

# **REPORT FOR: HEALTH AND WELLBEING BOARD**

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**Date of Meeting:** 2 July 2015

**Subject:** **INFORMATION REPORT – The Care Act First Month Update 2015**

**Responsible Officer:** Bernie Flaherty – Director Adult Social Services

**Exempt:** No

**Wards affected:** All

**Enclosures:** Carers Process for Reablement

## **Section 1 – Summary**

This report sets out the implementation of the Care Act and the initial live period. It looks at the impacts seen from an increase demand in carers and how The Act will continue to impact upon the department, and the Council as a whole.

**FOR INFORMATION**

## Section 2 – Report

The Care Act 2014 is the single biggest change to adult social care legislation in the UK since the National Assistance Act 1948. It aims to simplify a diverse range of legislation that has developed since 1948; put best practice in social care on a statutory footing; and respond to the challenge of how people plan and pay for the cost of their social care. The first Part of the Act went live on the 1<sup>st</sup> April 2015, and this report explains the demands and challenges faced in the first month.

It is not suggested that the first month's figures and experiences will be replicated across the year (or coming years). This is because in the first month there were 2 Bank Holidays, and a General Election. It is anticipated that as awareness of the Act grows, and awareness of the changes to Local Authority provision for Social Care grows (in particular carer's services and advocacy) that the figures will increase.

### Background

The Care Act received Royal assent on 14<sup>th</sup> May 2014. The draft guidance and regulations were published for consultation in June 2014, and the consultation closed on 15 August 2014. The final guidance and regulations were published 23<sup>rd</sup> October 2014 for Part one, and the draft guidance closed for consultation on the 30<sup>th</sup> March 2015, with final guidance expected in October 2015.

The Care Act is being implemented in two distinct phases, some of the most notable expected implications of the first phase are:

- The rights of carers to receive support services – we have adopted the same successful provision of reablement for carers (Please see Appendix 1- diagram explaining the process for Carers Reablement)
- Information and advice demands – The new responsibility for Local Authorities to provide universal, quality information and advice, the information and advice requirement is key to dealing with a high level of incorrect information published in the media prior to the Care Act going live.
- Demand around Deferred Payment Agreements.
- Increase in safeguarding referrals (now applying to modern slavery and self neglect)
- Increased traffic at the front door
- Minor Aids and Adaptations need to be provided free of charge under £1000. Harrow is no longer able to use the CADL and SADL method to order minor aids and adaptations and instead have adopted a trusted assessor method to order equipment.

**Phase Two:** From 1st April 2016, it is anticipated that the changes to funding reforms will begin to be implemented; the final implementation of these reforms subject to the publication of the final guidance and regulations expected in October 2015.

The proposed changes under consultation include:

- Setting a limit on the total amount people will pay for their social care (£72,000 15/16). The aim of this is to enable and encourage people to plan for how they will meet the cost of their social care in later life. It is expected that more people will approach local authorities for assessments at an earlier stage as a result. There are also some additional recommendations for the treatment of working age adults
- Changing the capital limits on how much people can have in savings or assets before they have to contribute to the cost of their social care (increased from £23,250 to £118,000).
- Making Policy suggestions for the creation of an appeals mechanism for all social care decisions, that will provide an independent review of decision making processes and make recommendations to the Local Authority about the application of their policies and how they should apply them to the specifics of the case at hand.

### **Implementation of Phase 1 in Harrow**

In order to implement the Act, and embed new ways of working into Harrow we undertook a programme approach to implementation. With a designated project manager and project officer we were able to build up a programme with specific work stream leads directly from front line services to facilitate the implementation.

We have spent a lot of time working with the community, delivering presentations to Carers network groups, CNWL Carers and other organisations to ensure people were fully informed of changes. Furthermore, we ran a very successful Care Act briefing for our voluntary sector, nursing/residential and homecare providers so they too were able to provide adequate information to the hard to reach population of Harrow, and understand the importance of the promotion of wellbeing.

In many areas of work, Harrow was already well-positioned. For example, the Council already had a well-established Safeguarding Adults Board and produced a Safeguarding Adults Annual Report. Harrow is also one of the leaders in personalisation with the highest percentage of cash personal budgets in the country. This put us on strong footing in terms of implementation of the Part 1 changes, which mainly focussed on the practice element of social care for adults.

