



## **REPORT OF THE TRANSFORMATION PROGRAMME DIRECTOR**

### **CARE ACT 2014 – IMPLEMENTATION UPDATE**

#### **Purpose of the Report**

1. To update the Committee on ongoing progress in relation to the implementation of changes as a result of the Care Act 2014, which became law on 1 April 2015. Committee is asked to note:
  - the updates made to the Care Act guidance
  - the proposal to consult the public on the proposal to increase the brokerage fee payable by people using the Council's contracted social care providers where they are liable for the full cost of their care.
  - the progress that has been made in Nottinghamshire to implement both the new statutory responsibilities of the Care Act and the spirit of the Care Act through the initiatives described.

#### **Information and Advice**

##### **Department of Health changes to statutory guidance to the Care Act 2014**

2. On 24<sup>th</sup> March 2016, the Department of Health released the latest version of the Care Act 2014 statutory guidance. This is the document used to enable local authorities and other interested parties to better interpret the intentions of the government in relation to the Care Act. This guidance contained a number of changes to the existing guidance, and work has been undertaken to both assess the impact of these changes and to identify any actions associated with these changes.
3. The guidance removed the requirement for Councils to have a Designated Adults Safeguarding Manager (DASM). The Department has already disestablished its temporary DASM post. However, the new Department of Health guidance has refocused some aspects of the Principal Social Worker's (PSW) role. In particular this has been around the quality and consistency of social work practice in relation to safeguarding, requiring the PSW to have extensive knowledge of the legal and social work response to specific cases, as well as understanding the general position.
4. There are several other clarifications in relation to safeguarding. These broadly reflect the approach and guidance already in place locally, but have provided an opportunity to review these to be assured that the Council's processes reflect this.

5. There are a number of minor changes in relation to assessment, advocacy, charging and ordinary residence. These are not felt to be of major significance to the Council, and in many cases reinforce existing practice. An action plan has been created to ensure that all of Departmental policies, processes, guidance and training are updated to reflect changes. This work will be completed by the end of September 2016.

### **Proposed Changes to the Scheme Charging Self-Funders for Brokerage Services**

6. The Care Act expects local councils to have more involvement in arranging support for people who are able to pay the full costs of their own support whilst living in the community. Individuals who have savings or investments over £23,250 have to pay the full cost of services to meet their social care needs and they are called self-funders. The Care Act allows councils to charge an administration fee to arrange support for self-funders. The service to arrange support is called brokerage.
7. Following a public consultation exercise, Adult Social Care and Health (ASCH) Committee agreed on 27 April 2015 that the Council could charge a fee of £100 for this brokerage service. Subsequently, the Council has sought to understand what the charge would be if it sought to fully recover its costs. It is proposed to go out for a further consultation exercise, proposing an increased charge to self-funders who choose to have a managed package of care with the Council. This may include access to the Council's contracts and rates with service providers. The cost is an ongoing fee of £10.26 every four weeks. This equates to an annual fee of £133.
8. It is often advantageous for self-funders to access Council contracts, as they are set at a rate lower than that available from some providers through the open market. They also have the added protection of the Council contract management process.
9. The consultation process will start in September 2016 with a report back to ASCH Committee in December 2016 on the outcomes of the consultation, any changes would come into force from April 2017. As well as the proposed increased charge, it is proposed to consult on whether this charge should be extended to self-funders who are already benefitting from use of Council contracts. The consultation will also ask citizens to consider whether there is a level of care package cost below which people should be exempted from the brokerage charge.

### **Care Act Stocktake**

10. The sixth and final national stocktake on the implementation of the Care Act has just been submitted. The purpose of the stocktake is to show where councils are one year after the commencement of the Act, showing the impact of the Care Act 2014 on demand, finances and the impact on social care outcomes for the local population.

11. The Council's submission confirmed that locally there is confidence that the Council has embedded the statutory responsibilities of the Care Act but an acknowledgement that embedding the "spirit" of the Act is more difficult in the context of an ongoing reduction in social care funding in the light of increased demand and the need to make savings. Despite these challenges, Nottinghamshire's stocktake submission confirmed investment in the implementation of the spirit and practice of the Care Act via a number of developments; some examples of this are contained in **paragraphs 12-17** and **paragraph 20**.

