Care Act 2014 Evaluation

1. 0 Introduction

Rationale

It is 10 months since phase 1 of the Care Act was implemented (April 1st 2015). Its principal objectives are to reduce reliance on formal care, to promote people's independence and wellbeing and give people more control over their own care and support. As a consequence many local authorities have had to make major procedural changes in the way they provide social care. In addition, they have had to look at different ways of working with partner organisations and better methods of communicating information about what the Act means for individuals.

Through a series of 5 separate analyses (Stocktakes), the Local Government Association (LGA), Dept. of Health (DH) and the Association of Directors of Adult Social Services (Adass), investigated how effectively LAs were adapting to the changes required by the Care Act. Stocktake 5 (November 2015) looked at the highest priority issues including specific measures to monitor in-year activity and assess the Act's impact 6 months after implementation.

The present evaluation here follows on from Stocktake 5 and will be presented in two parts. The first part, the bulk of this document, concentrates on the changes in approach Halton has had to adopt in order to implement all aspects of the first phase of the Act. These procedural changes have been considerable across a number of different aspects of care management and reflect what is now regarded as 'best practice.' They derive from the culture change and outcomes of introduced by the Act (**Figure 1**) and the key shifts that have occurred to underpin such change (**Figure 2**).

Part two, which will be presented at a later date (June 2016) will attempt to answer the question - how have these changes made a difference? Or to put it another way is the Act delivering all the advantages to people that it was designed to do? The delay between parts 1 and 2 is to enable us to collect appropriate data from each of the nine areas featured and to carry out (where possible) an appropriate 'before and after' the Act analysis of this data Some of this data has never been collected before or has been collected in a different way so that making a comparison may prove problematic. Nonetheless it should be possible to show either way, especially using case histories, just how effective the Act has been, in such areas as assessment, safeguarding and the provision of information. A start has been made to collate this kind of information and the nature of additional data required is discussed for each care management area and featured in Figure 3 (page 12).

The National Picture

The Care Act puts new legal responsibilities on local authorities in England and requires them to cooperate with local partners to meet them. Only a small proportion of care is publically funded. Unpaid family, friends and neighbours provide most care and support. Many adults pay for some or all of their care, but for many local authorities adult social care is one of their biggest areas of spending. Local authorities provide universal and preventative services and usually only pay for individual packages of care for adults assessed as having eligible needs and limited

means. The National Audit Office estimated that the local authority net spend on adult social care in 2014-15 was £14.4 billion.

Through the Care Act the DH aims to achieve the government's vision (**Figure 1**.). This approach empowers people who use care and support, their families, carers and friends to be able to find help and maintain their independence. By this means local authority information, advice and assessments become services in their own right, rather than routes to publically funded intensive care and support.

Nationally the overall picture is positive according to a Department of Health Stocktake analysis entitled "The Care Act Six Months On" (October 2015). The following three major findings emerged:

- Overall council' confidence in their ability to deliver the Act's reforms in 2015/16 remains high with 99% stating they were very or fairly confident. 57% said they were very confident compared with 35% in a similar analysis carried out in February 2015.
- 89% of councils say they are 'on track' with their implementation of the Act in 2015/16.
- Nonetheless, despite high overall levels of confidence more local authorities admitted to having potential support needs. For example 33 councils recorded 5 or more key measures (out of a possible 11) with potential support needs relevant to 2015/16. This compares with 6 councils during the previous stocktake, though admittedly data then was based on estimates.

In addition, a number of lessons have been learnt. *Co-production* is critical to the quality of the end product and the engaging those who have experience of social care takes time to do well. *Joint programme management* has enabled a common vision and a shared view of progress as well as risks, both of which are important aspects of local accountability. *Best practice* already exists among LAs, but it can be difficult to share more widely. It is important to strike the right balance between supporting existing networks or developing new ones for sharing practice on a regional/ local level and producing national guidance. Both can be effective. Changing a previously embedded culture, is difficult and requires significant ongoing effort. Local authorities have observed that "***delivering the rules is not the same as achieving outcomes***."

Care Act Objectives – A culture Change for Halton

Figure 1.

