

Tower Hamlets Adult Social Care Pan Providers Forum

The Care Act 2014

3rd November 2014

Welcome and Introduction

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Service Head
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What you told us, July 2014...

The general suggestions..

- **Need to understand long term council plans**
- **A joined up approach**
- **In need of a culture shift, change attitudes and aspirations across the Council**
- **Invest early on in budgets to save money in the long run**
- **Provider incentives for solutions**
- **Systematic communication and involvement (providers, service users, carers)**
- **Transparent around thresholds, criteria and timescales, currently all inconsistent**
- **Clarify expectations around provider-managed personal budgets**
- **Brokerage to broaden its horizons...**
- **Treat all as individuals**

The specific suggestions..

- **Clearer information on the client, family members and other providers**
- **Clarity on providers' role in advice / paid for help via a personal budget**
- **Clarify expectations around provider-managed personal budgets**
- **Remove cap on carers payment**
- **Increase take-up of cash personal budgets**
- **Less paperwork, more detail (referral terms, assessment with agreed terminology, RA processes in early)**
- **Brokerage to broaden its horizons**
- **Provider involvement in assessments**
- **Outcome-based commissioning**
- **Training for Pas of people with complex needs**

The good...

- **Direct payments provide flexibility and a means to independence to service users**
- **Preventative activities is improving health outcomes**
- **Carers one-off payments**
- **Cash budgets are a good idea**
- **Flexible and innovative, future caps may limit choices**

The not so good...

- **One-off payments to carers not flexible enough**
- **commissioning with no room for flexibility, creativity limited to meeting FACS-criteria**
- **Approach is limited at times, not clear how providers fit in**
- **Some services not configured to be accessible by personal budgets**
- **Difficult to translate national policy into practice**
- **Assessment tools are awful, not flexible at all**
- **Quite confusing messages from people at LBTH**
- **Monitoring cash budget care packages can make providing difficult/unprofitable**
- **Conflict around PB amounts based on customer wants/needs and available funds**

The Care Act 2014

Pan-Provider Forum

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Karen Sugars

Care and Health Reform Programme Manager

Purpose of the Care Act 2014

- Consolidate over 40 separate pieces of legislation
- Provide support based on a person's overall wellbeing and independence
- Putting people's needs, goals and aspirations at the centre of care and support
- Supporting people to make their own decisions and realise their potential

Components of the Act

The Act has four parts:

Part 1:

- A new legal framework for the provision of adult social care and support in England

Part 2:

- Reform of quality and safety regulation for healthcare providers

Part 3:

- Establishment of Health Education England (HEE) and the Health Research Authority (HRA) as non-departmental public bodies

HEE: Lead body for education and training of health care professionals

HRA: Regulation of Health and Social Care Research

Part 4:

- Technical matters including the areas where the Act applies

Table 1: Key requirements and timescales

Key Requirements	Timescale
Duties on prevention and wellbeing	From April 2015
Duties on information and advice (including advice on paying for care)	
Duty on market shaping	
National minimum threshold for eligibility	
Assessments (including carers assessments)	
Personal budgets and care and support plans	
New charging framework	
Safeguarding	
Universal deferred payment agreements	
Extended means test	
Capped charging system	
Care Accounts	

The Care Act

- **Promotion of individual wellbeing**
(e.g. Making it Real 'I' statements, use of reablement approaches)
- **Market shaping and commissioning**
(e.g. incentivisation of providers to deliver outcomes, stimulation of 3rd sector, use of ISFs, fostering the workforce that underpins the market)
- **Market oversight and provider failure**
(e.g. early signs, responses and collaboration amongst providers to respond when a provider fails)

The Care Act (continued)

- **Carers rights to support**
(e.g. commissioning support to help them continue to care, may need new types of support)
- **Support for self-funders, Care Accounts and the Care Cost Cap** (e.g. hotel and care costs, use of E-market place)
- **Care Act Advocacy**
(e.g. current guidance is very generous, may need a lot more than we have, with different knowledge base)

The Care Act (continued)

- **Extension of personal budgets into residential care**
(e.g. to fund daily activities, not the placement, use of PBs for respite though)
- **Compliance with the Human Rights Act**
- **'Ofsted' style ratings for hospitals and care homes**
- **Duty of candour for hospitals and care providers and a new criminal offence for care providers to give misleading information about their performance**

Workshop

Question 1

How prepared are you to provide outcome-focused support for service users?

Question 2

How could your organisation help with promoting prevention for people and carers?

By prevention, we mean providing services, facilities and resources that stop people from developing needs for care and support, slow down the escalation of those needs or minimise the effect of those needs.

Question 3

What can the Council do to help your organisation's staff to prepare for (1) and (2)? What kind of staff development may be required?

What next for you & us

Way forward and closing remarks