

**REPORT TO:** Health Policy & Performance Board  
**DATE:** 10 March 2015  
**REPORTING OFFICER:** Strategic Director, Communities  
**PORTFOLIO:** Health & Wellbeing  
**SUBJECT:** Care Act implementation – Current Position  
**WARD(S)** Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present Health Policy and Performance Board with current progress towards the implementation of the Care Act in Halton. This updates the previous report to Health Policy and Performance Board presented on January 13<sup>th</sup> 2014.

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 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.

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.

*Appendix 1* summarises for each of the five major areas (Prevention, Assessment...etc.) current progress that has been made against the requirements of the Act. Their state of completeness expressed as complete (green), in progress (amber) or behind schedule (red). Currently none are behind schedule. In addition, such cross-boundary items as training, communication, IT and documentation (procedures and policies) are dealt with under appropriate headings.

A number of new posts will need to be recruited to deliver the expected increase in the number of assessments (see also *Appendix 1*, page 2, **Workforce Capacity**). This has been calculated using a specific toolkit, (the Lincolnshire model) to estimate the numbers of extra hours worked and hence extra staff that will be required to carry out Extra Carer and Self-Funder Assessments.

### 3.2 Training

Halton has been able to access a number of principal sources of training and at present is putting together a programme that is relevant to staff needs. In addition, staff are being directed to make use of sources freely available from the Internet and elearning. The Social Care Instituted for Excellence (SCIE) and Skills for Care (SFC) continue to produce effective training at all levels.

Specialist training materials from regional experts have been used by Halton's Assessment & Eligibility leads. Associated online lectures have also been offered to Halton staff as part of this training. These provide excellent case history examples and cover a number of relevant areas such as assessment and eligibility and provide an excellent analysis of the legal fabric of the Act that has proved useful to our legal advisors.

Halton has a representative on the North West regional Learning & Development Manager's Group, an important forum for the exchange of learning and joint training around the Care Act. As a result we are in the process of coordinating all training involving the Act, with an initial emphasis being placed on front-line staff throughout January and February 2015.

### 3.3 Communication

There are three strands to Halton's Communication Strategy for the Care Act to its staff, the local community and relevant stakeholders. These are:

- Haltonising freely available Public Health information that has

been produced by the DoH as part of its national campaign to communicate the Act. This is being carried out jointly between Halton Borough Council policy and marketing and Public Health making use of PH England's templates (published late December and Early January) and experience in marketing health messages in Halton to target, communicate and distribute information appropriately. This will tie in with adaptable media messages and advertising materials suitable for digital displays (doctor's waiting rooms) and local press releases scheduled for February and March 2015.

- A pro-active approach has been adopted to improve local people's access to information. This involves co-production. The work is not lead by any organisation, but instead a small number of professionals, along with key members of the public share information to identify problems and map themes (e.g. employment and welfare services). Each theme is then populated with organisations that can provide detailed information and direction. We are currently in the process of mapping themes and preparing for the next stage which is enabling people to navigate through the system, before presenting it to the wider public in early March.
- The third approach to communication is more long-term and will be developed throughout 2015/16. This will be along the lines of the DoH Framework for Information and Advice (and Advocacy) Strategy. This looks at the different ways of managing and organising the wealth of information that LAs already have about their services (often widely dispersed), delivery mechanisms and different ways of increasing awareness locally of the sources of information and advice. The Act stresses that good information and advice must cover the needs of everyone in Halton, not just those currently receiving council-funded care or support, but individuals who may need care and support for themselves or others in the future.

### 3.4 Information Communication Technology

There are four important aspects of Information Communication Technology that are important to Halton's effective implementation of the Act:

1. Changes to CareFirst 6 that are necessary to capture the additional information that will be required for the assessment and eligibility process, including personal budgets;
2. Secondly because an individual's care package can move with them to or from another authority outside Halton, it is important that steps are taken to ensure compatibility;
3. Thirdly, when the £72,000 Cap comes into play in 2016, it will be necessary for individuals to be able to track their financial progress toward the cap.

### 4.0 **POLICY IMPLICATIONS**

4.1 A list of policy, procedure practice documents that require editing to reference aspects of the Act has been drawn up. In addition, there are a few areas that will require new policies or major revisions of current policies. These include: Care Management (in particular assessment and eligibility as the Act totally replaces the approach taken by Fair access to Care (FACS) and charging. These revisions are being carried out piecemeal with emphasis on all policies that need to be in place for April 1<sup>st</sup>.

## 5.0 **OTHER/FINANCIAL IMPLICATIONS**

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

### 6.1 **Children & Young People in Halton**

There are no implications for this priority.

