

<b>Healthier Communities Select Committee</b>			
Title	Implementation of the Care Act		
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Class	Part 1 (open)	24 February 2015	

## 1. Summary

Lewisham is making good progress in implementing the Care Act, though the scale of change is significant. Understanding the new approach to social care is important for delivering the changes and for communicating them to residents in a constructive, sensitive way.

## 2. Purpose

To update the Committee on progress in implementing the Care Act and seek the agreement of key documents.

## 3. Recommendations

Members of the Healthier Communities Select Committee are asked to:

- a. **Note the progress towards implementing Care Act and information about the changes which it introduces**
- b. **Note and comment on Lewisham's 'Approach to Adult Social Care', in Appendix A**
- c. **Note and comment on Lewisham's draft Strategic Plan for Information and Advice about Care and Support, in Appendix B**

## 4. Policy context

- 4.1. The priority area in Lewisham's Sustainable Community Strategy which the Care Act most aligns with is "Support people with long term conditions to live in their communities and maintain their independence". There is also a clear opportunity to support further progress with the priorities "Improve health outcomes and tackle the specific conditions that affect our citizens" and "Empower citizens to be involved in their local area and responsive to the needs of those who live there".
- 4.2. With reference to the Health and Wellbeing Strategy, the Care Act supports the integration of health and social care, use of preventative and enablement services, and the harnessing of stronger communities in meeting care and support needs.

## 5. Key Elements of the Care Act

- 5.1. The Care Act 2014 was passed in April. It is the most substantial rewrite of legislation on adult social care since 1948.

5.2. The Act can be seen in many areas as taking good practice in the sector, and setting it down as legislation or statutory guidance. The Department of Health's vision is that it will ensure that "*people's well-being, and the outcomes which matter to them, will be at the heart of every decision that is made*".

5.3. The Act: -

- provides for a single national threshold for eligibility to care and support;
- puts carers on the same footing as those they care for (including a brand new statutory eligibility framework);
- focuses on assisting people to use their personal, social and community resources;
- emphasises preventing and delaying needs for care and support, rather than only intervening at crisis point;
- has new provisions to ensure that young adults are not left without care and support during their transition to the adult care and support system;
- sets down the approaches required for commissioning and management of the social care marketplace;
- reforms the funding system for care and support, by introducing a cap on the care costs that people will incur in their lifetime (*from April 2016*);
- includes new protections to ensure that no one goes without care if their provider fails, regardless of who pays for their care

## **6. Highlights of Progress on Implementation**

6.1. A Task and Finish group with core representation from Adult Services, Joint Commissioning, Workforce Development and Legal services has met monthly to oversee progress.

6.2. Highlights of work in Lewisham to date include: -

- Workforce Development programme for Council and related NHS staff
- Commissioning and service design plans in development
- Communications and engagement work with key partners and local leaders
- Protocols for Council services, including links made to London Probation, Children and Young People's services and other partners
- Processes and tools created so staff can deliver the functions required

6.3. Lewisham has also been an active part of the work across London, co-ordinated through London Councils.

## **7. Assessment and Eligibility**

7.1. A personalised approach to the assessment of someone's needs and the development of a support plan to meet those needs are now legal duties.

7.2. The Act creates new national eligibility frameworks for both people with care needs, and their unpaid carers.

- 7.3. Eligibility for people with care and support needs is based on determining that
- a. Needs arise from a physical or mental health condition, which
  - b. Affects someone in 2 or more of 10 prescribed outcome areas, and
  - c. This has a significant detrimental impact on their wellbeing (as defined in the Act)

- 7.4. For carers, a similar process of eligibility applies, where
- a. Needs arise from the caring role and the care provided is necessary, which
  - b. Affects someone in 1 or more of 8 prescribed outcome areas or has a detrimental effect on their health, and
  - c. This has a significant detrimental impact on their wellbeing (as defined in the Act)

