

The Care Act 2014 Changes in Richmond

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Session overview

Today we will look at some of the **key processes affected by the Care Act** and what we are doing in Richmond:

- ✓ Assessment
- Eligibility
- Allocating resources
- Support plan
- ✓ Review/ Reassessment
- Advocacy





Summary of Care Act changes

Key requirements	Timing	
Wellbeing principle	From April 2015	We have implemented this first phase of the Act in April Preparation for these changes has started
Duties on prevention, information & advice		
Diversity of provision and market oversight		
Assessments (including carers' assessments)		
National minimum threshold for eligibility (including carers eligibility)		
Personal budgets and care and support plans		
Safeguarding		
Universal deferred payment schemes		
Extended means test	From April 2016	
Care accounts		
Cap on care costs		

Assessment

- Assessment is one of the most important parts of the process
- It can help people to understand their own situation and the needs they have better and is an opportunity to get information and advice and consider preventative services
- Assessment should be meaningful and look at how the person's needs impact on their wellbeing and the way they want to live their lives day-to-day

Anyone who appears to have needs for care and support has the right to an assessment regardless of their financial situation

Assessments must consider the person's wishes and preferences





- We have developed a single, holistic assessment process across all social care disciplines
- This means social workers and occupational therapists contribute to the same assessment bringing in other professionals as needed
- The assessment process will not be the same for all people, but adapted to individual needs, wishes and circumstances and always involve the person, their carers and family
- We will assess all carers who care for a Richmond resident - carers looking after people outside the borough will be directed to their local council
- We will consider advocacy for both service users and carers





Eligibility

- Single national eligibility criteria for adults with care and support needs and carers across England - Fair Access to Care no longer applies
- Threshold for adults with care and support needs is similar to previous criteria
- The national threshold
 clarifies eligibility for carers

All local authorities across England have to apply the new national minimum threshold for eligibility making the system clearer and fairer for people

Eligibility for services is decided only after a full assessment





An adult meets the eligibility criteria, if:

- ✓ Their needs are caused by physical or mental impairment or illness, and
- As a result of the adult's needs they are unable to achieve two or more specified outcomes
- ✓ As a consequence there is or is likely to be a significant impact on the person's well-being

The **specified outcomes** are:

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
- Carrying out caring responsibilities the adult has for a child



A carer meets the eligibility criteria, if:

- ✓ Their needs are caused by providing necessary care for an adult, and as a result:
- √ Their health is at risk
- ✓ Or they are unable to achieve specified outcomes
- ✓ As a consequence there is or is likely to be a significant impact on the carer's well-being

The **specified outcomes** are:

- Carrying out any caring responsibilities the carer has for a child
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including recreational facilities or services
- Engaging in recreational activities



Allocating resources

- The amount of money allocated to meet a person's eligible needs is called a personal budget
- The Personal Budget must:
 - ✓ always be sufficient to meet the person's needs
 - ✓ reflect the cost to the local authority of meeting the person's needs
- It means knowing how much money is available before planning and having clear information about what the council will pay and what the person will pay

Anyone whose needs are met by the council gets a Personal Budget giving people more choice and control over how their needs are met.

Transparency
ensures that
people are clear
how their budget
was calculated





- The allocation of resources is always based on the person's needs
- Rather than using a precise figure, we use a range to calculate an indicative personal budget
- Social care staff will adjust the figure up or down to ensure the amount is sufficient to meet the person's needs
- People can choose to top up their Personal Budget:

Example:

The council pays £650 a week for a place a care home that meets Betty's needs. Betty would prefer to have a live in care worker to support her at home at a cost of £950 a week. Betty and her family can choose to pay the difference.





Care and support planning

- The planning process should always be person-centred and person-led
- It means meeting the needs and outcomes of the person in ways that work best for them as an individual or a family
- The plan must always be:
 - ✓ Proportionate
 - ✓ Take account of fluctuating needs
 - ✓ Make sense to the person
 - ✓ Be agreed with the person, their carer or family

People should have every opportunity to be involved in the planning and lead the planning as far as they wish.

Plans should include information and advice about how to prevent or delay needs





- As before all plans will be outcomes focussed
- We will encourage people to develop their own support plan
- People can have joint support plans with carers
- Hestia will no longer routinely carry out support planning or brokerage but will continue to provide a managed account service and direct payment support as required
- The plan will set out how the person's care and support will be delivered:
 - ✓ Direct payment via a prepaid card
 - ✓ Managed account via Hestia
 - ✓ Council managed
 - √ Self funder at cost





Review/ Reassessment

- It means giving people the opportunity to reflect on what's working, what's not working and what might need to change
- The review process should be:
 - ✓ Person-centred
 - ✓ Outcomes focused
 - ✓ Accessible
 - Proportionate to the needs to be met
- People and their carers have the right to request a review where their needs or circumstances have changed

Review is an important part of the planning process. It establishes whether there has been a change in need (↑ and ♣).

Care and support plans must be kept under review





- Initial review will be done after 6 weeks for all new service users to see how things are going
- After that reviews will take place at agreed times (3, 6, 9 or 12 months) but at least annually
- The review will look at what is working and not working and if there has been any change to the level of needs
- Carers needs should also be reviewed annually and if the carer wants a separate assessment they should be offered a separate review





Independent advocacy

- The aim is to support people who have substantial difficulty in being fully involved in the processes, where there is no one appropriate available to support and represent the person's wishes
- The Care Act defines four areas, in any one of which, substantial difficulty might be found. These are:
 - ✓ Understanding relevant information
 - ✓ Retaining information
 - ✓ Using or weighing up the information (as part of being involved in the key process)
 - Communicating their views, wishes and feelings

An independent advocate can support people to understand the process and help person community their wishes and feelings.

Independent advocacy is a key requirement throughout the Act





Conclusion

- Many of the requirements under the Care Act involve a shift in how we do things, rather than changing what we do
- The importance of working in partnership with service users, carers and their families is a key theme throughout the Act
- New requirements regarding prevention, information and advice and independent advocacy are the focus of the changes







Any questions?