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

The Act has a central role for carers and puts them on a par with any other adult in providing them with an assessment, whether or not they are funding their own care. Their wellbeing is viewed as crucial in enabling them to carry out their caring role. This concept of wellbeing is defined to enable them to:

- Connect with others
- Remain active
- Take notice of available opportunities
- Learn
- Give (the caring role)

Hence, the expected increase in Carers will also result in a significant increase in access to learning, employment and skills in Halton.

### 6.3 **A Healthy Halton**

The Care Act will have a significant impact on Healthy Halton due to its emphasis on Prevention and Wellbeing as a means of reducing the early slide into long-term care in either a care home or hospital. Instead, people are cared for in their own home as long as possible.

### 6.4 **A Safer Halton**

There are no implications for this priority.

### 6.5 **Halton's Urban Renewal**

There are no implications for this priority.

## 7.0 **RISK ANALYSIS**

7.1 The principal risk is how accurate are the increases predicted by the Lincolnshire model. The model has been explained earlier and has been sanctioned by ADASS and the LGA as the model of best practice. The Council's current budget model (Lincolnshire model) for the Care Act implementation predicts that there will be a significant increase in:

- The number of carers who will require an assessment – the model implies a doubling;
- The number of individuals who are funding their own care is expected to increase almost five-fold;
- New individuals coming forward for assessment as a result of media information about the Act over February – March 2015;
- If increases in staff levels are not approved Halton is unlikely to be able to meet its statutory obligations under the Care Act for the year 2015/16.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity implications arising as a result of the proposed action.

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

There are no background papers under the Local Government Act 1972.



	the provider's business has failed, but the		
	<b>Workforce Capacity.</b> If the expected significant increase in assessments occurs, then there will be knock-on effects on staffing levels in such areas as: the Contact Centre, IAT, Finance, contracts and legal. In addition, changes in staff roles (particularly SW in Care Management) are likely. To look at this Care Management have been using the Wigan SW tool recommended by Skills For Care to analyse the SW role and how this should change under the Act. The new approach is that SWs (there are 19) will deal with complex cases, Safeguarding, DoLS and the Mental Health Act.	A request for additional staff has been submitted to Chief Officers Management Team, in line with current estimates of impact.	Amber
(2) <i>Assessment &amp; Eligibility:</i>	<b>Assessment of Need.</b> The council will undertake an assessment for any adult who appears to have any level of needs for care and support, regardless of whether or not the council thinks the adult has eligible needs. The assessment will determine how far the adults needs impact on their desired outcomes and on their wellbeing. Policy, procedure and practice components of the Care manual will need to be updated to accommodate the new approaches.	The assessment process is more extensive than previously under FACS and Care Management have been looking at ways to work differently as a means of preparing for the extended approach to the adult and/ or carer's needs. Senior staff have recognised the importance of training and for all staff who assess, training will be available throughout January – March 2015.  Policy changes are planned for late January and February.	Amber  Amber
	<b>Eligibility.</b> The new eligibility criteria are quite different from the previous three-stage FACS approach. As a consequence, considerable training and familiarisation is required for all staff required to carry out social care assessments. New procedures and practice will have to be written. There is also work being done around the Carer's Eligibility. Policies to update.	Care management team are working with ICT to update documentation and capture new information.  Policy procedure and practice to be updated (January – February).	Amber  Amber
	<b>Independent Advocacy.</b>	A new hub and spoke model of advocacy for Halton has been developed (January 2015).	Amber
	<b>Care &amp; Support Planning.</b>	New processes are being developed under Care First 6 and also policy and procedure to capture the	Amber

		active involvement of the individual who own the plan and any future changes required as a result of a change of circumstances that have led to a review (Feb. '15).	
	<b>Personal Budgets</b>	In Place	Green
	<b>Direct Payments</b>	In Place	Green
	<b>Transition to Adult Care &amp; Support</b>	In Place	Green
<i>(3) Charging, Financial Assessment:</i>	<b>Charging for care &amp; Support.</b> Under the Act there is a facility to charge individuals who fund their own care (full cost clients) an administration fee for arranging care on their behalf. There is also a facility to charge Carers for services.	A decision on full cost client fees and charging carers for services has yet to be made. (February '15).	Amber
	<b>12 week property disregard.</b> Current rules are to be extended to allow a 12 week disregard where an existing disregard is lost due to a sudden change in circumstances.	Procedures and standard literature need to be changed. (March '15).	Amber
	<b>Other disregard.</b> There is discretion to allow a 12 week disregard for those who suffer financial shocks.	A decision regarding discretionary option to allow a 12 week disregard for financial shocks (February. '15).	Amber
	<b>Choice of accommodation &amp; Additional payments.</b> Third-party top-ups should be administered through the LA.  LA to offer at least one affordable option within a personal budget. Alternative options, where a 3 <sup>rd</sup> party or in certain circumstances, the resident is willing and able to pay the additional cost.	Have identified 3 <sup>rd</sup> party top-ups and the impact of administering these payments.  Currently estimating the additional administration involved and the financial impact on LA administration (January '15).	Green  Amber
	<b>Pension Reform.</b> From April 2015 a person with a defined contribution pension will be able to take it how they wish. This provides greater flexibility for people to access, invest or spend their money.	Waiting on more information on how these changes are likely to impact on financial assessments.	Amber
	<b>Deferred Payment Agreements.</b> There are a number of changes to		