- 7.5. For both groups, assessments of eligibility will:
- Focus on wellbeing and promoting people living independently
  - Focus on needs, not on the services that might meet those needs
  - Harness personal, family, social and community resources before funding services

- 7.6. By April 2015, Lewisham will have: -
- Introduced new Resource Allocation Systems (RAS) for all clients and carers
  - Updated our case management IT systems to account for initial Care Act changes
  - Agreed mitigations with SLAM for changes in integrated mental health services whilst longer term solutions are developed
  - Rolled out new support planning processes and tools
  - Finalised plans for on-line / self-service options to be introduced for residents
  - Retrained all assessment staff on the new assessment practices and eligibility definitions
  - Trained all our Support Planners on best practice in support planning

## **8. Impact of Assessment Changes**

- 8.1. These changes shift focus from peoples 'deficits and risks' to their 'assets and strengths'. This strongly links to the self-care approach in Health. Achieving this will mean using the skills of professionals and local support services to help people do more for themselves and each other.
- 8.2. Evidence shows that this will lead to better outcomes for people, but many will find the change difficult. People may have expectations of adult social care which are no longer based on good practice, our legal framework or our financial position as a local authority.

- 8.3. Building capacity and resilience means that people who are eligible under the national eligibility framework may not always get services from the Council, as their needs can be met by themselves or others.
- 8.4. For those who do get ongoing services, a personal budget must be in place, giving them choices about how their needs are met. They may not choose to use typical care and support services, or to go with providers – including the Council – which we might prefer they use.
- 8.5. However we will always have a decision about whether to agree a support plan and will always strive to make sure that support and care services are safe and effective.
- 8.6. These new ways of working and wider principles for the delivery of social care and support for adults are set out in Appendix A, presented for here for comment and agreement of the Committee. This has been written as a touch-stone document we can use to explain adult social care in Lewisham to both professionals and residents.
- 8.7. The consequences for our market development of care and support services will be set out in more detail in a subsequent report.

## **9. Advice and Information**

- 9.1. A key plank of compliance with the new Act is reforming our planning and provision of information and advice.
- 9.2. A workstream has been led by the Director of Public Health to lead this work as part of the Adult Integrated Care Programme. A strategic plan has been prepared which sets out this work and how it will be taken forwards across the health and care system partners in Lewisham, and it is appended for agreement of the Committee in Appendix B.
- 9.3. The website, which is the core element of the new offer, will be continuously updated and developed, with the initial phase of updates in place for April 2015.

## **10. Financial implications**

- 10.1 Funding for new Care Act responsibilities will come from two sources in 2015/16. Lewisham's share of the DH new burdens grant is £1,056,355. Additionally, the Better Care Fund contains £800k for Care Act implementation.
- 10.2 The DH have recently published proposals for the changes to funding of social care (including a cap on care costs) that will be introduced in April 2016. Funding for these changes will be announced later in 2016.

## **11. Legal implications**

- 11.1. There are no particular additional legal implications arising from the work being undertaken to implement the Care Act, save to remind members that the duty to promote an adult's well-being introduced by the Act affects all services, and may well have far-reaching effects on wider services as the effect of the new legislation becomes established.

## **12. Crime and disorder implications**

- 12.1. There are no crime and disorder implications arising from this report.

### **13. Equalities implications**

- 13.1. The Department of Health undertook an Impact Assessment of the Act prior to publishing the draft guidance. Equalities were considered under a previous Equalities Impact Assessment of the 'Caring for our Future' White Paper, which found that in all protected characteristics there were positive or no negative effects. Much of this stemmed from three factors: -
- the improved availability and quality of information and advice;
  - involvement of local people in the design and delivery of services (co-production);
  - personalisation of services meaning that people have care and support individually tailored by them.
- 13.2. The Council will undertake additional local Equality Analysis Assessments on specific areas if appropriate to do so, such as for the changes to the Fairer Contributions Policy.

