



Report to Scrutiny Commission

Adult Social Care Scrutiny Commission

Date of Commission meeting: 8th March 2016

ASC Care Pathway and Care Act Implementation

Report of the Strategic Director of Adult Social Care

Useful Information:

- Ward(s) affected: All

- Report author: Ruth Lake
- Author contact details 37-5551
- Date of Exec meeting N/A

1. Summary

- 1.1 This report describes the care pathway for people who may be in need of care and support. It outlines how people are assessed and supported, in line with the Care Act 2014, introduced in April 2015.

2. Recommendation(s) to scrutiny

- 2.1 The Adult Social Care Scrutiny Commission is recommended to note the report and make any comments.

3. Report

- 3.1 The Care Act 2014 was the most significant reform of the statutory basis for the provision of adult social care (ASC) since the Community Care Act 1990. The previous legal landscape was piecemeal and relied heavily upon historic Acts, case law and guidance. It was also the case that there was significant national variation in the thresholds that Councils applied for the provision of statutory support to individuals, leading to a 'postcode lottery' and a lack of equity. The Care Act has therefore consolidated the law into a single act, with some exceptions (Mental Health legislation remains separate) and has introduced new duties for councils, for example in relation to prevention, carers and safeguarding.
- 3.2 The Care Act also introduces the concept of the wellbeing principle; although lacking definition this requires Councils to consider the impact of an individual's needs on their wellbeing.
- 3.3 A summary of the requirements of the Care Act is attached at appendix 1. This report focuses specifically on the elements that relate to an individual's interaction with ASC rather than the commissioning / market duties.
- 3.4 To illustrate the Care Act in practice and describe an individual's journey through ASC in Leicester, this report will walk the reader through the Care Pathway.
- 3.5 Information, Advice and Guidance**
The Care Act requires Councils to ensure that all citizens, not just those eligible for statutory social care, have access to information, advice and

guidance (IAG). IAG should help people to identify their needs, identify how they might manage and reduce their needs and to find out about local services that might address their needs.

In Leicester this is achieved in a variety of ways and a new tool for people to access IAG will be available shortly (*or is now available*) with the introduction of a customer portal. IAG is available via:

- LCC website: the ASC web content and accessibility has recently been independently audited via an East Midlands project and adjustments made to improve ease of use.
- Commissioned local services which provide IAG generally or to specific groups
- Leaflets and other written material
- Single Point of Contact: our 'front door' staff offer IAG to all people approaching us for care and support as a first step.
- Customer portal: this is just launching and enables people to self-assess against the Care Act eligibility threshold, access relevant IAG based on their presenting needs and find care and support services locally. It also allows people to identify what level of financial contribution they would be required to make towards the cost of any care services that might be provided. Where people are identified as likely to be eligible **and** they accept the financial contribution that will be expected of them, they are able to submit this information to us and this initiates a further assessment of their needs by ASC staff.

We aim to support a greater number of people who approach us through the provision of IAG, so that they are enabled to remain independent using local universal or targeted services.

3.6 Advocacy

The Care Act introduced a requirement for Councils to make available advocacy, specifically for people who would have substantial difficulty in taking part in the assessment process. This includes advocacy for carers who are unable to understand or participate in their own assessment. In Leicester we commission a number of advocacy services and make these available for people who meet the Care Act definition (of not being able to understand / participate in our processes) but also more generally for people who would benefit from support in representing their views.

3.7 Contact Assessment

Assessment processes are required by the Care Act to be proportionate to need. Our starting point for many people who appear to have care and support needs is to undertake a contact assessment. This is a short assessment, completed with the individual and any family / carers, which aims to assess people against the eligibility threshold and determine what further steps might be required.

The eligibility threshold is appended to this report (appendix 2). It is a functional test, aimed at determining whether people are able to carry out everyday tasks and if they are not able to complete tasks in two or more

areas, whether that restriction has a significant impact on their wellbeing.

Contact assessments can be completed face to face or via the telephone; they are used for people leaving hospital and for people in the community that are not already in receipt of care services from ASC.

A contact assessment might result in:

- The provision of IAG
- Access to a preventative service such as equipment or assistive technology
- Access to targeted service such as reablement or enablement, for a period of intervention to reduce needs and further assess eligibility at the end of that process
- A fuller assessment of need, where people appear to have complex needs that cannot be met through the provision of the above.