The key workstreams within the 2015 programme have been:

**Carers:** the Care Act widens the responsibility of local authorities for carers, and increases the rights of carers to assessments and services. Harrow welcomed this recognition of the vital role that family carers play in enabling people to remain living in the community, and wants to ensure that people are properly supported in this role. This workstream involved understanding how many additional carers may need assessment and services, and whether or not our current carers' offer needed to be developed and extended to provide this support. In addition this workstream looked at the way in which carers assessments are carried out to best match them with these services. On the back of the work undertaken by this workstream, we have put out a tender for carers specific services.

**Market Shaping:** The Care Act requires local authorities to shape a market of care within their area which offers choice and quality for all services users, whether self-funders or supported directly by the Council. This includes the development of a “Market Position Statements”, which clearly articulate the approach the local authority is taking to ensuring the services available in the Borough are reflective of needs in the area, and to ensure high quality of service with competitive low prices. This workstream also looked at the new responsibilities for provider failure, including devising a strategy to deal with Local Authority duties if a provider should fail and we need to take over responsibility for clients within the establishment.

**Assessment and Eligibility:** This was possibly the most significant change in practice under the first phase of the Care Act. It replaced four levels of eligibility under FACs criteria with one eligibility threshold, most comparable to the high/moderate level under FACs. This workstream worked through in detail the implications of the change to the eligibility threshold, including reviewing forms used by front line staff, and fed heavily into the training requirements – identifying areas where practice would be most different and the most detailed training would be required.

**Deferred Payments:** Although Harrow already offered deferred payments, we needed to ensure we were able to meet a potentially increased demand owing to extended eligibility criteria for Deferred Payments under the Act, and a requirement on the Local Authority to offer them. This workstream devised a Policy document and worked closely with the informatics workstream to put in place electronic provision to handle them, as well as organising a public consultation of the Policy.

**Information, advice, and advocacy:** The Care Act requires Local Authorities to provide information to people on how and where to access services, and to ensure that there is adequate access to independent financial advice services, as well as provision of advocacy support. This workstream focussed on developing Council information and working with partners in the voluntary sector to commission high quality information & advice services, as well as creating our own quality information online and in print format.

**Transition:** The Act requires Local Authorities to sufficiently plan for young disabled people receiving services moving to adulthood. This coincides with the requirements of the Children and Families Act 2014 to develop co-ordinated education, health and social care plans for people with Special Educational Needs and Disabilities (SEND). This workstream worked across both projects to ensure that people who transition from childrens support to adults support had appropriate assessments in line with their needs, and promoted their wellbeing.

**Safeguarding:** The Care Act puts adults safeguarding boards on a statutory footing, and creates a Safeguarding Adults board which mirrors the arrangements for safeguarding childrens boards. The Act also gives statutory definition to safeguarding and this workstream worked to incorporate self-neglect and modern slavery into the remit of Safeguarding concerns, not only on our recording forms but also to know how to spot it and to deal with self-neglect and modern slavery as part of safeguarding.

In addition to the workstreams identified above, a number of other enabling projects were also progressed to support successful implementation of the Act.

These included:

**Information technology:** This included developing tools to support people in finding information and managing their care and support online where they choose to do so.

**Workforce development:** Ensuring that staff are supported to deliver the Care Act. This included training around the changes in legislation and guidance, as well as new ways of working, for example information and sign-posting. This workstream has utilised the £16k training grant provided by London Councils to facilitate bespoke training for all Social Care Staff around the Care Act changes based on requests for specific training topics, and using the specially designed SkillsforCare materials.

**Communications:** Making sure that our residents, staff, and other key stakeholders are aware of the appropriate changes that arise due to the Care Act, and are provided with information in the right format at the right time. This has been done via presentations and on-going discussions with impacted groups (ie; Social Care Providers, Carers, members and CNWL Carers)

**Governance:** These changes have had to be delivered at scale and pace. A programme management approach was used to co-ordinate this activity. Updates have been provided to the Director for Adult Social Services at the Care Act programme board, which was held every four weeks, and continues to meet to monitor the implementation and review additional demands.

### **Review of Phase 1, first month**

As previously mentioned, a Care Act Implementation Board has been established to ensure effective implementation of the Act. This Board has representatives from all major departments and partners involved in the Care Act (Childrens, Housing, Resources, Access Harrow, Public Health, Central & North West London NHS Trust, CCG). The board continues to be operational and meeting regularly to assess the implications of the Act and plans going forward for the 2016 implementation process.