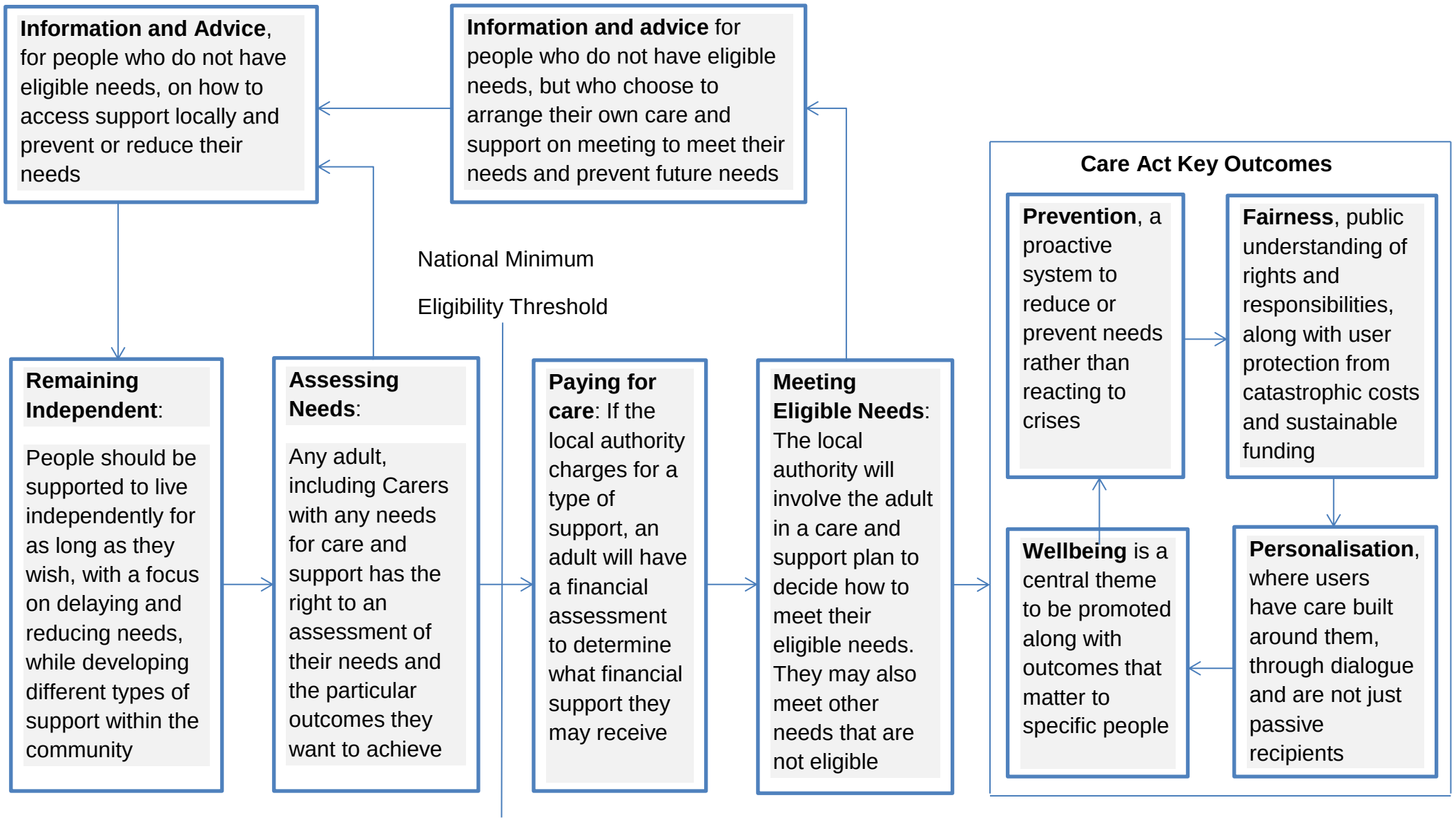

Figure 2

How the Care Act Has Changed Adult Care and Support In Halton – Four Key Shifts

Pre-Act National Approach **FROM** →	**Post-Act Halton Approach** **TO**
1. Paternal The state is responsible for making decisions about a person's care and the services that individuals are entitled to receive. The mechanism for deciding who is entitled to what is called Fair Access to Care Services (FACS).	**Personal** Support is built around the needs and desired outcomes of the individual, to fit in with their quality of life as they see it. This involves a focus on workforce leadership and culture change.
2. Repair The focus is on the appropriate response to make after a crisis has already occurred when needs are greater and available options are fewer.	**Prevention** Acting at a much earlier stage in order to prevent or reduce individual needs. The approach is to help people to stay well for longer in the home environment where they are most comfortable.
3. Fragmentation Isolated services focused internally, with little consistency or continuity. This often results in people being lost between the gaps of organisations or repetition as different services carry out their own separate assessment.	**Integration** Joined up services working as partners across local communities and resulting in measurable benefits for the local community. Regionally led learning networks enable LAs to share practice and challenges based around issues that have been identified locally.
4. Exclusive The overall focus is on services and institutions and as a result people are reduced to being passive recipients of care. A one approach suits all where the individual is consulted infrequently at best.	**Inclusive** Working with people and communities through dialogue and frequent consultation. The aim is to develop shared solutions which will bring measurable benefits to the individual.

The Local Picture

Although health within Halton is improving it still remains a significant challenge, with life expectancy in the borough relatively low compared to many other local authorities in England. Many other key health indicators also remain an issue in Halton, such as high rates of early deaths from cancer and alcohol-specific hospital stays (0-18 year olds).

Halton shares many of the social and economic problems more associated with its urban neighbours on Merseyside. The Index of Multiple Deprivation (IMD) for 2015 is one of the most comprehensive sources of deprivation indicators and 38 different indicators are used. It shows that overall, Halton is ranked 27th nationally (a ranking of 1 indicates that an area is the most deprived), which is third highest on Merseyside, behind Knowsley and Liverpool, and 10th highest in the North West.

