

## Care Bill Readiness Action Plan

Requirement /Action	Assessed Readiness July 2013	Actions	Lead
<p><b>1. Promoting individual wellbeing</b></p> <ul style="list-style-type: none"> <li>Introduces a new general duty for local authorities (LAs) to ‘promote individual wellbeing’. The Bill details a list of areas where the duty should be applied.</li> </ul>	<p>Adult Social Care has been working within a more holistic “wellbeing” framework for a number of years, however this will be a challenge for health who still see the specific health issue rather than the whole person in many cases. Integration will need to confront this.</p>	<ul style="list-style-type: none"> <li>Ensure that existing, new and revised policies address the new duty.</li> <li>Support Council and Health partners to incorporate this new duty as appropriate.</li> </ul>	<p><b>ASC Service Managers</b></p> <p><b>Head of Adult Social Care</b></p>
<p><b>2. Preventing the need for care and support</b></p> <ul style="list-style-type: none"> <li>LAs have been given a legal duty to prevent, delay and reduce the need for care. The duty also applies to carers and promotes a shift towards prevention – a reoccurring theme throughout the Bill.</li> </ul>	<p>Prevention services have already been successfully implemented (Joint Reablement Team, Rapid Response and Assessment Service, supported accommodation for Learning Disabled etc.) and need to be expanded. The focus of Building Positive Futures (BPF) is entirely on demand management through improved and extended timely intervention and prevention so continued implementation of the programme is essential.</p>	<ul style="list-style-type: none"> <li>Develop Business Case for, and implement joint Timely Intervention and Prevention service (TIP)</li> <li>Expand JRT, RRAS, And Supported Living etc.</li> <li>Implement Local Area Coordination (LAC) and Asset Based Community Development (ABCD)</li> <li>Develop and Implement Older and Vulnerable Peoples housing Strategy</li> </ul>	<p><b>BPF Programme Board</b></p>
<p><b>3. Promoting integration</b></p> <ul style="list-style-type: none"> <li>The Bill provides LAs with a duty to carry out care and support</li> </ul>	<p>BPF focuses upon managing demand through greater integration across the whole system and has successfully involved the Health</p>	<ul style="list-style-type: none"> <li>Although the Council was not successful, the pioneer bid must be seen as a mandate for action</li> </ul>	<p><b>Head of Adult Social Care via Integration working group</b></p>

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<p>functions with the aim of integrating services – particularly those provided by the NHS and other health-related services. Housing is mentioned in particular as an example of a ‘health-related service’. The Health and Social Care Act 2012 provides a corresponding duty for Clinical Commissioning Groups.</p>	<p>and Wellbeing Board (HWBB), health providers and housing colleagues in the development and delivery of the programme. Health commissioners (most crucially the CCG) have not been successfully engaged to date although the recent development of the Pioneer Status bid has accelerated this join up.</p>	<p>between health and the whole Council.</p> <ul style="list-style-type: none"> <li>• Establish a working group and organise a series of events to explore and develop the ideas signed up to in the bid.</li> <li>• Identify and find solutions to key barriers and challenges to integration – e.g. organisational culture, governance, legislation etc.</li> </ul>	<p><b>once established</b></p>
<p><b>4. Information and Advice</b></p> <ul style="list-style-type: none"> <li>• The LA has been given a duty to promote information and advice in relation to care and support. It is up to the LA to determine the scope of information and advice to be provided.</li> </ul>	<p>There is a clear link here to the Council’s transformation programme. Our business support service will need to link in with the corporate programme and explore how this new <b>duty</b> can be delivered within the changes being implemented.</p>	<ul style="list-style-type: none"> <li>• Review all current information, channels and systems to assess to what extent we meet this standard</li> <li>• Make contact with corporate transformation programme to advise them of this duty and assess the extent to which the programme allows us to discharge the duty effectively</li> </ul>	<p><b>Service Manager Performance, Quality and Information</b></p>
<p><b>5. Market Shaping</b></p> <ul style="list-style-type: none"> <li>• The Bill states that LAs must promote diversity and quality in the provision of services – i.e. ‘market shaping’. The LA must consider this duty when</li> </ul>	<p>BPF will again be useful here in terms of the links to community resilience and shaping support through the development of micro-enterprises and community connections. This will be picked up</p>	<ul style="list-style-type: none"> <li>• Development of Market Positioning Statement (October 2013)</li> <li>• Commissioning colleagues to provide commissioning strategies to address</li> </ul>	<p><b>Service Manager Commissioning</b></p>