### **Advice and information**

12. Good progress has been made in providing advice and information that help people to get the right information at the right time. This will help to prevent or reduce the need for more costly services. In Nottinghamshire, the Council has developed its webpages to help people understand what options are available to them and make better informed decisions. This information is also available through the published Care Directory. A number of innovative information videos hosted on the Council's website also inform and engage people in finding solutions to their social care needs. A further suite of videos aimed at people who may be supported with simple aids and adaptations are in development. These videos are being co-produced with Nottingham Trent University and will be available later in the year.
13. The need for advice and information starts before people actually need care and support to help people plan ahead. This includes housing arrangements and financial information. High quality information on housing arrangements and financial advice are found through the webpages and further financial information has been commissioned with Age UK.
14. The Council has also invested in an electronic directory for information and advice which has recently been relaunched. This is called Notts. Help Yourself. The number of pages visited each month is rising; there were 260,639 page hits over the last three months compared to 226,218 over the preceding three months. Further work is planned in providing electronic information, which is more tailored to meet people's individual needs. Where people cannot access the website or need some further help with accessing advice and information, the trained advisors at the Customer Service Centre can signpost to sources of information and advice.

### **Prevention services**

15. For some people, they need help with connecting to information and preventative services to enable them to remain independent. Early intervention and promoting independence services have been commissioned to help people at risk of loss of independence and to help prevent social isolation and loneliness. There were 399 referrals to this scheme in the last quarter of 2015/16 and examples of the positive work they are doing with people are contained in **Appendix 1**.

### **Carers' services**

16. Nottinghamshire has continued to develop a wide range of services to support carers. The Carers Hub is run by Carers Trust (East Midlands). It is jointly commissioned by Nottinghamshire County Council and local Clinical Commissioning Groups (CCG) and funded through the Better Care Fund. The Hub offers a personalised, responsive and reliable support service to make things easier for carers. 975 carers have registered for Carers Hub support between August 2015 and January 2016 and the following are examples of the types of support offered: information and advice was offered to 469 carers; 249 carers were offered one to one support and 234 carers participated in group sessions run by the Carers Hub.
17. The Carers Support Service consists of six Community Care Officers who carry out carers' assessments by phone, assess eligibility for a personal budget, provide advice/information to carers and signpost to other voluntary and statutory agencies. The Carers Support Service refer to the Hub when carers require extra support.
18. The stocktake focussed on whether there had been any changes to demand for Adult Social Care assessments and services since the implementation of the Care Act. The submission confirmed that demand has increased across all areas as follows:
  - **Care and support assessments** – there has been approximately a 4% increase in activity and a slightly bigger proportion were assessed as eligible compared to 2014/15.
  - **Carers' assessments** – there has been approximately 2.26% increase in activity, but carer activity was already high and has risen steadily over the last year.
  - **Safeguarding enquiries** – there has been approximately 23% increase in activity since the implementation of the Care Act. This may be as a result of the broadening of the definition for Safeguarding in the Act alongside increased understanding of what to do if there are safeguarding concerns.
19. In addition the numbers of people receiving an independent advocacy service is increasing as are the numbers of prisoners who receive social care to meet their eligible needs.
20. In answer to a question on how the Council is managing the rising demand locally, Nottinghamshire's submission included the following actions put in place to manage increased demand now and for the future:
  - To manage increasing demand arising from the Care Act, Deprivation of Liberty Safeguards and other pressures, the Council has recently approved the extension of 69.5 fte existing temporary posts in Adult Social Care, 53 of which were made permanent.
  - Introduced a scheduling pilot which uses software to schedule social care and occupational therapy appointments centrally rather than each team doing their own. Data from the pilot suggests that it is supporting teams to see people more quickly. For example, in terms of social work assessments, prior to the commencement of the pilot, 61% of people were assessed within 28 days: since the commencement of the pilot, this has risen to 74% of people.