The IMD score suggests that deprivation has stayed relatively level in the Borough from 2010 to 2015. The proportion of Halton's population in the most deprived areas (i.e. the top 10% of super output areas) has also remained relatively constant at about 25% in 2010 and 2015. The most deprived neighbourhood in Halton is ranked 355th and is in Runcorn. However, there are now no neighbourhoods in Halton which fall in the top 1% most deprived super output areas nationally, whereas in 2010 2 local neighbourhoods fell into this category. Much has been done, but clearly there is still much to do.

The cost of adult social care annually in Halton is in excess of £40m and the reforms from the Act have resulted in 4 key shifts in the way that local people will experience the act. These shifts involve significant changes to how local authorities must operate. The underlying principle is co-production between local government and those individuals who use care and support. These are outlined in **Figure 2**.

In addition to these key shifts, the following are the main duties stemming from Phase 1 of the Care Act that LAs have had to accommodate in the brief preparation phase available in the run-up to April 1st 2015:

- Provide services that prevent care needs from becoming more serious or delay the impact of their needs;
- Meet a national minimum level of eligibility for a person's care and support needs;
- Assess Carers, regardless of how much care they provide and meet Carer's needs on a similar basis to those they care for;
- Offer deferred payment or loan agreements to more people, avoiding property sales to pay for care and support while the person is still living;
- Provide information and advice (including financial advice) on care and support services to all, regardless of care needs;
- Provide an independent advocate where such support is needed;
- Work with care providers to get a diverse and high quality range of local services;
- Comply with a new legal framework for protection of adults who are at risk of abuse and neglect;
- Provide continuity of care to those whose needs are funded by the local authority and who choose to move to another area;
- Assess the care and support needs of children and their Carers, who are in transition from child to adult social care and so may need support after they turn 18;

A further four changes that have been postponed until April 2020 (phase 2 of the Care Act) will not be dealt with at this stage. These are:

- A cap on the amount a person will pay towards their eligible care;
- The introduction of a personal account so people can monitor how much they have paid in eligible social care costs towards the cap;
- An increase in the threshold above which people will start to contribute fully to their residential care costs;
- The introduction of a right for people to appeal against specific local authority decisions about their care and support.

