

**From:** Graham Gibbens, Cabinet Member for Adult Social Care and Public Health  
Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

**To:** Adult Social Care and Health Cabinet Committee – 11 October 2016

**Subject:** **CARE ACT – UPDATE ON THE IMPLEMENTATION**

**Classification:** Unrestricted

**Past Pathway of Paper:** None

**Future Pathway of Paper:** None

**Electoral Division:** All

**Summary:** This report provides an update on the implementation of the Care Act from April 2015. It shows that adult social care is doing what it is expected in meeting the statutory requirements. The information in this report should be seen in the broader context of the routine performance reports which are presented to this Committee.

This report should be considered as the final standalone update on the Care Act as it is now a 'business as usual' responsibility.

**Recommendation:** The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the extent to which the Council has and continues to embed the statutory requirements into practice.

## 1. Introduction

- 1.1 Since April 2015 adult social care functions have been exercised under the Care Act 2014 (together with the associated regulations and statutory guidance) as the principal legislation that sets the framework, defines and requires local authorities to commission or make arrangements to meet the needs of individuals who qualify for care and support.
- 1.2 The Care Act brought in a new national eligibility criteria for people with care and support needs. The legislation also brought in a national eligibility criteria for carers with support needs. As a result carers' entitlement under the national eligibility criteria framework is on the same statutory footing as the people they support.
- 1.3 The Care Act also brought to prominence general responsibilities of Local Authorities such as the requirements to promote individual well-being, duty to preventing needs for care and support, promoting integration of care and support with health services and promoting diversity and quality in provision

of services. Furthermore, the Care Act placed the Safeguarding Adults Board on a statutory footing.

- 1.4 The purpose of presenting this report is to provide the Adult Social Care and Health Cabinet Committee with information about the Council's general response to the implementation and to consider the extent to which it has embedded the statutory requirements into the day-to-day practice in the Social Care, Health and Wellbeing Directorate and with partners where necessary. This report should be considered alongside the Local Account report presented to the Committee today.

## **2. Financial Implications**

- 2.1 The Council meets its statutory responsibilities and other requirements for people with care and support needs and their carers out of the budget allocated to adult social care.
- 2.2 In July 2015, the Government announced the postponement of the social care funding reform until April 2020, this is commonly known as the 'Dilnot Reforms' or 'phase two'. New information about 'phase two' implementation nor the funding reform to be able to determine the financial implications for the Council, is not available at the present time.

## **3. KCC Strategic Statement Policy Framework**

- 3.1 The Council's Strategic Outcome, that is, 'older and vulnerable residents are safe and supported with choices to live independently', and the supporting outcomes which drive the work of adult social care, is consistent with the general principles and the specific duties and powers of the Care Act 2014.

## **4. Update on the implementation of the Care Act 2014**

- 4.1 As a result of the preparation work that was done before the Care Act came into effect, the Council complies with the relevant statutory requirements within the expected times including, the conduct of needs assessment, care planning, information and advice, advocacy, homecare and care home provision. With the exception of carers' assessment, there has not been a big increase in activities, partially due to the impact of local services such as enablement and the performance of the Area Referral Management service.
- 4.2 The financial impact on the Council is heavily driven by 'cost of care and support' for a reducing number of people and the 'average length of care'. However, the number of carers who were given information and advice and/or signposted to other universal services increased greatly. Also, the number of carers who were assessed for support has increased. The number of carers who were assessed for support who met the eligibility threshold increased slightly. Full details of the activity figures for April 2015 to March 2016 are in the Local Account and in order to avoid duplication of information the relevant figures have not been repeated in this report.
- 4.3 Promoting individual well-being is a major requirement of the Care Act and it is a foundational principle that is now reflected in activities such as information

and advice, assessment and care and support decisions. The Council demonstrates how it fulfils this requirement through the actions and decisions taken by practitioners and team managers. Wellbeing is an important cornerstone which is also reflected in commissioning and service development. Notable examples include the advocacy service and the Community Mental Health and Wellbeing service.