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<p>commissioning services. The duty refers to services that people use, not just those services located in the local area.</p>	<p>in the Market Position Statement (MPS) now being produced.</p>	<p>actions identified in MPS.</p>	
<p><b>6. Co-operation</b></p> <ul style="list-style-type: none"> <li>The Bill includes a duty to co-operate – both in relation to LAs co-operating with relevant partners in the exercise of social care functions; and also for ‘relevant partners’ to cooperate with LAs in relation to ‘special cases’ – e.g. safeguarding enquiries. Reflects direction of travel towards integration.</li> </ul>	<p>Difficult duty to assess. There is evidence of successful collaboration throughout Thurrock health and social care systems, and nothing to suggest that this will diminish. This new duty may be helpful in improving further the cooperation with local GPs through the CCG.</p>	<ul style="list-style-type: none"> <li>No current actions identified – may need to consider a dispute resolution process when lack of co-operation is perceived</li> </ul>	<p><b>To be monitored via existing joint arrangements – Joint Commissioning Group and HWB Executive Group</b></p>
<p><b>7. Assessing needs for care and support</b></p> <ul style="list-style-type: none"> <li>Clauses within the Bill replace a number of existing powers and duties with one duty ‘to assess those in need of care and support’. The duty also applies to carers. The focus of assessment has shifted to encompass an ‘asset based’ approach as well as ensuring that the person being assessed is ‘actively’ at the centre of that assessment.</li> </ul>	<p>Once again difficult to assess readiness as the clauses currently lack clarity. However the person-centred nature of our current assessment process (through early work with outcomes and subsequent personalisation focus), our involvement of our User Led Organisation (ULO) in co producing the processes and the strength based focus being developed through ABCD gives great confidence that we are well placed to respond to these changes.</p>	<ul style="list-style-type: none"> <li>Continue to roll out the development programme associated with BPF – “Facing the challenges’ ahead”</li> <li>Review assessment process</li> <li>Implementation of BPF programme to ensure that there is community-based support that prevents or delays an individual’s wellbeing deteriorating</li> </ul>	<p><b>Workface Development Team and ASC Management Team</b></p>

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<p><b>8. Eligibility</b></p> <ul style="list-style-type: none"> <li>• Currently each LA sets its own eligibility threshold based on guidance – which means the amount and type of care can vary depending upon where an individual lives</li> <li>• A universal eligibility framework is to be introduced setting out a single threshold for defining eligibility. This will replace existing adult care guidance (2010).</li> <li>• LAs are expected to assess whether there are needs that can be met through the provision of information and advice or through preventative support. Even those who do not meet the eligibility threshold who have been assessed will need to be informed about support available to prevent or reduce care needs – including what is available in the community.</li> <li>• The Government has consulted on a national minimum eligibility threshold – more detail is expected soon.</li> </ul>	<p>The implications will not be known until the guidance is produced. This is currently being consulted on. Level of eligibility is expected to be set at substantial. However work we are currently undertaking to improve and give clarity to our resource allocation process will be useful.</p>	<ul style="list-style-type: none"> <li>• Complete work on improving resource allocation process</li> <li>• Further analysis of impact once guidance is produced</li> </ul>	<p><b>Ian Kennard</b></p> <p><b>Ian Kennard/ASC Management Team</b></p>
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<p><b>9. Care planning, personal budgets and direct payments</b></p> <ul style="list-style-type: none"> <li>• There is now in law specific criteria relating to care and support planning and personal budgets</li> <li>• Care Bill gives LAs a new legal responsibility to provide a care and support plan</li> <li>• For the first time, people will have a legal entitlement to a personal budget</li> <li>• Even when people do not have needs that should be paid for, the LA can advise people about what needs they do have and how to meet them or prevent them from deteriorating further</li> <li>• LAs will be required to provide, review and update an 'independent person budget' for people who have eligible care needs but do not meet financial criteria – this allows people to progress towards the care cap and is based upon what the LA would pay for care if the individual was eligible.</li> </ul>	<p>We will need to review our policies and processes to ensure they are consistent with this expansion of the current guidance around care planning, personal budgets and direct payments.</p> <p>Work on personal budgets and direct payments has already began and the new duty will need to be incorporated in to this work.</p> <p>The need to provide an independent personal budget (IPB) and the changes to care planning will need to be analysed outside of the work now being undertaken</p>	<ul style="list-style-type: none"> <li>• Complete work on improving resource allocation to include this new guidance.</li> <li>• Set up group to consider impact of IPB and care planning guidance</li> </ul>	<p><b>Ian Kennard and Fieldwork Service Manager (Fran Leddra) to lead new group</b></p>
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<ul style="list-style-type: none"> <li>Everyone receiving services – including carers, have the right for a personal budget and for this to be paid as a Direct Payment.</li> </ul>			
<p><b>10. Deferred Payments</b></p> <ul style="list-style-type: none"> <li>Regulations will permit deferred payment for all types of care – not just care home charges.</li> <li>LAs will be able to charge interest on deferred payments. Regulations will set out exactly when LAs may or must allowed deferred payment and the interest and administrative fees allowed.</li> </ul>	<p>This clause lacks detail – analysis of impact can only follow receipt of further guidance.</p> <p>The details of the scheme are to be consulted on.</p>	<ul style="list-style-type: none"> <li>Analysis of impact to be carried out once guidance has been received</li> </ul>	<p><b>Ian Kennard</b></p>
<p><b>11. Continuity of Care</b></p> <ul style="list-style-type: none"> <li>LAs will be expected to provide assessments for people intending to move to their area. LAs will not guarantee to provide the same support as the LA the individual is moving from, but needs to take the original care and support plan in to account and provide a written explanation if it differs.</li> </ul>	<p>As above</p>	<p>As above</p> <ul style="list-style-type: none"> <li>Review and amend existing policy and practices.</li> </ul>	<p><b>ASC Management Team</b></p>
<p><b>12. Safeguarding Adults</b></p>	<p>The Adult Safeguarding Board have</p>	<ul style="list-style-type: none"> <li>Produce safeguarding 3</li> </ul>	<p><b>Head of Adult</b></p>