To implement all of these changes Halton's Care Act Strategy Group met monthly to report the activity and findings of each separate sub-group. To evaluate the impact that the Act has had during the 10 months (April 2015 to January 2016) since its implementation, each sub-group was asked to respond to the following 5 questions:

1. What difference has the Care Act made in your area of work?
2. In what way are you able to demonstrate this?
3. Please outline any **positive** effects the Care Act has made in your area compared with before.
4. Please outline any **negative** effects the Care Act has made in your area compared with before.
5. Briefly outline any areas of the Act that you feel need further development to improve your service.

Results are briefly presented below for each sub-group. All involved agreed that although it was fairly simple to outline the new processes that had to be adopted as a consequence of meeting the Act's guidance, it was more challenging and probably still too soon to assess how effectively these changes were making a difference to users and professionals. To make such a judgement requires further detailed analysis, if it is to be more than just a subjective opinion. Consequently, this report will concentrate on the procedural changes that have had to be adopted and leave the more difficult 'before and after' comparison to a later date when more data has become available.

1. Safeguarding

Changes in Process:

Adult Safeguarding has been strengthened as a result of Safeguarding Adult Boards becoming statutory. Halton's Board has undertaken a full review of its roles and core duties, policies and procedures and have appointed an independent chair. The Board's first Business Plan is being drafted and its Annual Report has been signed off and shared as required by the Care Act.

A whole service redesign was undertaken introducing a Care Concern model and Making Safeguarding Personal approaches. These are being developed and embedded into practice with 'champions' identified within each care management team and extended to include domiciliary care, residential and nursing care, and supported living providers.

The IT systems have been redesigned to capture outcomes, and indicators of self-neglect, human trafficking and modern slavery and domestic abuse.

How have these changes made a difference?

The first report on outcomes of people's experiences of safeguarding has been presented to the Safeguarding Board. This information has supported a more personalised approach to safeguarding allowing practitioners to take different approaches to resolving situations more satisfactorily so that people can feel empowered with their outcomes improved. There is considerable scope for further development of this work.

2. Financial Assessment

Changes in Process:

1. Within the Income & Assessment Team we have seen more interest in Deferred Payment Agreements. The Deferred Payment process has been tightened up and requires a higher level of administration both in terms of the initial application and on -going 'maintenance' of the Deferred Payment agreement;
2. Increased level of queries from both service users and social care staff. This has resulted in a significant increase in the time taken to process DPA applications;
3. National Guidance around financial assessments has been reviewed and updated. Whilst still sparse the revised Guidance did clear up some long standing ambiguities/queries which have been a positive benefit;
4. Significantly more staff time is required dealing with DPA applications;
5. Further updates to the 'Guidance' in respect to financial assessments

How have these changes made a difference?

Ideally the financial assessment should occur as soon after the social care assessment as possible. Prior to the implementation of the Act there was often a delay between the two (sometimes a number of weeks). This no longer happens due to the fact that data is captured more efficiently on CF6.

For those individuals taking up a Deferred Payment, they are now taking advantage of the option to retain more of their weekly income to maintain their properties (which isn't something we have been able to offer them before). However, they are now being charged administration fees and interest on the DPA which is not something we have applied before.

3. Carers and Carer's Assessment

Changes in Process:

We have negotiated with the carers Centre a service re-design to support our implementation of the Care Act, Better Care Fund and GP Enhanced Services. This re-design emphasises the following processes:

1. Identifying carers' at the earliest opportunity, specifically targeting groups that are viewed as 'seldom seen' or 'hidden' for example:
    - 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
2. The provision of specific information, advice and guidance, compliments similar services provided by Halton Borough Council and NHS Halton CCG

3. 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
4. Supporting carers' to have their voice heard in decisions that affect them, and where appropriate, advocate on their behalf
5. 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'
6. Expanding and diversifying the provision of activities and peer support for carers'
7. Supporting carers' to take part in educational, training or work opportunities that they may feel excluded from because of their caring responsibilities
8. Providing a range of learning and development opportunities for carers', front line staff and the community
9. 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
10. 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

How have these changes made a difference?

