

Introduction

This briefing focuses on how individual residents will be affected by the provisions of this new legislation from 01 April 2015.

The Care Act 2014 is the most comprehensive piece of social care legislation since 1948. It consolidates and modernises all social care law into a single framework.

As well as consolidating the legislation since that date it sets out a new focus for social care policy and practice. This starts with prevention, wellbeing and personalisation. In doing so it builds on the integration necessary to achieve these outcomes between health and adult social care. It also responds to the failures at Winterbourne View, Mid-Staffordshire NHS Trust, and the collapse of a major residential and nursing care provider and the need to provide for a stable market for vulnerable people. The Care Act also takes up the recommendations of the Dilnot Commission by placing a cap on the amount a person will pay for care in their lifetime.

At a practice level there a number of key changes to achieve the requirements of the legislation and a summary of these are set out on the pages that follow. With those practice changes in mind this briefing also sets out the key changes for the Council and a short summary of actions that are in place to implement the Care Act

Wellbeing

Wellbeing applies to us all. It is very individual. The Care Act defines it as:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
- suitability of living accommodation
- the individual's contribution to society

What is different

- Wellbeing is about all aspects of the individual and their family, friends, social lives and hopes for the future
- It is a new requirement for the Council, and its partners. It impacts on policy, procedure, practice and services

What are we doing

- Applying the wellbeing principle in assessments of need
- Considering how all Council services demonstrate their contribution to wellbeing
- Developing the workforce (over 300 staff and 100 third sector partners) to apply wellbeing principles in care and support interactions

Prevention

Prevention is at the heart of every assessment and requires the direct cooperation of key partners and other areas of the council (e.g. leisure).

We will be setting out our prevention strategy in March 2015 on the basis that prevention starts with the individual and their family, friends and neighbourhood. It is based on the Council's principle of enabling social responsibility.

Where more help is needed, then the wider community, other organisations and the role of the Council will be combined to focus on **delaying** or **reducing** the impact of care needs. The intention is to enable people to remain in the community with friends and family for as long as possible.

What is different

- Prevention is essential in all information and advice
- It is a key part of the Health and Wellbeing Strategy
- We have a duty to reduce and delay the impact of care needs
- Duty applies to all council services, with support from care and support sector

What are we doing

- Developing a comprehensive prevention strategy based on the Council's priority of encouraging social responsibility
- Working with partners to reinforce the prevention responsibilities
- Working with the NHS and others to develop local provision of preventative support services
- Developing the workforce to identify the need for preventative support and to signpost to appropriate services

Information and advice

Information and advice must be available to everyone who may need care and support even if the local authority is not providing the care services. Information must:

- be accessible
- be clear about services and financial information and advice
- be clear about prevention services
- be available to individuals and carers
- set out our approach to assessment and eligibility
- cover the subject of keeping safe and safeguarding
- signpost to independent advocacy

What is different

- Information and advice is available to everyone - including those who pay for their care
- All those who enquire will need a personal and directed response
- The Council must co-ordinate local provision of information and advice
- The Council must ensure comprehensive financial advice is available about the costs of care and options for paying

What are we doing

- Developing a plan to ensure quality, access and appropriate content
- Developing IT systems, particularly our online presence
- Working with the Contact Centre and the Intake and Access Team to develop approaches
- Working across the Council, and with service users and local providers, to develop materials

Assessment

Assessment should start with what the individual and their carer can do and their expectations. It should not be based on available services only, or their ability to pay.

It must:

- start with the individual and their family or networks
- consider wellbeing and prevention at the outset
- be combined with health where needed
- include the individual's self assessment
- provide speedy and accurate financial assessment
- be joined up wherever possible, especially with the NHS

What is different

- Anyone, regardless of funds, can ask for an assessment
- Carers have a right to an assessment and subsequent services
- Must look at the wider family and social networks for support
- Outcomes of the assessment must be reported to the individual
- Assessments can be proportionate
- Consider fluctuating needs and look into the future

What are we doing

- Developing social care practice and IT systems to support practitioners
- Re-designing financial assessments for timely information about notional costs and contributions
- Working with the NHS and Joint Assessment and Discharge (JAD) Team to align processes

Eligibility

National eligibility criteria will be in place to ensure consistency. The criteria set a minimum threshold for adult care and support and individual carer support which all local authorities must meet. This means that eligibility is portable from place to place.

