

REPORT TO: Health Policy & Performance Board
DATE: 13th January 2015
REPORTING OFFICER: Strategic Director, Communities
PORTFOLIO: Strategic Director, Communities
SUBJECT: Update on the Care Act
WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To Update Health Policy and Performance Board on what changes are involved with the new Care Act on our local progress.

2.0 **RECOMMENDATION: That: the report be noted**

3.0 **SUPPORTING INFORMATION**

3.1 In May 2014, the Care Bill received Royal Assent and became the Care Act 2014. Some elements come into effect from April 2015; others come into effect from April 2016.

The Care Act aims to reform the care and support system into one that:

- Focuses on people's well-being and support to help them remain independent for as long as possible.
- Introduces greater national consistency in access to care and support.
- Provides better information to help people make choices about their care.
- Gives people more control over their care.
- Improves support for carers.
- Improves the quality of care and support.
- Improves the integration of different services.

3.2 The changes coming into effect in April 2015 which impact directly on the Council include:

- A duty to provide prevention, information and advice services
- A national minimum threshold for eligibility for both service users and carers.
- The entitlement for carers to assessment, support services and review equal to that of the service user

- The right for people who pay for their own care to receive advice and support planning.
- A universal system for deferred payments for residential care.

3.3 The changes coming into effect from April 2016 which impact directly on the Council include:

- A cap on the costs that people have to pay to meet their eligible needs.
- A 'care account' giving people with eligible social care needs an annual statement of their progress towards reaching the cap, whether their care is organised by the local authority or not.
- Extending the financial support provided by the local authority by raising the means test threshold for people with eligible needs.

3.4 The significance of the Care Act should not be underestimated as it replaces much of the legislation that has governed Adult Social Care since 1948. In total it replaces 13 pieces of Primary legislation, 13 pieces of secondary legislation and 3 pieces of statutory guidance.

3.5 To oversee the implementation of the Care Act in Halton, we have established an overarching Care Act Strategic Group chaired by Operational Director Prevention and Assessment. The strategic group in turn oversees six sub-groups each working to their own implementation plan that includes working towards completion of reviewing relevant documents, policies, considering training and workforce development, charging and cost implications as well as understanding and identifying potential risks. A brief summary of each of the subgroups is included in this report.

3.6 To support the implementation a grant of £125,000 has been provided and this has been used in the following three ways:

- A full-time policy officer who has now been recruited.
- A full-time post in finance to support all financial implementation of the changes in the Care Act
- £25K to support joint working with Liverpool City region.

3.7 In addition there are two regional groups that have been established and we are currently aligning our local work to ensure that there is no duplication.

- North-West regional ADASS group – we have representation on this group and they are an excellent source of information, communication and sharing best practice. This has included carrying out local stocktakes and workforce readiness surveys.

- Liverpool City Region group – this group is looking at a range of areas with each authority taking an overall lead for one subject, Halton will be leading on prevention.

Updates from each of these regional groups are presented on a monthly basis to the Halton Care Act Strategic Group. In addition we will be working with the two regional groups to assess and analyse all of the upcoming National Guidance for implementation that will be produced and circulated during November.

- 3.8 As part of the initial implementation of the Care Act we have completed three self-assessments to determine our readiness for the changes. The first self-assessment was completed in August and shows that we were on track at this point, this assessment was repeated in September and shows that we are again progressing well in all areas.

The third self-assessment relates to workforce readiness and has been submitted to Skills for Care, although there are some areas that need more attention the general analysis of our performance is positive.

- 3.9 Updates from Sub-groups

Prevention

Key developments and work streams:

- Advocacy: A draft advocacy hub is currently being developed and should be completed by early November
- Staff consultation: work in relation to mapping existing information services.
- Draft prevention model
- Information model: development of a new information model is underway; this piece of work is being co-produced with Halton OPEN and Halton Disability Partnership.

- 3.10 **Assessment & Eligibility**

There are a number of requirements for assessment and eligibility that need to be in place prior to full implementation in April 2015. A self-assessment template has been developed and the assessment sub-group is currently working through each of the areas to establish our current performance, areas of change and new processes within the Act. The subgroup is specifically working on the development of Policy, Procedures and Practice in the following areas:

- The total extent of current and future needs for care and support
- What need is eligible for both adults and carers and how these can be met subject to a financial assessment
- Care and support planning with active involvement from the

service user

- Changes required in the review process
- Processes in relation to transition to adult care and support for children, young carers and child's carers.