- A number of clinic settings have been established across the County where assessments and reviews are being completed which reduces staff travel time and costs and increases the number of people that can be seen in a day. For example, recently the Community Learning Disability team in Gedling saw 21 individuals for review of their care package over two days. Two workers ran the clinics which improved productivity from completing two to three reviews per worker, per day, to completing approximately five reviews per worker, per day.
  - Using telephone appointments for simple assessments, reviews and the provision of simple equipment. Between March and July 2016, approximately 22% of new carer assessments were completed over the phone. It is likely that this proportion could be increased further and encourage more carers to complete their assessments online.
  - In March 2016, an online carer's assessment and review was launched which is contributing to the overall reduction in time it takes to complete carers' assessments and reviews. Since March 2016, approximately 100 carers have opted for an online assessment. On average, the completion of an online carer's assessment, saves 1.5 hours when compared with a face to face assessment in the carer's home. Where telephone or online assessments are not appropriate, the individual is offered a face to face appointment.
  - Investment in tablet devices for all assessment staff to enable them to complete assessment/review documents whilst with the person rather than needing to return to their base to complete them.
  - Introduction of a brokerage charge for eligible self-funders who want the Council to arrange and set up services for them in the community.
21. Finally the Stocktake asked a series of questions about the additional costs experienced as a result of the Care Act and whether these were more than expected, as expected or less than expected. Nottinghamshire's submission highlighted the following:
- The as expected costs include the costs associated with the national eligibility scheme, cost of prevention services, the cost of additional carers services, the cost of developing and training staff, investment in IT and the costs of transformation staff required to lead and implement changes.
  - The only costs which have been less than expected are associated with meeting additional carer needs. This is likely to be because in Nottinghamshire there was already a comprehensive offer to carers which has changed little since the implementation of the Care Act.
  - Higher than expected costs have been associated with assessing and meeting the needs of eligible prisoners, the cost to the Council of deferred payments, the cost of providing comprehensive information and advice, advocacy services, transitions services and the cost associated with rising safeguarding enquiries.
22. The six Local Government Stocktakes that Nottinghamshire has taken part in have helped to provide feedback on preparation for the implementation of the Care Act and

subsequently on the impact of the Care Act legislation on councils and their citizens. Although Nottinghamshire is no longer required to submit further data, it is important that locally the Council continues to monitor the impact of the Care Act both on available resources and the ability to provide good quality and proportionate responses to people's social care needs, making use of the most efficient and cost effective responses available.

### **Other Options Considered**

23. The report is for noting only.

### **Reason/s for Recommendation/s**

24. To continue to provide a service for people who fund their own care to support them to access good quality and affordable community social care services to maintain their independence for as long as possible. To sustain this service, the Council will consult on its proposal for the cost of brokerage to be increased to the full cost of delivering it.

### **Statutory and Policy Implications**

25. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Public Sector Equality Duty implications**

26. An Equality Impact Assessment has been completed for the proposed changes to the Brokerage charge.

### **Safeguarding of Children and Adults at Risk Implications**

27. The implications in relation to safeguarding of adults are contained within the body of the report.

## **RECOMMENDATION/S**

That the Committee:

- 1) notes the updates made to the Care Act guidance
- 2) notes the proposal to consult the public on the proposal to increase the brokerage fee payable by people using the Council's contracted social care providers where they are liable for the full cost of their care.
- 3) notes the progress that has been made in Nottinghamshire to implement both the new statutory responsibilities of the Care Act and the spirit of the Care Act through the initiatives described.

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### **Constitutional Comments (LM 16/08/16)**

28. The recommendations in the report fall within the Terms of Reference of the Adult Social Care and Health Committee so may be approved by Committee.

### **Financial Comments (MM 26/07/16)**

29. The financial implications are contained within paragraph 7 of the report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Charges for deferred payment agreements and brokerage of community based support for self funders – outcome of consultation and response to consultation on the Care Act 2014 – report to Adult Social Care and Health Committee on 27 April 2015

Equality Impact Assessment

### **Electoral Division(s) and Member(s) Affected**

All.

ASCH421