As the number of Carer assessments increase there is likely to be a related increase in access to learning, employment and skills in Halton. This is data that we intend to capture and discuss in the next report.

4. Adult Assessment

Changes in Process:

- The entire ethos behind what the assessment is aiming to achieve, the person's involvement and any assistance they may require to help them express their needs and desired outcomes has had to change. Much of this has involved viewing the purpose of the assessment in a different way to before. The individual is now an active participant and no longer a passive observer. We now record a person's strengths, assets and capabilities, so that the focus of the assessment is around what a person can do, not what they can't. In addition, it is now important to look for ways in which the need for support can be prevented, reduced or delayed and each of these can be measured in different ways.
- The Social Care IT team have been working closely together to develop an online assessment which will include a financial assessment calculator

How have these changes made a difference?

- There is now a new approach to signposting which involves a 4 week follow-up to see whether the person was happy with the service recommended and if not to offer further assistance. This allows us to develop a measure of satisfaction based upon signposting success.

5. CareFirst 6 (data capture and case recording)

- Changes in Process:
- **Carer Assessment** – revised carer assessments to be Care Act compliant - **Changes have been implemented in live 1st April 2015**

- **Safe guarding –** Seven new Safe guarding forms have been developed in accordance with the CareAct implications for safeguarding adults. **Changes have been implemented in live 1st April 2015**
- **Initial Assessment & Screening Referral –** this assessment now includes signposting to all universal services. Follow up reviews are carried out by Halton Direct Link – **Changes have been implemented in live 1st April 2015**
- **Supported Assessment Questionnaire** – The assessment now includes eligibility banding **Changes was implemented 1st April 2015**
- **Information and Advice Portal –** An in house portal has been approved by senior managers. The portal would be developed by the Customer Intelligence Unit and will be free of charge. Using a micro site the concept is to radically improve people's experience, fundamental enabling people, carer's and families to take control and make well informed choices about their care and support. – **go live to take place April 2016**
- **Self-Assessments** - Client / Carer self-assessments and referral will be devised and published on Halton's new in house portal – **Changes are to be launched to all adult workers April 2016**
- **Support Plan Summary Assessment** – The assessment has been reviewed to include a client's Personal Budget Statement. Letters will also be produced from CareFirst to include clients/ carer eligibility and non-eligibility assessed needs. **Changes are to be launched to all Adults' workers April 2016**

<u>How have these changes made a difference?</u>

- This will be assessed in the next report.

6. Integration

<u>Changes in Process</u>:

The Care Act is very clear on why cooperating with relevant partners including the NHS and other health-related services, in performing their care and support responsibilities involving adults and Carers. In terms of processes this has meant:

- Improving the provision of pathways of care particularly for people with multiple long term conditions and frail older people
- Improving coordination across the locality in the commissioning, market management, contracting and delivery of care
- Focusing on person-centred rather than service-centred delivery
- Reducing the number of 'hand offs'
- Maximising quality, safe, effective and efficient care by using skills across the sector
- Improving planning and coordination through understanding the system wide effects of changes in different parts of the local health and social care economy

To achieve these improvements in process, resulting from the Act, Halton has made use of the JSNA and strategic planning across health, social care, housing, safety etc. The aim has been to gain a better understanding of the local profile and to model service provision around this intelligence. At the level of Commissioning this has involved gaining a better understanding of a person's needs 'in the round'. This included for example housing, and commissioning across pathways and care agencies as a means of promoting self-care. At the level of Assessment, information and advice, it includes a wider approach involving areas not considered before and giving a wider array of info and signposting. Actual delivery and provision involves linking agencies into a single care and support plan for each person.

This has involved integrating the following:

- Assessment and case management functions across CCG and Adult Social Care
- Understanding and delivering services at Borough, Town, Hub and GP practice levels

- Developing pathways of care where multiple agencies will work cooperatively to deliver for individuals
- Quality assurance and safeguarding and
- The contract for residential and nursing provision – followed by domiciliary care

This has led to additional process changes involving:

- Expanding the use of expertise in Acute Sector to provide care closer to home – e.g. Urgent Care Centres
- Sharing data (soft and hard) all the time to understand local need and evidence based solutions
- Developing a joint culture and language
- Moving forward together under a 'One Halton' banner

How have these changes made a difference?