Contact assessments are sufficiently detailed for the Council to provide services immediately if the presenting needs are urgent, pending further assessment.

3.8 Reablement and enablement

Councils are expected to make services available that reduce people's needs and promote their independence. We have had an established reablement offer for many years. This is a service that provides practical care and support in a therapeutic way, with the input of physiotherapy and occupational therapy. A programme of therapy is set to assist people to reach independence goals during a period of up to 6 weeks. The service is aimed at people who have physical / functional restrictions such as mobility limitations or recovery from a fall, period of hospitalisation.

The new care pathway is introducing an enablement service, which will focus on supporting people with learning disabilities and mental health issues. This service will aim to support people to be more independent in accessing community services, being involved with others, managing routines, travel training and accessing work, college or building confidence to participate in everyday activities. As a new service, outcomes will be monitored as part of an enablement performance framework.

Where people require short term support and this cannot safely be provided in their own home, intermediate care beds are available. These are now consolidated at the Kingfisher Unit and ASC will be reviewing the future approach to intermediate care, with a view to supporting more people at home, with more intensive services if required.

3.9 Supported Assessment

If, having utilised all other services described above, there is a residual level of need that appears to meet the eligibility threshold, or where people clearly

have no further reablement / enablement potential, a full assessment will be completed using a Supported Assessment Questionnaire. This links directly to the domains within the Care Act, establishes people's eligibility and provides an indicative personal budget.

The indicative personal budget is a financial sum, which is the starting point for the development of a care and support plan. The amount relates directly to the assessed needs and support available to people, as captured in their assessment questionnaire. The process is designed to allocate resources based on need, not condition, health problem or client group, so that is fair and transparent.

3.10 Support Planning

People with eligible needs are assisted, if required, to develop a support plan that describes their needs and which of these are eligible; the outcomes they wish to achieve and the nature of support that will be arranged to meet the outcomes attached to eligible needs.

Support plans aim to be creative, maximising people's use of universal services and to arrange support in a way that focuses on promoting independence rather than fostering reliance. This plan is developed within the financial envelope of the indicative personal budget unless there are exceptional circumstances; in those cases a Quality Assurance Panel currently reviews the assessment and proposed support plan and grants additional funding, where this is evidenced as being necessary to meet eligible need.

The agreed support plan confirms the final personal budget available to the individual. People can take their personal budget as a direct payment or can ask the council to manage it on their behalf, or by a combination of these options. People are required to make a contribution towards the cost of their services, based on an individual financial assessment of their ability to pay; this is set out in the Council's own Fairer Charging Policy (for non-residential services) and the national Charging for Residential Accommodation Guide (for residential / nursing care).

3.11 Direct Payments

Councils have been required by law to offer direct payments for many years. In Leicester we offer this as the primary option, as it provides the greatest control for people over their own lives. We have introduced a pre-payment card, so that people can have a simple debit card which can be uploaded monthly by the council with their personal budget allowance. There are also support services available to people who might require assistance with issues such as becoming an employer.

People who have a direct payment, or manage one on behalf of a service user, are responsible for the care and support arrangements. The Council has legal obligations regarding the payment and the oversight of how a direct payment is used, but is not responsible for making the care arrangement, for defining the quality of service purchased using a direct payment or for liabilities arising from these arrangements.

3.11 Reassessments and reviews

People receiving care and support, whether via a direct payment or through Council arranged services, are required within the Care Act to receive regular reviews. We have previously noted to the Scrutiny Commission that undertaking reviews where people's circumstances are seemingly stable has been a challenge, given other pressures.

Our new care pathway has created planned care teams, that will focus on reviews of people in receipt of care services, as well as a Supported Residents Care Team, which will focus on reviews of older people in residential care or extra care / supported living. Additionally the newly created Learning Disability teams will concentrate on support to this client group, so that their complex needs and opportunities for independent living are maximised.

Reassessment and reviews should also be proportionate and we are currently looking at how we might improve this experience for customers and to reduce bureaucracy for staff.

Reassessments and reviews are focussed on exploring whether services are meeting the outcomes described in the support plan, whether there are new opportunities to reduce reliance on statutory care and taking account of any changed circumstances. Outcomes from reassessments and reviews could include the removal of services that are no longer needed, reductions in services and changes to services where they are not achieving the required outcomes. As we are transitioning to a new eligibility threshold under the Care Act, we will be revising people's support plans and eligibility decisions in light of that new framework; this will result in changes for some people, even where their levels of need have not changed.