- 4.4 The central role and the emphasis placed on preventing needs for care and support is better captured in the 'Vision and Strategy' for adult social care. As it can be seen from the draft Strategy, promoting well-being is one of the pillars to the approach to care and support. Focusing on prevention means that adult social care will continue to work with individuals and community partners with resources that can contribute to building individual resilience and promoting their wellbeing.
- 4.5 Local Authorities have a duty to promote an efficient and effective market within a sustainable and diverse range of provision. Actions taken should meet people's care and support needs in a manner that improves outcomes and promotes wellbeing. This is usually referred to as the Local Authority 'market shaping' responsibilities. Two market position statements have been developed which express the Council's view of the current and future demand for care and support. The two documents known as the 'Community Market Position Statement' and the 'Kent Social Care Accommodation Strategy – Better Care Greater Choice' give providers a good understanding of the local needs and challenges associated with making changes to how care and support will be provided in the future.
- 4.6 The Safeguarding Adults Board (the Board) has directed the review of its arrangements to ensure that the management of safeguarding enquiries into suspected cases of abuse or neglect is wholly in line with the Care Act requirements. The review led to appropriate changes being made to the policy and procedures which all named partners have agreed. This is against a 13% increase in safeguarding enquires activity in 2015/16 compared to 2014/15, with the reported number of enquiries at 3,900 and 3,273 respectively. The Board will carry on and monitor the consistency of practice of safeguarding arrangements. The Board is also required to publish its strategic plan each financial year and produce an annual report for which it has to provide a copy to the Local Authority, the Police, the local Healthwatch and the Health and Wellbeing Board.
- 4.7 Integration of care and support services with health for the purpose of improving well-being of individuals through mechanisms such as joint working on prevention, pooled budgets (including Better Care Fund) and cooperation with regards to IT systems are key factors in the delivery of the outcomes set out in the Care Act. The joint working with health is strong at all levels exemplified by the joint investment in carers' support services, Live Well Kent, Integration Pioneer programme and the Kent and Medway Sustainability and Transformation Plan (STP) delivery plan being developed to achieve the objectives in the 'NHS 5 Year Forward View'. At the individual level some people are helped to access personal budget and personal health budget as the best way of meeting their assessed health and social care needs.

4.8 As reported previously, the Care Act extended Local Authority responsibilities to self-funders, in particular in respect of the assessment of care and support need of self-funders and the provision of universal information and signposting to other support services in the local community. The Council has had to revamp the information it provides to people who may have care and support needs in response to the statutory requirements. This has included directing some people to other sources for independent advice about matters concerning paying for care. The Council provides information online as well as paper versions for those that prefer to have the information in a leaflet form.

4.9 We are not completely satisfied that all the necessary 'cultural shift' that the Care Act requires of us have been fully embedded by Council staff or indeed, by staff working in partner organisations. There is therefore more to be done in this area and required work will be included in the Phase 3 assessment and design tasks that have started.

## 5. Legal Implications

5.1 There are no legal implications associated with this report.

## 6. Equality Implications

6.1 There are no equality implications associated with this report.

## 7. Conclusions

7.1 The Council prepared well before the Care Act come into force and the early work enabled the Authority to satisfy the relevant statutory requirements that it had to meet at the same time as ushering in transformation programme changes. Partially as a result of these changes there has not been the dramatic increase in activity that was predicted and in this respect the Council's picture mirrors the national position. However, there has been increased activity in two areas: carers' assessment and support and safeguarding enquiries into suspected abuse or neglect.

5.2 It is accepted that there is more to be done on the workforce front in terms of the cultural shift that the Care Act demands. We have responded by coming up with a new vision and strategy for adult social care which will be delivered through the next phase of the transformation programme. By necessity, we will go about doing this work with our provider partners, NHS colleagues and above all with people who use our care and support services and their carers.

## 6. Recommendations

**6.1 Recommendations:** The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT ON** the extent to which the Council has and continues to embed the statutory requirements into practice.

**7. Background document**

Care Act 2014. <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

Care and support statutory guidance, June 2014.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/315993/Care-Act-Guidance.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf)

The Care Act 2014: how do you know your council is successfully embedding the Care Act?

[http://www.local.gov.uk/documents/10180/5854661/L14-532+Must+Knows+The+care+act\\_02.pdf/7949466d-36d0-4c8a-b64a-a3cce022568d](http://www.local.gov.uk/documents/10180/5854661/L14-532+Must+Knows+The+care+act_02.pdf/7949466d-36d0-4c8a-b64a-a3cce022568d)

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