The key implications within the 2015 programme first month:

#### **The rights of carers to receive support services**

Harrow has adopted the same successful provision of reablement for service users and extended this to carers (Please see Appendix 1- diagram explaining the process for Carers Reablement). This provides parity with service user rights and ensures that a joint holistic approach is taken to support carers in the Community.

The demand for new previously unidentified Carers Reablement Assessments has been lower than originally anticipated (at 32 requests). The experience in Harrow appears to reflect the national picture of demand and is

likely to be low due to the period, which covered an election period and two bank holidays. Nationally it is expected that the number of assessments will increase as word of mouth spreads. This is particularly likely for Harrow, where the networks for carers are very strong.

#### Information and advice demands

The Act brought in a new responsibility for Local Authorities to provide universal, quality information and advice. Harrow has setup a dedicated web-site (<http://www.harrow.gov.uk/homepage/CareAct> ) for the Care Act within the Council portal to assist people to know their rights and sign-post them to universal services. The information and advice requirement is also key to dealing with a high level of inaccurate or misleading information published in the media prior to the Care Act going live.

We have seen increased traffic on the Harrow Council website around the Care Act ([www.harrow.gov.uk/careact](http://www.harrow.gov.uk/careact)) with more than 500 hits on Care Act pages (April 2015).

#### Demand around Deferred Payment Agreements

The Deferred Payment Policy consultation closed on 3rd April 2015 and from then until the end of April there were 3 referrals for deferred payments. While the Deferred Payment Agreement section of the Act is designed to be cost neutral – owing to the ability to recover costs and charge interest on the agreement, much like carers it is thought this demand is likely to increase as more people become aware of the ability to defer costs against a property. This is expected to become very popular, with more media coverage (in particular BBC) of the ability to defer costs.

#### Increase in safeguarding referrals (now applying to modern slavery and self-neglect)

While Harrow have always been ahead of good practice and have followed the Pan London Policy for safeguarding for some time, and has had provision for people who self-neglect (including the hoarding panel) there has been a noticeable increase (13%) in the number of Safeguarding referrals compared to the same period in 2014 with 40% of those linked to self neglect. The Pan London Policy for Safeguarding is currently being redrafted in line with the Care Act changes, this may further increase the number of referrals seen.

In addition, the Local Authority now has a responsibility to ensure that all staff are trained in Safeguarding, and know how to make a safeguarding referral. Once again, this is something Harrow is very strong at, with a well-established safeguarding training programme. The added focus to safeguarding may also increase the number of referrals seen in the coming months (Post Part 1 implementation)

#### Increased traffic at the front door

The front door at Harrow has been key in demand management plans ensuring the correct allocation of work, quality information & advice, good sign posting and identification of carer's pre-assessments. Access Harrow have seen a noticeable increase in contacts this year, compared to the same period last year (from 753 in 2014 to 797 in 2015) and nearly 30% of all calls (226) directly attributable to the Care Act. Interest and calls has stayed steady throughout the month, but this increase must be viewed cautiously, in

particular when considering that there have been a number of bank holidays in the first month and a general election.

Promotion around the Care Act nationally significantly reduced in April as the National election focussed on the economy and issues surrounding the national health service. In addition to this, the Easter bank holidays meant the contact centre was not open for a number of days and people were likely to be away on holiday or visiting relatives. It is expected that the referrals at the front door will increase with time.

#### Minor Aids and Adaptations

Minor Aids and Adaptations under £1000 need to be provided free of charge to people meeting the national eligibility criteria. Harrow is no longer able to use the CADL and SADL method to order minor aids and adaptations and instead have adopted a trusted assessor method to order equipment. Trusted assessors, who understand and are aware of the equipment ordering protocol for Harrow and are able to ensure that those most vulnerable will be given equipment to support achieving identified outcomes.

The role of these assessors does not alter the important role played by our qualified Occupational Therapists, but does mean that Care Managers and Social Workers time is not diverted with equipment. The impact of these changes in equipment expenditure will be monitored closely.

In the first month, there were 20 referrals for assessment for minor aids and adaptations with an average cost of £250 per unit. It is expected that this figure will increase as the process beds in, and word of mouth spreads as to the Local Authority provision.