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<ul style="list-style-type: none"> <li>• The Bill sets out the first ever statutory framework for adult safeguarding – to bring adult safeguarding on a par with children’s safeguarding board arrangements.</li> <li>• Introduces a new duty for relevant organisations to supply information on request to safeguarding adult boards.</li> <li>• Establishes Adult Safeguarding Boards as a statutory requirement in each area.</li> </ul>	<p>been preparing for this legislative change for some time. The production of the Safeguarding 3 year strategy will cover all aspects of implementation</p>	<p>year strategy</p>	<p><b>Social Care/ Fieldwork Service Manager</b></p>
<p><b>13. Managing provider failure and oversight of the care market</b></p> <ul style="list-style-type: none"> <li>• The Bill extends the duty for LAs to ensure continuity of care for people whose needs they are already required to meet, to those who are self-funding a care home place or home care. The LA response can be flexible – e.g. from providing information about other providers to providing temporary replacement care.</li> </ul>	<p>We have a comprehensive business continuity plan and contract management process which has proven itself in similar circumstances in the past. However, this clause appears to extend the purpose of the Local Authority to intervene and should be reviewed by the Legal Department for advice</p>	<ul style="list-style-type: none"> <li>• Request advice from Legal Department concerning impact of this clause</li> </ul>	<p><b>Service Manager Contract and Provider Management</b></p>
<p><b>14. Transition for children to adult</b></p>	<p>New transition policy is now being</p>	<ul style="list-style-type: none"> <li>• Implement transitions</li> </ul>	<p><b>Service</b></p>

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<p><b>care and support</b></p> <ul style="list-style-type: none"> <li>• Young people will be able to request an assessment in advance of their 18<sup>th</sup> birthday. Assessments will be carried out detailing the support needs of carers of children and also of young carers.</li> </ul>	<p>implemented which addresses the impact of this clause</p>	<p>policy</p>	<p><b>Manager Fieldwork Services</b></p>
<p><b>15. Care and support funding reform</b></p> <ul style="list-style-type: none"> <li>• Cap on <i>eligible</i> care costs to be introduced as of April 2016 - £72,000</li> <li>• Currently only people with less than £23,250 receive help from the state with their residential care costs. Changes mean that people with around £118,000 of assets (savings or property) or less will start to receive financial support if they need to go in to a care home</li> <li>• Individuals can ‘top up’ care packages</li> </ul>	<p>We are currently reviewing our financial and charging systems to ensure impact of this clause is fully understood.</p> <p>Further guidance and consultation is expected.</p>	<ul style="list-style-type: none"> <li>• Finalise finance review and action plan</li> <li>• Identify and communicate financial risk to Council</li> <li>• Implement recommendations</li> </ul>	<p><b>Ian Kennard</b></p>