In summary, eligibility is determined by how well the individual can:

- look after themselves (food, washing, toileting, clothing)
- be Safe in their home and keeping the home habitable
- develop and maintain family or personal relationships to help avoid loneliness or isolation
- engage in work, training, education or volunteering (where appropriate)
- use local community or public facilities
- care for a child

What is different

- National eligibility for all
- Eligibility for carers
- People must be told of eligibility decision
- Achieves fair and consistent system

What are we doing

- Workforce development to ensure consistent approach to eligibility determinations – this includes integrated teams

Personal budgets

Personal budgets and direct payments are now set out in law giving people choice and control about how their care and support is provided. They must be offered to everyone. The individual may ask the Council to arrange their care and support.

Self-funders

Local authorities now have responsibilities to people who can pay for their care. This means providing information and advice, assessment, and advocacy. Funding reforms that come into effect from April 2016 will introduce a cap on care costs and care accounts to manage progress towards that cap. Self-funders can also ask for advice and options about their care costs.

Deferred payments

The borough must have a sound system for all individuals to defer their payments for residential or nursing care. This means that where they own a property they will not be required to sell it at that time (from April 2016 these costs will be capped). Full guidance is awaited and this is a complicated area of work.

What is different

- Personal budgets are now mandatory
- Self-funders are entitled to assessment, if eligible then they will need a notional personal budget and care account
- Deferred payments are available to all those who meet criteria

What are we doing

- Revising the Fairer Charging Policy to bring up to compliance with the Care Act
- Developing a new deferred payment agreement, and supporting systems
- Working with practitioners to ensure effective use of personal budgets and Direct payments
- Considering approaches for working with self-funders from April 2016

Safeguarding

The Care Act strengthens safeguarding of vulnerable adults in several ways:

- Under the Care Act Safeguarding Adults Boards are now statutory. The core membership of the Board is prescribed in the legislation.
- Partner agencies or persons have a duty to co-operate with the Council on safeguarding matters and to supply information upon request.
- Enquiries must be conducted by agencies where there is risk or suspicion of abuse or neglect.
- Serious Case Reviews have been given a statutory status in circumstances where there is serious neglect, abuse or death.
- Ensures peer challenge between board members.

What is different

- Duty on partners to report concerns
- Duty on Council to act, or ask others to act
- Stronger monitoring of all agencies' performance through the statutory Safeguarding Adults Board
- Must strategically plan safeguarding activities based on local priorities

What are we doing

- Re-organising the Safeguarding Adults Board (SAB) as a statutory body.
- Changing sub-groups of the SAB to reflect and support new arrangements
- Establishing principles of financial contributions from SAB members
- Outlining collective and individual responsibilities of SAB members and working on commitments and agreements to ensure performance and accountability

Individual advocacy

The Care Act sets out criteria for providing independent advocacy. These are:

- Where the person may have substantial difficulty being involved – tested by:
 - understanding relevant information
 - Retaining information
 - using, evaluating or 'weighing' the importance of information or choices
 - communicating their wishes or feelings (through whatever method)
- Advocates are to be used in:
 - supporting initial information
 - assessment of needs
 - safeguarding enquiries and reviews
 - care planning
 - care and support reviews

What is different

- Existing advocacy will not be sufficient for the new tasks
- Advocacy will be required at very early stages of service user involvement
- Advocates will need some training and accreditation

What are we doing

- Reviewing current use of existing advocacy
- Developing interim commissioning arrangements for 2015/16
- Working through longer term commissioning approach for independent advocacy
- Exploring training options for independent advocates

Outline of key terms

Wellbeing	This is about the individual and what most affects their life and feelings.
Prevention	This is about the practical steps that could delay, or reduce the need for more intensive services.
Information and advice	People must be offered information and advice regardless of their financial means to help them to make choices about the care and support that is best for them.
Advocacy	This means an advocate who can support the person to put forward their views, wishes and feelings, where this is needed.
Assessment	This means the way in which social workers and others will gather information about someone's needs and circumstances. Assessment of need is for both individuals and for carers.
Eligibility	This is nationally set out and determines who should receive services or personal budgets (also applies to carers).
Personal budgets	Must be offered to all, but individuals can ask the Council to arrange and/or provide care and support.
Care plan and review	This is the way in which the required services will be used and responsibilities of all those who are working with the individual. Annual reviews must be held and take into account changes in circumstances or need.
Deferred payments	The borough must have a sound system for all individuals to defer their payments for residential or nursing care. This means that where they own a property they will not be required to sell it at that time.

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