

Care Act 2014 - Update

- The Act passed into law in May 2014
- Part 1 final regulations and statutory guidance published end of October 2014. Part 1 implementation by April 2015
- Final guidance for part 2 of the Act due in October 2015 for implementation by April 2016 – Implications of this are not yet clear
- Care Act Programme Board in place, with programme leads in key areas – Overseeing audit of compliance with part 1 and work to ensure compliance with funding reform legislation (part 2)



1. General duties and universal provision

Wellbeing:

LAs must promote wellbeing and actively seek improvements when carrying out any of their care and support functions in respect of a person

Prevention:

LAs must also provide or arrange services, facilities or resources that prevent, delay or reduce the development of needs for care and support

Implementation update:

1. Wellbeing principle built into training, contracts and practice
2. Redesign of assessment and support planning documentation to demonstrate consideration of wellbeing and prevention approach
3. Mandatory cultural change workshops – frontline staff
4. Work with partners to upskill and empower frontline staff to consider whole household wellbeing issues at every contact



1. General duties and universal provision continued...

Information & advice:

Duty to provide a comprehensive information and advice service, including signposting to independent financial advice

Implementation update:

1. Fact sheets developed and published ASC website
2. Debt management, welfare benefits, housing etc. information and advice services being commissioned – services in place autumn 2015
3. Commissioning underway to replace Choose my Support directory
4. Multi-agency strategy for citywide information and advice in development

Marketing shaping & provider failure: The market oversight and managing provider failure role is a joint obligation with Care Quality Commission (CQC) and the Council. The Care Act strengthens role for LAs

Implementation update:

1. Contacts in place with CQC
2. Market position statements been reviewed
3. Provider failure protocol in place
4. EI strategy pilot to identify and support struggling providers



2. First contact and identifying needs

Assessment:

All citizens are entitled to receive a care and support assessment and, if relevant, a care plan.

Citizens can also ask the LA to arrange care, irrespective of who is funding care

Eligibility:

Assessments must use the new national framework

Carers:

Duty to complete carers assessments and meet their eligible needs

Implementation update:

1. Eligibility for care now identified using national framework – audit of this due August 2015
2. Carers now being assessed, in line with CA requirements, including removal of caring responsibilities for 7 young carers since 04/15 – Carers Federation commissioned to carry out carers assessments
3. Workshop delivered to practitioners on care and support planning
4. Pohwer commissioned to deliver independent advocacy

3. Charging and financial assessment

Charging and financial assessments: Small amends required and options regarding charging policies, such as financial assessments for couples, self-funders, hospital discharge, carers and prisoners

Implementation update:

1. Amendments to charging policy implemented – Further work required around extended means testing (part 2)
2. LGA tool determined that policies and procedures are compliant

Deferred payment: People will not have to sell their home to pay for residential care whilst they are still alive

Implementation update:

1. Deferred payment policy, procedure and system in place. Citizen interest - low



4. Person Centred Care and Support planning

Care & support planning/personal budgets: LA duty to provide a care and support plan. Development of the plan must involve the citizen and be reviewed. Citizens/carers can have a joint care and support plan

Direct payments: Using the information from the personal budget, the person has a legal entitlement to request a direct payment and LAs must provide them to citizens who meets the conditions in the regulations

Transition: Children (and carers) likely to have needs when they turns 18, must be assessed, regardless of whether they currently receive any services

Implementation update:

1. Policies, forms, procedures have been reviewed and rolled out to frontline staff
2. Workforce culture change programme being delivered
3. Detailed info available for citizens re Assessment, DPs and care & support planning – Care and Support policy published
4. Transition processes checked and agreed as compliant. Transition strategy in development



5. Integration and partnership working

Integration:

LAs must promote integration with the aim of joining up services, particularly between the NHS, care services, and wider determinants of health, such as housing

Cooperation: LAs and partners must cooperate in the case of specific individuals

Implementation update:

The Council is on this journey through the work of the Health and Wellbeing Board and the partnership work with Nottingham City Clinical Commissioning Group.