3.11 **Charging and Financial assessment**

Currently work is underway to assess all of the charging implications of the Care Act to ensure full implementation by April 2015. Key areas that are currently being considered and worked upon:

- Deferred payments process will change and will require additional work and there will be a requirement for a policy which is currently not in place.
- There are changes to the financial assessment for people who have a property; work is underway to estimate the numbers of people affected by this, also there will need to be changes to IT to accommodate the differences.
- Carefirst 6 provider is carrying out a presentation in October to look at all of IT solutions in relation to the Care Act. Need to ensure someone from Care Management attends.
- There will need to be a change to the domiciliary and residential care policy in light of the new aspects of the Care Act.

3.12 **Safeguarding**

A comprehensive action plan has been developed to give support and guidance for the Adults Safeguarding Board in relation to the Care Act. The action plan was developed through an agreed self-assessment. This self-assessment recognises that Halton has either completed or is on course to complete 16 of the 26 actions covered, 5 are achievable with some additional support and 5 are classed as either not started or significantly behind target date. The risk areas are:

1. Review the Halton Safeguarding Adults Board Serious Case Review (Safeguarding Adult Review) Policy to ensure that it incorporates all relevant requirements from the Care Act and guidance.
2. Develop and implement an engagement plan to ensure agencies are robustly engaged, supported and able to respond to their responsibilities to take part in Safeguarding Adult Reviews
3. Review the mechanism and effectiveness of agencies implementation of recommendations from Safeguarding Adult Review.
4. Require all agencies that will have a statutory duty under the Care Act to report against their contribution to the Board and the delivery of the plan for the Annual Report
5. Develop and implement a multi-agency communications

strategy in relation to safeguarding, making use of social media.

3.13 **Integration and partnership working**

A stocktake in relation to integration and partnership working will take place over the next two months. This stocktake will focus on the six key areas:

1. Integration, cooperation and partnerships
2. The boundary with the NHS
3. Delayed transfer of care
4. Working with housing authorities and providers
5. Working with employment and welfare services
6. Delegation of local authority functions.

The stocktake will be reported through the Care Act Steering Group and any risk factors identified and reported to Senior Management Team.

3.14 **Carers**

Currently we're negotiating with the carers Centre a service re-design to support our implementation of the Care Act, Better Care Fund and GP Enhanced Services. The re-design concentrates on;

- i. The identification of carers' at the earliest opportunity, specifically targeting groups considered to be 'seldom seen' or 'hidden' –
 - Older carers in poor health
 - Male carers aged over 65
 - Individuals providing over 50 hours of care per week
 - Those caring for individuals with mental health issues
 - Those caring for individuals with dementia
 - Those caring for individuals with a substance misuse and/or alcohol issue
 - Those caring for individuals with Learning Disabilities and/or Autism
- ii. The provision of information, advice and guidance, complimenting similar services as provided by Halton Borough Council and NHS Halton CCG
- iii. Signposting and referring carer's to the correct information, advice and support to ensure that they are not financially disadvantaged as a result of their caring role
- iv. Supporting carers' to have their voice heard in decisions that affect them, and where appropriate, advocate on their behalf
- v. Providing short term, intensive support to those carers identified by adult social care and health care services where there is a significant risk of 'carer breakdown'
- vi. Expanding and diversifying the provision of activities and peer support for carers'
- vii. Supporting carers' to take part in educational, training or work opportunities that they may feel excluded from because of their

- caring responsibilities
- viii. Providing a range of learning and development opportunities for carers', front line staff and the community
- ix. Through a variety of methodologies, gathering and reporting on carer experiences of using mainstream health and social care services; and supporting carers to participate in the planning, commissioning and quality assurance of health and social care services
- x. Developing an integrated 'one stop shop' approach to service delivery with specialist services such as Halton Borough Council's welfare rights, home equipment and telecare services, and NHS Halton Clinical Commissioning Group's mental health and well-being services.

4.0 **POLICY IMPLICATIONS**

- 4.1 Work is currently underway from each of the chairs to identify which local policies will be affected by the Care Act. Once identified a plan for consultation and amendment will be developed.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

- 5.1 Work is ongoing in relation to understanding the full financial implications of the Care Act.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children & Young People in Halton**

The Care Act places new duties on Local Authorities to manage the transition between children's and adults services.

6.2 **Employment, Learning & Skills in Halton**

No implications

6.3 **A Healthy Halton**

The aim of the Care Act is to support people to maintain their own health and independence for as long as possible.

6.4 **A Safer Halton**

No implications

6.5 **Halton's Urban Renewal**

7.0 **RISK ANALYSIS**

- 7.1 Each of the sub-group leads will identify and report potential risks of

implementation of the Care Act.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 These will be completed for each policy change that is completed as part of the overall implementation of the Care Act.

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.