This question will be dealt with in a future report as it requires analysis that is not currently taking place. This will involve a means of measuring change in the provision of pathways for frail old people and individuals with long-term conditions, so that improvement and a reduction in hand-offs can be demonstrated. It will also show how we measure the use of skills across the sector, how effectively we are sharing data, how we are making use of local profile intelligence and a measure of how multiple agencies are working cooperatively under 'One Halton.'

7. Information

Changes in Process:

The development of an information model is well underway and will deliver the following:

1. Ensure people are aware there is information, advice or advocacy that could help in their situation;
2. Make access to appropriate and comprehensive information and advice; and
3. Receiving practical assistance to act on the information and achieve a solution.

The model uses information already available to people, but focused around their individual need. This will improve the person's access to information. A number of layers are in the process of development and although there will be some elements that can be completed quickly, others will take longer. Changes in process that are planned will concentrate on the following key areas:

- **Simplify information pathways**- there are many examples of how difficult it is for people to navigate through their own particular pathway that they find themselves on. This is due to a number of reasons that have already been considered within this document. It is therefore vital that we simplify the pathway for people to ensure that they get the correct information as quickly as possible.
- **Remove blocks to preventative information and interventions** – this is linked to improving the information pathways, the information model will need to ensure that they have thoroughly researched all of the relevant preventative interventions before a health or social care service is offered. This can include methods of self-help, managing your own condition or linking through to low-level community activity.
- **More specific intelligence available to people using or about to use services** – a system will be developed that allows greater information and transparency on the information that is collected. This will be the most significant change as it will require Halton Borough Council to publish information that is gained on providers in the course of monitoring visits. The detail of what is published will need to be agreed through each of the individual services, however how it will be done will be consistent through the council.
    a) Agreed intelligence will be available on the council website or on request.
    b) Information will relate to performance, risks, quality and other relevant information

c) It will be presented in a clear manner that will help people make an informed choice of which service they should choose.
d) This will cover areas including residential care, domiciliary care, voluntary sector, housing etc.

- **Information quality and access** – rather than recreate from scratch, trusted sources of information that have been developed nationally will be used as the core of information provision for people in a specific service area. This will be completed by taking the following steps:
  a) Identify the service area for example carers, older people, mental health, learning disability, sensory disability
  b) Bring together a network of services already working in these areas, this would be your service cluster.
  c) Share all information methods that are currently available in this area
  d) Assign a lead organisation who will be the first point of contact
  e) Agree joint marketing, newsletters, referral processes etc.
  Review after 6 months
- **Online referral system** – this would be an opportunity to develop an online referral system that could easily operate between the services within each service area. This would mean that if someone was supported in the first instance by Citizens Advice Bureau, but also needed help to access a local social group an online referral to Sure Start to Later Life could be made and then tracked. This would make the process of referring much easier and again if there was a lead organisation it would make it much easier for commissioners to track trends, performance, gaps etc.

- **Appointment booking** – The next logical stage (although there will be considerations around IT systems and sharing protocols) would be for organisations to be able to book appointments for people directly with organisations that work in their area. For example if someone was supported through the Fire Service Home Safety Assessment, but was identified as having a need to access benefits, it would make a significant difference to the service user if an appointment could be arranged there and then by the Fire Service. There are barriers to overcome before this can happen, however the technology already exists to do this, it is just about how we apply it and use it in the future.

- **Co-ordinated information distribution** – as well as shared marketing (newsletters etc.) the leads from each area would develop a system to effectively distribute information across the borough. This is important to avoid duplication or information overload in different community assets. For example GP surgeries, libraries, community centres, it would also allow targeted campaigns to hit a number of venues and by keeping a record of what is produced and where it should ensure that no information is out of date.