6. Safeguarding: LAs must establish Safeguarding Adults Boards with local partners, with public plans, annual reporting and clear processes for investigating suspected abuse or neglect

Implementation update:

1. Board established
2. Training programme embedding the principle of making safeguarding personal
3. Safeguarding Care Act Working Group monitoring progress

7. Moving between areas :
New process to ensure continuity of care. There are changes to ordinary residence - responsibilities of the placing LA widen to include supported living and shared lives schemes

Implementation update:

1. Current practice / process checked and confirmed as compliant
2. ADASS developed regional cross border carers protocol. Consideration being given as to how this can be adopted by the City



8. Prisons:

The Act establishes that the LA in which a prison, approved premises or bail accommodation is based will be responsible for assessing and meeting the care and support needs of the prisoners residing there

Implementation update:

1. Links made with HMP Nottingham and approved premises and bail accommodation providers
2. NHS England providing assessments for prisoners including light touch SC assessment
3. Work underway at regional level to understand if assumptions about pressures were sound. HMP Nottingham is a remand prison. Was anticipated that demand for social care would be low. Transpired however that Nottingham, along with other areas that have remand prisons, have a higher need for social care provision. May be due to a robust assessment process being in place for remand prisons. Further work to be undertaken.



Care Act Part 2 – Funding Reform

1. Cap on Care Costs

The cap sets a limit how much people pay towards their care costs, with the Council paying the full cost thereafter. Draft guidance suggests this limit will be £72,000, although details are subject to the final guidance being published in October.

Implementation update:

1. Project and project delivery group instituted to deliver against new duties
2. Identifying numbers of self-funders in City to assist with modelling
3. Design of IT solution and processes to enable setting up and monitoring of care accounts
4. Local policy will be developed, setting out new statutory arrangements



Care Act Part 2 – Funding Reform

2. Appeals

The draft guidance suggests the possibility of a requirement to implement a social care appeals process, separate to a council's complaints process.

Implementation update:

1. ADASS has suggested that conversations with civil servants and ministers point to a strong possibility that this area will be delayed and not be required for implementation in April 2016



Care Act Part 2 – Funding Reform

3. Working age adults cap

The draft guidance discusses a lower cap on the amount that working age adults will have to pay towards their care costs, with a number of options to be considered for the final guidance

Implementation update:

1. Work on this area will commence on publication of final guidance, due in October 2015



Care Act Part 2 – Funding Reform

4. Extended means test

Care Act part 2 includes an extension to the current means test which means that some citizens will be charged less for their care.

Implementation update:

1. Work on this area will commence on publication of final guidance, due in October 2015. ARS colleagues aware of future development work requirements.



Additional implementation activity:

- Voluntary self-assessment of the City's compliance with part 1 of the Care Act being completed
- Programme manager appointed to lead a suite of projects to ensure Care Act part 2 compliance by April 2016.
- Programme Board meets monthly and has a lead representative for each of the key areas of part 2 of the Care Act.
- Consultation guidance for part 2 of the Care Act published but light on detail. (E.g. At what value the care cap will be set and at what age for working age adults with care needs) Anticipated that final guidance published in October 2015. Risks around short implementation timescales noted. Care Act programme manager attends regional meetings, hosted by ADASS, to keep abreast of national developments.



Additional Implementation Activity (cont.)

- Tracking care spending through citizen care accounts included in the new Liquid Logic system as part of Project Evolution. May not be ready for full implementation by April 2016. Programme of work underway to scope how current IT systems (CONTROCC) would fulfil the Council's statutory duties in this respect by April 2016. Officers confident this can be achieved.
- A risk workshop for part 2 of the Care Act is scheduled for July 2015 to fully map the risks involved in funding reform, put in place mitigating actions and monitor these.
- ADASS, LGA, and DH are working together to support councils. Network of groups meeting regionally to support each other through implementation.
- Project group has been set up to consider contracting and market implications of Care Act part 2.
- ADASS undertook 4th stocktake in May, which helps provide a national picture of implementation progress.