### **14. Environmental implications**

- 14.1. There are no environmental implications arising from this report.

### **15. Conclusion**

- 15.1. Implementation of the Act is a complex and difficult task at a time of significant strategic change, demand increases and financial pressure. However, it is on track and Lewisham benefits from the Act being in-line with the strategic approach already set out in the borough
- 15.2. Agreement to an over-arching Approach document for Lewisham's adult social care and to a strategic plan for Information and Advice help us take this work forward and ensure we are not only compliant with the law, but achieving a high standard in supporting residents with care and support needs.

### **Background documents and originator**

- Previous Care Act implementation report at October 2014 meeting
- [The Care Act](#)
- [Statutory guidance](#)
- [Lewisham Health and Wellbeing Strategy](#)
- [Lewisham Sustainable Community Strategy](#)

If you have any queries on this report or difficulty in opening the links above, please contact Joan Hutton, at [joan.hutton@lewisham.gov.uk](mailto:joan.hutton@lewisham.gov.uk)

## Appendix A:

# Lewisham's Approach to Adult Social Care

This document sets out how Lewisham Council will work with people who may need social care and support, and their carers, as well as joint working with health partners and service providers. It also describes the outcomes we seek to achieve from these partnerships and services.

## Social Care for Adults in Lewisham

Lewisham is committed to having a structured and fair system of social care, which makes the best use of limited resources to offer residents access to high quality services to meet their care or support needs in a personalised way.

Some of the priorities in achieving this are to:

- **Ensure value for money** for all services, while maintaining service quality and a focus on achieving defined outcomes for the service user;
- Ensuring fairness and equity across the range of needs or conditions.
- Ensure everyone with ongoing use of social care services has a **personal budgets** and promote the use of **direct payments** to maximise the choice and control people have over managing their own care and support;
- Consider the **wider networks of support** or universal services which people access and optimise the use of these within the more formal support packages of care, e.g. the use of community groups, library services, adult education.
- Continue to **develop a range of housing options** together with partners which offer care and support in the community and reduce the need for long-term residential care;
- Make effective use of **technological solutions**, including Telecare, to maintain safe independent living, and assist with the care-giving process
- Support younger adults into **work or employment**;
- Develop **commissioning plans** based on robust analysis of local need and understanding of our provider markets
- Apply a **means tested approach**, implementing eligibility and charging policies which reflect Central Government guidance.

## Services in the community

We know that people want to remain in their own homes and neighbourhoods if they develop health or social care needs. We will endeavour to support people in these settings and, wherever safe or feasible, will seek to assist them to avoid admissions to hospital or residential care settings.

We will ensure that assessments include health, housing and other support, including those personal to the individual, alongside social care.

Upon discharge from hospital, we will provide interim services to help people recapture the highest level of independence possible at home.

## **Resources Spent Wisely**

We are acutely aware of the need to balance meeting the growing need for services, with reduced resources available to the Council and its partners.

We expect our staff and partners to always encourage people to maximise the use of their own resources - personal, social, familial or financial – to support them in their own surroundings.

We need to ensure resources are spent in a fair way, which gives value for money to the public, who fund these essential services.

This means that we normally we will

- not pay more for a community package of care than we would pay for a residential or nursing package of care (though we will assist people to “top-up” their care safely if they wish to do so from their own resources)
- undertake a continuing healthcare check if we think someone might be eligible for free NHS care
- include all ongoing care services in someone’s financial assessment
- not admit someone to residential care from a hospital bed
- thoroughly review a care service put in place to resolve a crisis to inform what may be needed on an ongoing basis
- give someone in supported housing or residential care the option of living in their own home if we think they could

Wherever possible, we will put short-term services in place that will aid recovery or recuperation and a return to independence, before considering long-term care or support. We will encourage creativity and innovation to meet identified outcomes, and encourage everyone involved to look for solutions that offer the best quality and value for money.

