wish to take with you. Please ask your social worker/ review officer if you would like to work more collaboratively to complete your support plan and we will do our best to achieve this.

23. The ultimate decisions about how we can have support to live our lives are being made by people who have either never met us (people on the "panel"), or who don't really know us (the review social workers who meet us for 2 hours and re-write the support plan). Can we ask to meet with panel members or the managers who are making the decisions so we have more confidence that they know us? How can things be changed so we feel like it is more of an equal partnership?

We really understand how this might seem impersonal and frustrating. We will continue to explore ways to improve the relationship between staff and service users, this is a fundamental part of personalisation and person-centred care.

The role of the social worker who completes the reports is to accurately build a picture of your individual circumstances, your wishes and needs so that this can be presented clearly

and accurately. The panel process is necessary to ensure we are keeping a central log of our financial commitment in order to ensure our limited budget can support everyone in the community who needs care. However, you can ask for your support package to be reviewed through your assigned worker if you feel it is not sufficient to meet your needs.

24. How does the council decide how much support is enough support? Do council staff and councillors feel the support on offer from Kensington and Chelsea really allows people to have a reasonable quality of life? Would they feel they were able to live a decent quality life if only able to use the toilet 4 times a day, at specific times and not between 8pm and 8 am? Or if only they relied on one - microwave - meal a day with a dry sandwich left out?... or if they are a family carer providing all night support as the council says they do not provide night support?

We really understand these frustrations and apologise for the stress caused.

We do need to understand where our resources can be best placed and we use various systems to try and ensure fair distribution of resources. The Care Act 2014 governs the level of care a person gets and how your needs must be met. These systems we use implement the Care Act guidance and give us a general sense of how much support is required for each service user – called an ‘indicative’ rate. Based on your needs identified in your assessment, a weekly amount of care in terms of hours to meet those needs is suggested by the system for your support plan, which can then fine-tuned to an exact amount for your specific individual need. Direct Payments then give the most flexibility in providing your care and we encourage people to take up a Direct Payment where possible.

We do have to work within financial constraints and there is always a need to be fair as well as constructive and flexible in meeting each person’s needs. It’s a balance. We are accountable and need to demonstrate how the money has been used to ensure everyone receives a fair service.

All the detail of your needs and how they will be met and the quantity of care you are eligible for should be fully outlined in your assessment and support plan.

25. Can the council provide a list of what people CAN use their personal budgets for?

Actual items, equipment and services – not just a list of topics? We are supposed to be allowed to use it in a flexible (and innovative) way – not only to pay from care from a person - so why are we only given a choice of a using a care agency or employing a Personal Assistant?

You can use your Personal Budget on all items, equipment and services that meet social care needs as outlined in your care and support plan (and aren’t available as a service provision elsewhere). If you have chosen particular items, equipment or services, then please discuss your choices with your social worker and/or OT to ensure they meet your eligible needs. As everyone is different, each service user’s circumstances needs be considered on an individual basis.

26. If something is agreed for one person, why can't it be suggested and agreed for all others who are in the same position who could have benefitted? When people find out by chance, they feel the council is hiding something from them.

Individuals have different circumstances and thus have different care and support needs, and different care and support plans. One size doesn't fit all! However good ideas and resources are always good to know, so do suggest things that work or have been beneficial to you to your care worker – we do want to know what works well as part of best practice.

We're sorry if you feel the Council hides things, our aim is to be always as transparent as possible.

27. Why does it take so long to get a direct payment? What is the Council's target for setting up the direct payment, and how often is this target missed?

The Council's aims to set up a DP within 28 days, however we acknowledge that sometimes this takes longer, and we apologise for this, it's usually because of staff isolating and processing delays. We will provide interim support while a Direct Payment is being set up.

28. Why has the council changed how it calculates Direct Payments for people who are employing Personal Assistants, and why were people not consulted before a decision was made and informed about this once it had?

We're afraid there is a misunderstanding here because the Council has not changed how it calculates DPs for people employing a PA. The pay rate for PAs is set at the London Living Wage level.

29. The "contingency" amount is to cover extra unforeseen costs – for example in emergency situations if you need a bit of extra support or paying extra for cover if a PA is on holiday. If pension payments are now taken from the contingency, has the council increased the contingency amount for people they know pay employers pension contributions? If not, why are they allowed less real contingency than others?

The pension contributions are included in the DP calculations. The weekly contingency amount should be 6% of the overall budget when employing a PA, which the Council believes is enough to cover pension costs and emergency situations which we would not expect to continue for a long period. Of course, each emergency is different, and the Council will work with you to explore all care and support options suitable for you. Do please speak to us if this is the case.

30. Why has the DP reverted to an assessment which is calculated as amount per hour, rather than being an entire budget to use flexibly as we want to, so that it enables us to use care agencies that are more per hour than the "agency rate" set by RBKC - (& this rate doesn't include higher evening, Bank Holiday or weekend rates?) There are agencies with a better quality of care & a better standard of care in the local area that residents just can't use in the agreed rate ... this is negatively impacting on our lives.

We understand this can be frustrating. Our systems calculate an indicative estimate of what your weekly care cost will be. This is then calculated exactly for your support plan. You

should know what your weekly and hourly rate is, as this should be clearly stated on the plan. The support plan should show all costs that you will have, and provide a budget for this. This needs to be calculated within the overall Council rate for agencies which is currently £16.78 per hour.

The Direct Payment rate must reflect a fair local market rate. We can provide a list of agencies that work within the DP rate.

31. Why doesn't the Direct Payment amount automatically increase in line with the London Living Wage increases? PAs are saying they can get better work or better pay elsewhere! Saying there is an automatic uplift would give more security.

Yes, we will uplift your DP to the London Living Wage each year at your review.

32. Why doesn't the council enable us to book our PA's on their Moving & Handling courses now?

The Council can provide free online access to our training courses, which are the same ones used for care agencies and care homes. However, we encourage individuals to apply for funding for 'face-to-face' courses through Skills for Care, although this is regrettably not always available. Requests for funding can be made through the social work teams and we consider them on a case-by-case basis.

33. To get a Direct Payment to pay someone of your choice you have to sign the Direct Payment agreement saying you agree with the support plan / agree to pay a charge. What should people do if they don't agree – either with the support plan that was written by the social worker or the affordability of the charge?

The Council will do its best to work with you to agree a plan best suited to you; however there may be instances where your wishes sit outside the Council's DP terms and conditions and cannot be agreed by the Council, and in these cases the support plan cannot be approved.

If this is the case, we will continue to work with you and consider all available care options, and where a DP is not deemed suitable, we will offer Council provided services.

Unfortunately, a Direct Payment cannot start unless a service user agrees to pay the assessed charge.

34. If someone has a Direct Payment and can't spend it all because they can't find enough PA support - is there a risk that the council will cut the budget when they have a review?

No, the Council will not cut the budget, but we will recoup any unspent funds and possibly put the DP on hold if it has not been used for several weeks. The individual case would need to be looked at. The support plan will remain the same, unless the service user wants to make any changes.