3.12 Carers

The Care Act introduced new rights for carers, placing them on the same footing as people with care and support needs; they are entitled to an assessment; there is a carer-specific eligibility threshold; carers should receive a personal budget to meet any eligible needs.

All Councils are adapting to this new framework. In Leicester, where we previously had a one-off payment for carers through the Carers Personal Budget scheme, we have now moved to a new process of individual support planning. We commission a range of services that should meet many carers needs, such as IAG, carers networks, Caring with Confidence training courses and opportunities for peer support.

We also provide services to the cared for person in order to reduce the caring burden, such as respite care, sitting services or domiciliary care. These services are reflected in the cared for persons support plan rather than the carers, as the individual must agree to accept them. In some situations it will not be possible to meet eligible needs in these ways and carers are provided with additional support through a personal budget. We do not currently charge carers for any services.

Our early learning from the Care Act is that more carers are being assessed and are being supported using either contracted carers services or via

services provided to the cared for person. Only a small number of carers require an additional carer's personal budget to meet their eligible needs. As this is a new area of work, we are monitoring the impact of the changes and working with staff to ensure that there is a consistent application the eligibility criteria.

3.13 Safeguarding

Safeguarding underpins all ASC activity. However the Care Act introduced a specific requirement of Councils to establish a Safeguarding Adults Board. This has previously been described to the Scrutiny Commission when the independent chair of the Local Safeguarding Adults board presented the boards Annual Report (November 2015).

ASC is currently implementing the national Making Safeguarding Personal approach which focuses on the outcomes that individuals wish to achieve from a safeguarding intervention, rather than whether or not a particular allegation was substantiated. This is important in ensuring that people are placed at the centre of the safeguarding process rather than having a 'make safe' process done to them.

- 3.14 The above describes the pathway and outcomes for people being supported by ASC. A pictorial description of the care pathway is attached at appendix 3. There is currently work underway to reorganise the staffing structure to create this new pathway, for example establish a learning disability services, and this should be fully operational by April 2016.

4. Financial, legal and other implications

4.1 Financial implications

One off funding was received in 2015/16 in the form of the Carers and Care Act Implementation Grant totalling £364k. This was to cover additional carer related costs and general Care Act implementation cost pressures.

Martin Judson, Head of Finance

4.2 Legal implications

This report outlines the care pathway for Adults and Carers in Leicester and provides a summary of the pertinent changes brought about by the Care Act 2014 and the Care and Support Statutory Guidance 2014. In order to comply with its statutory

obligations the Council has adapted and reconfigured services and will continue to promote change where necessary to ensure that the needs of vulnerable adults and their carers continue to be met within Leicester City.

Pretty Patel, Head of Law, Social Care & Safeguarding. Tel: 0116 454 1457

4.3. Climate Change implications

None to note

4.4 Equality Impact Assessment

As stated in paragraph 3.3, the report focuses on how individual service users interact with ASC: the types of services the council provides and the basis on which an individual would receive a service (the eligibility criteria for their support based upon our assessment of their individual needs).

Our Public Sector Equality Duty focuses on the process of how we develop and deliver those services: that we have sufficient knowledge and information of local need across the diverse range of people supported by the department (reflective of their different protected characteristics of age, gender/gender identity, disability, race, religion or belief, and sexual orientation) to ensure that we do not discriminate against any particular protected characteristic by not understanding or addressing their needs; that we effectively deliver our services to achieve their intended outcomes and in so doing ensure that we are promoting equality of opportunity in shared outcomes such as improved health, quality of life, personal identity and participation in community life – addressing gaps in personal outcomes that some service users may experience; that when delivering our services, we foster good relations between groups of people with different protected characteristics, ensuring an inclusive approach to and outcomes for those who receive our services and where applicable, the carers who support them.

This report provides a useful framework for capturing the range of services in place and how people access them. It offers too broad a perspective to consider more specific equalities implications other than the achievement of the broad aims of the Public Sector Equality Duty referred to above.

Irene Kszyk, Corporate Equalities Lead, ext 374147.

5. Background information and other papers: NA

6. Summary of appendices:

Appendix 1 – Summary outline of Care Act 2014 duties

Appendix 2 – Eligibility definition from Care Act guidance

Appendix 3 – Illustration of the Care Pathway

7. Is this a private report ? No