

**Report of Director of Adult Social Services**

**Report to Health and Wellbeing and Adult Social Care Scrutiny Board**

**Date:** 20 October 2015

**Subject:** Progress on Implementation of the Care Act 2014

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Summary of main issues**

- The purpose of this report is to provide an update to Health and Wellbeing and Adult Social Care Scrutiny Board on progress in implementing the Care Act 2014. The first phase of Care Reforms detailed within the Care Act went live in April 2015. Leeds City Council took a sound and detailed approach to the delivery of these reforms. The programme was managed effectively and has delivered a smooth transition from the previous legal framework. Leeds continues to offer an effective service through its prevention activity, its commitment to the delivery of safe services and its engagement with citizens.*
- Phase 2 was due to be implemented in March 2016 but has been postponed until at least 2020. Phase 2 provided for the Care Cap and Care Account, and would have resulted in some significant changes.*
- It is notable that for significant elements of the Care Act that Leeds was already in a position to deliver the requirements, this in part is because the Care Act pulled together some existing legislation, but also a reflection that in a number of key areas, such as Advocacy, Market Facilitation, Integration and Prevention, Leeds was, and is, continuing to lead nationally.*

**Recommendations**

- To note the completion of the Leeds Care Act 2014 programme which has delivered compliance to the new requirements in the Act throughout the process.*

## 1 Purpose of this report

- 1.1 The purpose of this report is to provide an update to Scrutiny on progress in implementing the Care Act 2014. The Care Act 2014 was implemented nationally on the 1<sup>st</sup> April 2015 and brought together a number of pieces of legislation that had developed over the preceding 60 years and which had become a confusing and piecemeal set of laws. The Care Act 2014 integrated most of the relevant laws into one coherent framework. This report provides the national context, and provides an update on progress within Leeds City Council Adult Social Care.

## 2 Background information

### 2.1 National Picture:

- 2.2 The first phase of Care reforms detailed within the Care Act went live in April 2015. Phase 2 was due to be implemented in March 2016, and which provided for the Care Cap and Care Account, and would have resulted in some significant changes including a cap on care costs of £72,000. However, the Government announced earlier this summer that it was delaying implementing the cap on costs until 2020.

- 2.3 The national Care and Support Reform Programme Board met on 11 August 2015 to discuss the announcement and provided the following clarification:

- 2.3.1 Cap on care costs system, including the extension to the means test thresholds and the proposals for a zero cap for under working age adults under 25 will be delayed until April 2020.

- 2.3.2 Duty under Section 18(3) of the Care Act 2014 on local authorities to meet the eligible needs of self-funders insofar as it relates to care homes will be delayed until April 2020.

- 2.3.3 First party top-ups by service users **will not** be introduced in April 2016. The current system of third party top ups (where family members can pay an additional fee above the local authority rate in order to support a choice of home) is still in place.

- 2.3.4 Appeals system for care and support will now be considered as part of the wider Spending Review, but **will not** be implemented in April 2016.

- 2.3.5 The Direct Payments in Residential Care Trailblazer programme will continue to run until October 2015 and the final evaluation report is expected in summer 2016; a recommendation will be made to ministers about whether to roll out to all local authorities sometime after that.

- 2.3.6 Public awareness campaign plans will be reviewed in light of the announcement to ensure alignment with wider plans to support people with the costs of care.

### 2.4 Leeds:

- 2.5 The approach to implementing the Care Act 2014 in Leeds has been focused on ensuring that the council was fully compliant with the Act when it went live. To support this, a formal and funded programme was established. The programme reviewed the current performance of the Local Authority and its partners in relation to the clauses in the Act and prioritised for action those areas where it

was identified changes to processes or commissioning arrangements were needed to be compliant.

- 2.6 Actions identified within the programme are now in place and as the Financial Reforms in Phase 2 were delayed until at least 2020 the programme was closed in May 2015 with responsibility for monitoring performance in relation to the Act transferred to commissioning and operational services.