#### Ordinary Residence

The Care Act has slightly altered the legal provision for Ordinary Residence (OR), and in the build-up to the change in Law many Local Authorities sent out letters discharging responsibility for clients whom after the Care Act, placing Authorities remain responsible. We set up a strong system to deal with this influx and with the support of our colleagues in legal have been able to send out our own discharge letters, and rebut a number of requests coming through to us. A number of these requests are still outstanding, with Authorities attempting to recover large sums of money for people who they believe were OR in Harrow for a significant amount of time. Once again Adults are working very closely with the legal team to mitigate any potential adverse financial implications.

### **Section 3 – Further Information**

In line with our national counterparts, we are now beginning to map the path for implementation of Part 2 of the Care Act (going live in April 2016). Part 2 of the Act's guidance is currently only in draft format and between the publication of the draft format and the expected final guidance there has been a general election and change of administration. The Department of Health's guidance at this stage is to begin planning as though the Act will come into force the way it is outlined within the draft guidance. Harrow has adopted this approach and is beginning to plan for next year.

## **Section 4 – Financial Implications**

- Harrow Council receive £1.223m New Burdens Funding for the implementation of the Care Act in 2015/16. This funding will cover assessment and reviews; deferred payments (cost of administering loans and the loans themselves); capacity building including the recruitment and training of staff; and the information campaign for the first year.
- In addition to the new burdens funding, a further provision was made available within the Better Care Fund of £545k for Social Care Reform.
- There are risks around the allocation of funding for the new burdens for adult social care. The most significant risk is that funding will not be sufficient, and the Council will have to fund the shortfall. This is a concern shared across all London Boroughs.
- At this stage there has been no indication that funding will be recurrent funding, and what the future allocation will be. The Department of Health is working on a single cost model for 2016/17
- The total first month spend is estimated: £154,436 (excludes OR potential pressure £680k - £1.2m)
- Other financial issues: Increased demand for minor aids and adaptations as the protocol beds in, and word of mouth spreads.
- The second phase of the Act is likely to be the most costly. With the Cap on Care Cost expected to be around £72'000 and an influx on self-funders that the local authority must take responsibility for, it is likely that the biggest cost of the Act will not be seen for a few years post implementation (to allow people to meter towards, and hit the cap on costs) Adults as part of the implementation plans for part 2 are beginning to undertake financial modelling to work out the true cost in the first year. In addition to this, at this stage we are still awaiting confirmation of funds to be granted for the implementation of the change.
- Wider resource implications: Additional staff may be required at Reablement if the demand for carers support keeps growing, workloads will need to be kept under constant review to ensure statutory timeframes are being met.

## **Section 5 - Equalities implications**

Was an Equality Impact Assessment carried out? Yes

A large scale EQIA was carried out extensively on a national level for all Boroughs to use for the implementation of the Care Act.



Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/317817/ConsultationIA.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/317817/ConsultationIA.pdf)

## **Section 6 – Council Priorities**

The Council's vision:

### **Working Together to Make a Difference for Harrow**

Please identify how the report incorporates the administration's priorities.

- **Making a difference for the vulnerable** – The Care Act 2014 is designed to promote the rights of carers, increase the strength of safeguarding and promote wellbeing across all client groups. Making it crucial for the Local Authority to promote wellbeing in all care and support functions.
- **Making a difference for communities** – The Care Act 2014 imparts a responsibility to provide on-going quality information and advice to all residents. It must be available in all formats (on request) and must attempt to reach all people. We are working closely with our webteam to devise a strategy to improve the quality of information and advice available on line. Including promoting the translate functions of the website, and promoting the screen reader capability. We are exploring the options for a whole family approach to information and advice and ensuring that the information on line is as accessible as possible. In addition, we have already distributed a number of leaflets to the community centres and social work teams about: The rights of carers, deferred payments, the care act generally, and care and support changes.
- **Making a difference for families** – We have been working closely with representatives from childrens to include identification of young people providing care to an adult on the adult assessment forms. And in turn, childrens are identifying adults who they feel require additional support on their forms. To reinforce this, staff from the Adults personalisation teams are providing training for childrens social work staff, and vice versa to support identification and better cross directorate partnership working to ensure that the whole family is supported.

## **STATUTORY OFFICER CLEARANCE (Council and Joint Reports)**

Name: Donna Edwards,  
Business Partner.

on behalf of the  
Chief Financial Officer

Date: 9<sup>th</sup> June 2015

**Ward Councillors notified:**

**NO**

### **Section 7 - Contact Details and Background Papers**

**Contact:**

Chris Greenway

Head of Safeguarding Assurance & Quality Services

020 8424 1043

**Background Papers:**

Appendix A: Copy of the Carers Process for reablement