- **Develop the service clusters** – as mentioned in point 1 above we would be developing a group of services that sit around a main service area. This does not mean that a service can only work in their own cluster or that if you not included in an area that you not going to be involved. The clusters are only a guide to help improve the navigation for people, services can cross over and also some organisations like Citizens Advice Bureau would not fit easily into one theme and would actually cut across most if not all themes.

How have these changes made a difference?

This will be the challenging part and will require a number of very specific measures along the following lines in **Figure 3**:

Figure 3

New changes	Measures
Simplify pathway and remove blocks to preventative information	Speed of access and user satisfaction
More specific intelligence	Performance data available on council website
Quality and access	Making available specific data on all services within a cluster
Online referral system	Ability to track all referrals for later analysis
Information distribution	Recording what is produced and where so information in GP surgeries, libraries, community centres is not out of date
Personal Perspectives	Case histories to illustrate outcomes and their relevance

8. Training

Changes in Process:

Training cuts across all areas of the Act and has been made available for all staff involved in Adult Social Care, for Members and partner organisations. A series of 'Bite-size' and 'Joining the Dots' learning sessions were delivered to look at key elements of the Act with a view to raising awareness in preparation for the skills and knowledge to deliver appropriate and meaningful care under the Act. The following topics have been presented:

A. A customer journey through the Care Act: First contact and identifying need
B. Fairer for the Carer: equal access to services - changes under the Care Act
C. What can you do? Asset-based support planning - the key to personalisation
D. Wellbeing: preventing and delaying the need for care
E. Transition to adulthood
F. Assessment - A legal perspective
G. Ordinary Residence - The legal definition
H. Safeguarding Adults - the new legal framework and the practical processes
I. The role of the independent advocate

A number of further events focussed on themes of the Care Act 2014 to provide a one-stop shop for those in occupations who support people, together with those who require support and their Carers. The 'drop-in' market place gave people the opportunity to gather information, ask questions, and to gain a wider understanding of the implications of new legislation. In addition to the market place of services each event hosted a 'Cyber Learning Zone' with free access to a range of health and social care e-learning modules as a means of complementing practitioner knowledge and skills. The aim was also to assist people in making connections, gaining knowledge of services, and ensuring a joined up approach.

As well as Halton Borough Council, the following partner organisations were involved: Halton Speak Out; CRI; Citizens' Advice Bureau; Positive Behaviour Support Service; HBC Libraries; Halton Healthwatch; Halton's Health Improvement Team; Sure Start to Later Life.

Feedback after each well-attended event indicated there were other areas of knowledge involving specific areas of the Act that people were interested in learning more about. As a consequence, a series of half-day sessions are being planned for late February and early March. These will revisit fundamental components of the Act from a more in-depth legal perspective. This will enable those attending to consider its application to working practices in such areas as Assessment, Wellbeing, Care and Support Planning and Financial Assessment.

How have these changes made a difference?

SW assessors are now more informed and aware that the assessment has to be a dialogue with the individual and or their advocate and this involves detailed explanations of how and why the assessment process has changed and the importance of these changes for the individual in terms of explaining how needs outcomes and wellbeing are closely interrelated. However, in order to assess the effectiveness of these changes in the assessment process a number of new measures will have to be developed. These will be discussed in the next evaluation report.

9. Legal

Changes in Process:

Legal awareness is central to the Act and cuts across all aspects of it. Consequently, an additional P/T legal post was created to cope with any additional legal activity stemming from the Government's publicity campaign and increased public awareness stemming from it. This meant that Halton's legal department could have a dedicated individual who would be the single contact for all legal queries involving the Care Act. This has proved extremely useful in providing continuity in such areas as: policy, assessment, training and information.

How have these changes made a difference?

Social Workers who are at the forefront implementing the Care Act, particularly those aspects involving social care assessment have expressed a need for additional legislative knowledge and case studies involving the application of the Act and its implications for individuals. As a consequence of this, a series of half-day events are planned for late February to March 2016 in order to inform best practice. These will look at fundamental components of the Act and will consider such areas as: Wellbeing, Assessment, Care and support planning and financial assessment.

Being in close contact with legal has made areas of the Act involving the drawing up of second and 3rd party contracts (e.g. for the Top-Up fees Policy) much more efficient.