### 3 Main issues

- 3.1 **Ensuring Compliance** – at the beginning of the programme a gap analysis was conducted to identify areas where the Local Authority was already compliant and to highlight areas requiring work to ensure compliance. Nationally, the Transforming Excellence in Adult Social Care (TEASC) board, a sector led improvement body, was tasked with supporting councils with the complex reforms. A National Stocktake was carried out at set intervals through the implementation period to check the progress of Local Authorities and to provide targeted support to those experiencing issues in delivery. Leeds was RAG rated green at the latest stocktake in June. This meant that Leeds had confidence in its ability to meet or to have met the challenge. Adult Social Care is currently reviewing the initial gap analysis to ensure full compliance.
- 3.2 The priority Projects established to ensure compliance were identified and defined as:
- 3.3 **Assessment and Eligibility** - The aim was to review the Care Act 2014 Assessment clause and the Eligibility clause requirements and provide advice and guidance to ensure compliance with the Care Act. Also to provide cost effective and sustainable solutions for assessment and care management functions to meet future demand.
- 3.4 All processes were reviewed and changes made as required. Staff received training to support this. Changes relating to assessment and eligibility included:
- 3.4.7 New Initial Contact Assessment developed for use by staff within the customer contact centre. This enables contact centre staff to identify through a simple assessment process whether people need the support and guidance of social work services or if their needs can be met through the provision of information, advice and guidance. In addition, social work staff have been co-located at the Gateway and are able to offer 'on the spot' advice and support to the contact centre staff, resulting on better decision making and reduced unnecessary assessments.
- 3.4.8 Developing a process with Children's Services regarding young people transitioning to adult services. The Care Act 2014 extended the responsibility of Children's Services for young people in youth offending services. There is now a clear line of communication and responsibility for referral between children's and adults services to support the transition to adulthood for young people who may have care and support needs, beyond the 'traditional' areas of transition i.e. children with disabilities.
- 3.4.9 **Prisoners** – Adult Social Care has made significant progress towards fulfilling new responsibilities to prisoners and people in approved premises. Assessments and resettlement planning for individuals are already taking place. ASC has a

partnership agreement in place with Leeds Community Healthcare Trust (the prison healthcare provider) for a pilot.

- 3.4.10 A pilot model is ideal because it allows both parties to assess a previously unknown level of need in the prison population and adjust services accordingly, allowing us to commission an appropriate service next year. To date, take up has been slow nationally, so the pilot approach is an effective approach until demand can be fully evaluated and an appropriate level of service established.
- 3.4.11 Prison nurses will complete assessments on our behalf and plan care for eligible individuals, and these needs will be met by ASC care staff on secondment to the prison.
- 3.4.12 The pilot is part of a wider Memorandum of Understanding between LCHT, The two Leeds Prison Governors (Leeds (formerly Armley) and Wealstone) and Leeds City Council.
- 3.4.13 All prisoners will be screened for personal care needs on reception in both prisons. The model ensures that, as Section 76 of the Care Act requires, individuals in prison and approved premises to be able to access a social care service as if they were in the community.
- 3.4.14 Any individual is able to refer into the service from within the prison or approved premises. ASC has provided training materials for healthcare reps to encourage prisoners to refer into the service. Individuals can also access advocacy and are screened for a financial assessment as part of the assessment process. ASC is offering the Trust full support from an ASC team manager to contribute to the resettlement of individuals with care and support needs. There is some additional training need around the assessment documentation which will be supported by the named team manager.
- 3.4.15 Nurses are aware of the duty in the Care Act 2014 to inform and advise individuals of preventative services, and are well placed to do this. Care staff will support nursing staff in carrying out appropriate early intervention and prevention work in the prison.
- 3.4.16 Approved Premises managers are able to access the duty line social care team to discuss needs of clients and arrange assessments, and they have been offered full training on the Care Act. At the regional meeting of local authority leads on Prisons, Leeds was the most advanced authority in progress in this area, especially for multiagency working on information sharing and governance.
- 3.5 **Carers** - To provide cost effective and sustainable service for carers assessment functions and carer services to meet future demand.
  - 3.5.1 This was an area of the Care Act where Adult Social Care (ASC) anticipated there could be a significant increase in demand. ASC worked in partnership with Carers Leeds (CL) to develop a pathway for carers. It was agreed that the existing relationship between the organisations should be utilised with any enquiries from carers that came through to the Contact Centre being redirected through to the Carers Advice Line at CL.
  - 3.5.2 Within this arrangement carers with eligible social care needs are passed to the ASC social workers based within CL but all callers are able to benefit from the

support that CL offer including advice, grants and support. The partnership represents a positive model of third sector and statutory organisations bringing their individual strengths together to benefit the citizens of Leeds.