	<p>the current DPA scheme that Halton will have to implement:</p> <ol style="list-style-type: none"> <li>1. New requirement for property evaluations and regular reviews;</li> <li>2. A new upper limit to the amount of allowable DPA;</li> <li>3. There is now a requirement for the likely length of DPA to be discussed with the client;</li> <li>4. All administrative fees to be charged interest;</li> <li>5. The discretion to include top-up amounts in the DPA;</li> <li>6. Requirement for LAs to provide an extended range of information and advice.</li> </ol>	<ol style="list-style-type: none"> <li>1. A detailed action plan is required that is based on DoH guidance.</li> <li>2. This will require changes to the current IT system (Jan. '15)</li> <li>3. Changes to procedures and standard literature necessary (Feb. '15).</li> <li>4. Decision required regarding the admin. Fee plus interest (Feb. '15)</li> <li>5. Decision regarding top-up amounts being included in the DPA (Feb. '15).</li> <li>6. Liaise with Legal to develop new processes and their implications.</li> <li>7. Identify and produce the additional information and advice.</li> <li>8. Estimate the additional number of applications for DPA that may be received and the financial implications.</li> <li>9). Revise DPA policy to incorporate all changes (Feb '15).</li> </ol>	<p>Green</p> <p>Amber</p> <p>Amber</p> <p>Amber</p> <p>Amber</p> <p>Green</p> <p>Green</p> <p>Green</p> <p>Amber</p>
	<p><b>Financial Assessments.</b> These involve the following:</p> <ol style="list-style-type: none"> <li>1. Changes to capital limits for residential clients with property;</li> <li>2. Changes to personal allowance for residential clients with property;</li> </ol>	<p>Complete full checklist against DoH guidance on Financial Assessments.</p> <p>Requires changes to IT system (Feb. '15). Changes to procedures and standard literature (Feb. '15)..</p> <p>Estimate the impact on the individual's contributions/ income. Liaise with legal regarding</p>	<p>Green</p> <p>Amber</p> <p>Green</p>

	<p>3. A new facility for LAs to consider – ‘light touch’ assessments for individuals on low incomes or high incomes;</p> <p>4. The LA can now choose to conduct a non-residential financial assessment for temporary respite stays in residential settings;</p> <p>5. Additional requirements regarding information and advice.</p>	<p>house valuations.</p> <p>Assess additional workload given new criteria and additional requirements.</p> <p>Decision around ‘light touch’ assessments (Feb. ’15).</p> <p>Decision around financial assessments for respite cases and the financial implications (Jan. ’15)</p> <p>Review current information and advice in the light of new requirements.</p> <p>Review both Fairer Charging and Residential Charging policies in the light on the changes and agreed discretionary areas (Jan. ’15).</p>	<p>Green</p> <p>Amber</p> <p>Amber</p> <p>Amber</p> <p>Amber</p>
	<p><b>Debt Recovery.</b> The following apply:</p> <p>1. It is no longer possible to place a charge against a person’s property;</p> <p>2. Debtors can be charged for the administrative costs of servicing the debts;</p> <p>3. Interest can be charged for debts.</p> <p>4. Debts more than 3 years old after 2015 cannot be recovered.</p>	<p>No action is required for this as there are only 6 currently in place.</p> <p>Standard amounts to be published. Need to estimate the additional income that could result.</p> <p>Need to decide whether charges can be levied on individual debtors (Feb. ’15).</p> <p>Need to change procedures and standard letters (Feb. ’15)</p> <p>Investigate IT implications Investigate current debts that are more than 3 years old.</p>	<p>Green</p> <p>Green</p> <p>Green</p> <p>Amber</p> <p>Amber</p> <p>Green Green</p>