Many people pay for their own care and if they want it, the Council and its partners will offer advice, guidance and other support.

Assessments will ensure that the right level of support is identified according to a person’s needs and choices.

This will enable people to make wider choices than may be currently available to them. Should, for example, someone wish to remain at home, when the assessed service provision is a residential placement, we will provide a risk assessment to help them decide how they should enhance the community package of care from their own resources to ensure their needs are met in that setting.

We recognise the value of wider support networks that many people have within their own families and communities and will look at all available resources when considering how to meet needs. Where family or other support networks do not exist, we will help link people to build them including through appropriate community networks.

## **Supporting and valuing carers**

We recognise that most care and support is provided by family or friends.

Carers will be supported to recognise their own needs and through this, ensure a longer and more manageable caring role for their family or support network. Carers will have the right to

an assessment of their needs, separate to those of the cared for person, and regardless of eligibility for formal social care input.

## **Managing risks**

Our aim is to balance risk management alongside delivery of services that promote independence and empower people to take control of their health and social care needs. We will ensure that we talk openly about possible risks in relation to decisions that service users may make, and that there is an understanding of these risks. Ultimately, decisions will be made by the service user and this may mean that some people make decisions we would not have made.

We will never take responsibility away from someone unless we have a court order which determines that the person does not have capacity to manage their own affairs.

## **Focusing on Prevention**

People are living longer with more complex health conditions, so there will be increasing need to spend the resources available to social care services, in a fair and equitable way.

We will focus resources across the system to reduce the overall need for services later in life. This 'preventative' activity will be undertaken jointly with partners in health services and through early intervention, help people to live their lives in a healthier way and reduce the need for intensive social care services later in life.

Inevitably though, there will always be those who suffer illness or accidents which cannot be avoided. However, we will always look for ways to support people to delay onset of further needs and make the most of the assets they have.

## **Integration of social care and health**

Looking ahead to 2018, The NHS and Lewisham Council will continue to work together to transform health and social care in the borough for all adults. Lewisham's ambition is to make joined up and co-ordinated health and social care the norm by 2018 achieving our vision of: 'Better health, better care and stronger communities'. This means where possible, and with increasing regularity, we will have shared health and social care assessments and a single plan that will help people retain independence in the community.

The key principle to care and support in Lewisham is to ensure that there is an early or targeted intervention to reduce the necessity for more invasive long-term care. This will be particularly relevant to people at risk of hospital admission.

## **Social care providers**

We will work with social care and support providers, including in-house services, to ensure service focus on outcomes and meeting needs in a way which maximises independence.

We will develop and commission community-based services which meet needs flexibly and address issues relating to social isolation. We will always ensure that services deliver value for money and will develop appropriate performance measures, focussed on outcomes.



With personal budgets for all in place from April 2015 onwards, and direct payments used where possible, we will shape the provider market to ensure that providers offer their service users choice and flexibility.

We will encourage providers to offer creative, innovative services, focussed on meeting needs with the least amount of formal care and support, while delivering identified outcomes, whether this is a user-led organisation, social enterprise or private business.

### **A Valued Workforce**

All staff working directly for the London Borough of Lewisham and those within provider agencies will understand our vision and commitment to maximise independence and quality of life.

We will work with staff and partners to develop methods of sharing good practice, ensuring seamless, joined up services which empower service users and challenge staff and providers to meet needs in increasingly person-centred and creative ways.

### **Measuring success**

We will know we are successful in delivering the commitments we have detailed in this statement, through the following measures:

- **A reduction in the number of people we are directly supporting** through formal social care services and an increase in the numbers of people being helped in their communities;
- **An increase in the number of people living in their own homes for longer,**
- **An increased number of people recovering from an episode of poor health or illness** through the use of intensive 'enablement' or recovery programmes;
- **An increase in independence,** with people taking increasing control of managing their own health and care needs, through the use of direct payments

**Appendix B:**

**Strategic Plan for Information and Advice**