- 3.5.3 An Adult Social Care worker with Carers Leeds describes the benefits of the partnership:
- 3.5.4 *“To discuss with the CL workers what the carers and cared for potential options may be with regarding accessing ASC services and their eligibility for support within the Care Act. This enables the CL worker to feed back the information to the carer, which they may have already been informed by ASC, but at the time they were told, it may have been a period of crisis, making understanding of information limited, or that the same information is confirmed by what may be seen as a more “on their side” (CL) source, it may then be taken on board by the carer. This also feeds back to the carer that it is not a “them and us” relationship between ASC and CL, but that we try to work together, which in turn will hopefully lead to a view of carers working together with ASC.”*
- 3.5.5 In the first quarter of 15/16 Carers Leeds saw a 66% increase in contacts to the service with a significant increase in first time contacts.
- 3.5.6 *“The adult care sector is changing significantly and rapidly, and the Care Act has introduced further major changes. Post Care Act we anticipated an increase in calls for info and advice and our results indicate this was correct. The successful partnership work with Adult Social Care and partner organizations has proved to be hugely beneficial and the evidence shows many carers are self-referring. I believe that the good quality and timely information and advice, support offered by our team contributes to much business being diverted from away from Adult Social Care and Health services doors.”* Val Hewison, Chief Executive Officer, Carers Leeds.
- 3.6 **Independent Advocacy** - To ensure provision for independent advocacy was fully compliant with the Care Act. Activity included:
  - 3.6.1 Development of an Independent Advocacy process (co-produced with Advonet) for care act related use and deployment of Independent advocates.
  - 3.6.2 Establishment of contingency arrangements through Strategic Commissioning.
  - 3.6.3 Agreement and introduction of prioritisation protocols for the use of Independent advocates (both for the purposes of the care Act 2014 reforms and also to support people going through the Safeguarding process)
- 3.7 **Information & Advice**- To define the Leeds offer in relation to the provision of Information and Advice (I&A). To develop a strategy to ensure provision of Information and Advice is fully compliant with the relevant clauses of the Care Act. This project:
  - 3.7.4 Implemented arrangements for provision of Independent Financial Information and Advice. This is particularly important to people who may fund their own care as it gives them access to advice as to the best way to manage their current and future care needs in the best way to manage their own finances. This is not advice that local authorities can or should give, and it is now clearer in the Act than it was

previously that local authorities should ensure that independent advice is made easily accessible.

- 3.7.5 Established links on Adult Social Care website to Independent Financial Advice and key national sources of I&A.
- 3.7.6 Ensured I&A compliance for specialist areas e.g. dealing with complaints, information protocols for people in custody.
- 3.7.7 Produced draft strategy for Information and Advice.
- 3.7.8 Completed improvements to ASC website format and usability, updated all ASC web based content.
- 3.7.9 Produced a suite of core leaflets to ensure Care Act Compliance re written information.
- 3.7.10 Established a Quality Assurance Framework for I&A.
- 3.7.11 **Integration with Health Services** – the Care Act established a duty on local authorities to carry out their care and support functions with an aim of integrating services with those provided by the NHS and other health related services. In Leeds we have established a neighbourhood model for care and support services. Social work staff are co-located with community nurses and therapists and continue to develop relationships with GPs and other providers, including the voluntary sector, to provide a more joined up experience of health and social care services for those with complex health and care needs.
- 3.7.12 A proactive culture is gradually being developed with greater use of community services including neighbourhood networks and more preventative work.
- 3.7.13 **Market shaping and Commissioning of Adult Care and Support** – this has been one of the key elements in ensuring readiness for the Care Act. This work is summarised below:
- 3.7.14 **Outcomes and Wellbeing.** ASC is ensuring it is focusing on outcomes and wellbeing within new commissioned services. The new homecare tender has an outcomes based service specification and there is a workstream of the commissioning process devoted to ensuring outcomes are embedded into our processes and that we understand outcomes for individuals and outcomes for groups of people and populations.
- 3.7.15 **Promoting Quality.** We are ensuring that the city has quality services that allow choice. Through our contracts, we have developed quality frameworks and quality standard assessments in conjunction with the independent sector providers. We have a market development forum which allows dialogue between the council and providers on a range of issues including quality and developing a high quality workforce within the sector.
- 3.7.16 **Support Sustainability.** We now carry out cost of care exercises across all care sectors to establish fair costs for care and this is done in conjunction with the provider sector. We have had a Market Position Statement in place for the last few years to assist the market to identify opportunities and develop new services. We ensure we meet regularly with the Care Quality Commission to discuss the

regulated market in the city and we are also developing our processes to deal with provider failure.

- 3.7.17 **Choice.** We encourage a wide range of providers in the city through our commissioning processes and currently contract and/or work with independent private providers, voluntary and community based organisations, the third sector, user led organisations and trade associations. We are currently working on projects to look at alternative/new models of care and the way these are funded e.g. extra care, the use of personal assistants and Individual Service Funds. The Leeds Directory also has a micro-tendering site that allows people with direct payments to obtain care services.
- 3.7.18 **Co-production.** When commissioning services we ensure that all partners are involved in that commissioning exercise, including service users, their carers or their representatives. The Market Position Statement is being produced in conjunction with the provider market in the city and will signpost providers to all relevant information e.g. the JSNA.
- 3.7.19 ASC Commissioning is currently looking to measure our service against the new standards contained in the document “Commissioning for Better Outcomes: A Route Map” which has recently been produced by the University of Birmingham in conjunction with the DH, ADASS, the LGA and TLAP. The standards measure commissioning performance over 12 standards in four domains, which are:
- Person-centred and outcomes-focused
  - Inclusive
  - Well led
  - Promotes a sustainable and diverse market place
- 3.7.20 An initial, high level, baseline assessment against the standards has been undertaken and a project has been established to ensure continuous improvement against the standards for all commissioned services.