<i>(4) Carers:</i>	<p><b>Funding.</b></p> <p><b>Assessments and Eligibility.</b> The focus is on preparing for the expected increase that has been predicted from the current version of the Lincolnshire Model.</p> <p><b>Risk.</b> The major risk for carers is the accuracy of the estimates and the number of assessments emerging from the Lincolnshire model.</p>	<p>All funding involving carers is aligned and in a single pot.</p> <p>Negotiations have taken place with the Carer's Centre on how best to redesign services and procedures to support the implementation of the Act, the Better Care Fund and GP Enhanced Services. This redesign focuses on:</p> <ul style="list-style-type: none"> <li>• Older Carers in poor health</li> <li>• Male Carers over 65</li> <li>• Individuals who provide over 50 hours of care each week</li> <li>• Individuals caring for people who have mental health issues/ dementia</li> <li>• Those caring for individuals with a substance misuse and/ or alcohol issue</li> </ul> <p>Those caring for individuals with learning disabilities and/ or Autism. Service Redesign (Feb. '15).</p>	<p>Green</p> <p>Amber</p>
<i>(5) Adult Safeguarding:</i>	Formation of Safeguarding Adults Board (SAB)	Established for 7 years	Green
	Revise terms of reference of SAB to ensure adults are protected in Halton by coordinating and ensuring the effectiveness of what each of its members does.	Currently these are under revision in the light of the SAB's statutory status under the Care Act Feb '15).	Amber
	<p>The SAB must arrange a <b>Safeguarding Adult Review (SAR)</b> if:</p> <ol style="list-style-type: none"> <li>1. There is reasonable cause for concern about how the SAB, specific members of it or other relevant persons worked together to safeguard the adult;</li> <li>2. The adult has died;</li> <li>3. The SAB knows or suspects the death resulted from abuse or neglect (whether or not the SAB knew or suspected abuse before the death);</li> <li>4. The adult is alive and the SAB knows or suspect serious abuse or</li> </ol>	<p>Current procedures are being revised to reflect the new SAR arrangements. The model reflects a 'light touch' approach that allows practitioners to discuss difficulties openly and to learn from incidents rather than to feel blamed (Feb- March 2015)</p> <p>Procedures for this are already in place</p>	<p>Amber</p> <p>Green</p>

	neglect has occurred.  The SAB can arrange for any other adult case, where the person has needs for care and support, in its area to be reviewed.		
	<b>Information Sharing.</b> Each member of the SAB must cooperate in and contribute to the review with a view to identifying any lessons to be learnt from the case and applying such learning to future cases.  If an SAB requests information from an individual then the person must comply with the request if: <b>1.</b> the request is made to enable or assist the SAB to exercise its function; <b>2.</b> the request is made to a person the SAB considers likely to have information that would help them carry out their function.	Raising awareness of this has already taken place and it is unlikely an agency would not cooperate. The Act provides clear direction to challenge if need be.  Halton has a joint Integrated Adults Safeguarding Unit with the NHS Halton Clinical Commissioning Group (CCG). This unit undertakes the most complex cases which include multi-agency police investigations and multiple abuse allegations within nursing and residential homes.	Green  Green
	<b>Membership of the SAB.</b> Membership consists of: 1. HBC; 2. NHS Halton Clinical Commissioning Group (CCG); 3. Chief officer of police for the Halton area; 4. Other specific individuals specified in regulations and which after consultation are deemed appropriate.  Appointment of an individual with the necessary skills and experience to act as Chair for 3 years.  Each statutory member must appoint a representative on the SAB who is considered to have the necessary skills and experience.	The Board has revised its membership frequently and now has good representation. Invites need to be extended to Public Health and Job Centre Plus (as per draft guidance).  Procedures for this are already in place.  Named leads for each statutory member have been appointed.	Green  Green  Green
	<b>Funding and Resources.</b> A member of the SAB can claim expenses incurred by or for purposes connected with the SAB	Although not a statutory requirement Halton operates a pooled budget (currently £42m). An agreement between the SAB and the CCG has been reached	Green
	<b>Strategic Planning.</b> Each financial year the SAB must publish a Strategic plan which sets out its strategy for achieving its objective and what each member has to do to implement the strategy.	The strategic plan for 2014 is out for consultation and will be published post April 2015 once feedback has been received.	Amber

	Preparation of the plan must involve consultation with local Health-watch and the community.	Health-watch is on the SAB and so is an active partner in developing the plan (Jan-March 2015).	Amber
	<b>Annual Report.</b> As soon as feasible at the end of each financial year an SAB must publish an annual report outlining achievements towards objectives, implemented strategy and review findings.	The Annual Report has been produced for many years and the report for 2014 will be published in summer of 2015.	Green