## **4 Corporate Considerations**

### **4.8 Consultation and Engagement**

- 4.8.1 A consultation, communication and engagement strategy was developed with a supporting workstream running for the duration of the programme.
- 4.8.2 The Council completed 3 workshops in June 2014 that involved representatives from across Adult Social Care, 3rd sector partners involved in providing care and support services, and health partners. These were to “launch” awareness of the Care Act among all key stakeholders at an early stage to ensure awareness and the spread of knowledge on what the Care Act meant for them. All comments from the workshops were recorded and reviewed to identify issues to address including in relation to different user groups.
- 4.8.3 Council managers have completed an extensive diary of engagement events to ensure all interested parties are aware of the Care Act, its implications and to identify potential areas for further work. This has included attending Partnership Boards (Learning Disabilities, Mental Health, etc.), NHS Senior Management

Meetings, Senior Managers Children's Services, Safeguarding Adults Board, Council Scrutiny Boards, Community Forums, Neighbourhood Networks, Older People Forum, Care Home Provider Forum, Leeds Care Association, etc. Details of the programme of engagement are available from the Adult Social Care Programme Office.

4.8.4 The Council completed 35 training sessions for 500 members of operational staff on the Care Act including training on the new record monitoring system to ensure that all requirements of the Care Act (i.e. identification of any need for an advocate) are documented. All feedback has been analysed and no comments were received with regards to any of the areas of the Act/training having a negative impact on any particular user group.

#### 4.8.5 **Equality and Diversity / Cohesion and Integration**

4.8.1 An Equality Impact Assessment Screening Tool was completed in June 2015 and is available from the Adult Social Care Programme Office.

#### 4.9 **Council policies and the Best Council Plan**

4.9.1 The Care Act implementation programme was established to ensure compliance with the new Act but the work undertaken also supports the following City priorities with a particular impact in respect of health and wellbeing, business, and communities. The reforms seek to:

4.9.2 Give people choice and control over health and social care services through personalisation provisions;

4.9.3 Support the sustainable growth of the Leeds's economy in terms of stimulating innovation in the care sector and

4.9.4 Stimulate community empowerment and cohesion through building on the Neighbourhood Networks and encourage the development of prevention schemes.

#### 4.10 **Resources and value for money**

4.10.1 Day one monitoring. Monitoring was established to support assessment of impact and compliance from day one. In most areas where data is collected there does not appear to be a significant difference in change to trend over time since implementation.

4.10.2 One of the areas for concern was the increased demand placed on the contact centre both in increased volume of calls and in an increased call duration with the introduction of the initial contact assessment. The Day One monitoring dashboard does not show significant increases in volume of calls received. Average call duration has increased but by less than a minute and work is ongoing with contact centre staff to support the embedding of this approach.

4.10.3 There are some areas where increased activity is observed. Leeds Directory is being used considerably more than it was last year. This is good news but the Directory was showing a steady increase in numbers through the year and this may represent the continuation of an upward trend as a result of promotion with a range of professionals rather than a direct result of the Care Act. The Leeds Directory has been actively promoted as a key tool with social work staff

4.10.4 Carers Leeds have recorded a large number of calls from Carers relating to Care Act but the number of Carers Assessments have not increased from the same time last year.



#### **4.11 Legal Implications, Access to Information and Call In**

- 4.11.1 A 'legal' workstream ran throughout the lifetime of the programme to identify the legal implication and duties in relation to the Care Act 2014 on Adults Social Care, including possible impacts on demand, capacity and finances. To provide assistance to the other Care Act project and workstreams in terms of legal interpretation.

#### **4.12 Risk Management**

- 4.12.1 The affordability of implementing the financial reforms described within part two of the Care Act was identified as a risk. Whilst this has now been delayed until at least 2020, it should be noted that the introduction of the Living Wage compounds the risk to the future implementation of part 2 of the Act.

### **5 Conclusions**

- 5.1 Leeds City Council took a sound and detailed approach to the delivery of these reforms. The programme was managed effectively and has delivered a smooth transition from the previous legal framework. Leeds continues to offer an effective service through its prevention activity, its commitment to the delivery of safe services and its engagement with citizens.
- 5.2 It is notable that for significant elements of the Care Act that Leeds was already in a position to deliver the requirements, this in part is because the Care Act pulled together some existing legislation, but also a reflection that in a number of key areas, such as Advocacy, Market Facilitation, Integration and Prevention, Leeds was, and is, continuing to lead nationally.

### **6 Recommendations**

- *To note the completion of the Leeds Care Act 2014 programme which has delivered compliance to the new requirements in the Act throughout the process.*

### **7 Background documents<sup>1</sup>**

- 7.1 None

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.