

**Cabinet**  
**5 February 2015****5. IMPLEMENTATION OF THE CARE ACT 2014****Relevant Cabinet Member**

Mrs S L Blagg

**Relevant Officer**

Director of Adult Services and Health

**Recommendation**

- 1. The Cabinet Member with Responsibility for Adult Social Care recommends that Cabinet:**
  - (a) notes the new duties required under the Care Act and accompanying Regulations and Statutory Guidance, and the state of readiness for implementation as set out in paragraphs 46 to 50;**
  - (b) notes the requirement under the Care Act in respect of prevention as set out in paragraphs 5 to 8 and 51 to 54, and authorises the Director of Adult Services and Health to consolidate existing policies and practice into an appropriate single policy and action plan by 31 March 2015;**
  - (c) confirms that the Council will apply the new national criteria and threshold to determine adults' eligibility for local authority funded care and support (including carers), as set out in paragraphs 17 to 18 and 55 to 58, and authorises the Director of Adult Services and Health to finalise and update the relevant policies and procedures accordingly;**
  - (d) confirms that the Council will continue to charge for care and support for service users in line with its powers under the Care Act and existing policy, as set out in paragraphs 21 to 26 and 59 to 64, and authorises the Director of Adult Services and Health to finalise and update the relevant policies and procedures accordingly;**
  - (e) confirms that the Council will apply the approach to charging carers as set out in paragraph 64 and will not charge for support to carers where this involves services that they receive directly,**

and authorises the Director of Adult Services and Health to reflect this position in the relevant policies and procedures;

- (f) notes the requirement to update the Council's Deferred Payments Agreement scheme in line with the Care Act, as set out in paragraphs 27 to 30 and 65 to 67, and authorises the Director of Adult Services and Health to update the relevant policies and procedures accordingly in accordance with those paragraphs;
- (g) notes the requirements of the Care Act in respect of advocacy, as set out in paragraphs 68 to 72 and authorises the Director of Adult Services and Health to proceed to implement these through revision of the existing contract and re-commissioning of new services; and
- (h) authorises the Director of Adult Services and Health to take all appropriate steps to implement the provisions of the Care Act.

## Introduction

2. The Care Act received Royal Assent in May 2014. Regulations and statutory guidance were published on 23 October 2014. The Care Act fundamentally reforms Adult Social Care: it repeals all current legislation dating back to 1948, and sets out a series of new duties and powers for local authorities. These fall into two categories: 'reform of duties in respect of adult social care and support', which comes into force from April 2015; and 'reform of adult social care funding', which is about changes to the eligibility for social care funding and reforming the way in which people pay for care, which come into force from April 2016.

3. The Care Act is to be implemented in the context of substantial existing local change to adult services, with the Council aiming to keep people healthy and independent for as long as possible and reduce the need for adult social care; give service users greater choice over the services they use and greater control over their lives; make sure that services are safe and effective; and achieve substantial savings as the integration work with the NHS progresses and services are aligned by use of the Better Care Fund. Reforms under the Care Act will be managed alongside these other changes under the Future Lives programme.

## Reform of duties in respect of adult social care and support

4. The main new duties are:

### Prevention and Well-being

5. The Care Act gives local authorities duties to promote

well-being and independence and to prevent or delay the development of need for care and support. This applies to all adults i.e. those without current needs for care and support, those with needs (whether eligible for local authority support or not), and to carers (including those about to take on a caring role, those without current needs for support and those with needs for support).

6. Local authorities must promote well-being when preventing or delaying the development of need, and when making decisions about meeting individuals' needs for care and support. This duty applies to adults and to carers. It also applies to children, their carers and young carers when they are going through the process of transition from Children's Services. The Care Act places a number of general duties on local authorities and in the context of promoting well-being Section 2 of the Act describes this as relating to any of the following:

- (a) Personal dignity
- (b) Physical and mental health and emotional well-being
- (c) Protection from abuse and neglect
- (d) Control by the individual over day to day life (including over care and support, or support, provided to the individual and the way in which it is provided)
- (e) Participation in work, education, training or recreation
- (f) Social and economic well-being
- (g) Domestic, family and personal relationships
- (h) Suitability of living accommodation
- (i) The individual's contribution to society.

7. The Care Act categorises prevention into three general approaches:

- Primary prevention/promotion of wellbeing for those with no current care and support needs
- Secondary prevention/early intervention aimed at those with increased risk of developing needs where services may help slow down or reduce further deterioration, and
- Tertiary interventions aimed at minimising the effect of disability or deterioration for people with complex needs.

8. The Council already has duties for prevention arising from the Health and Social Care Act 2012 and the Crime and Disorder Act, and there are a range of strategies, policies and services in place, including the Joint Health and Well-being and associated Strategies and Plans, with progress monitored by the Health and Well-being Board and its sub-groups.

## **Information and Advice**

9. The Care Act gives local authorities a duty to take an active role in providing information and advice stating that they must "*establish and maintain a service for people in its area with information and advice relating to care and support for adults and support for carers*". The accompanying guidance recognises the importance of information and advice in promoting people's well-being by enabling them to exercise choice and control and contributing to preventing or delaying the need for care and support. There is a new duty on local authorities to have regard to identifying people that contact it who may benefit from financial information and advice independent of the local authority and to facilitate access to this – including signposting access to regulated financial advice to anyone considering a deferred payment but falls short of the local authority making direct referrals.

10. The Council is in the process of developing a new website, 'Your Life, Your Choice' that will include comprehensive information for people about how to stay healthy and independent, as well as details about where they can find independent financial advice on matters relevant to meeting of needs for care and support.

## **Market Shaping**

11. The Care Act gives new duties to local authorities to facilitate and shape the market for care and support for the benefit of local people and communities. The accompanying guidance outlines the ambition for local authorities to create a sustainable and diverse range of providers, continuously improving quality and choice. There are also new duties for local authorities to intervene if a provider of care and support is unable to continue because of business failure.

12. Worcestershire has 6,200 Council funded service users and there are a larger number of self-funders. There are hundreds of providers in the local care market. The Council already works closely with current and prospective providers to develop a mutual understanding of the type and volume of services that users are likely to need, and is in the process of developing a Market Position Statement that will set this out. We are also working with providers to help them understand the implications of greater personalisation under which Council funded service users will be in charge of their own budgets. The objective is to have an increased number of providers for people to choose from.

## **Needs Assessment and Carer's Assessment**

13. The Care Act gives local authorities a duty to undertake a Needs Assessment for any adult with an appearance of need for care and support, regardless of whether or not they have eligible needs or their financial situation to pay for care and support. The Needs Assessment will determine whether people's needs and financial circumstances are such that they are eligible for local authority funded care and support.

14. This duty extends to those who are detained or residing in a custodial setting as they are to be treated as ordinarily resident in the area in which the custodial setting is located. Note that Worcestershire has two prisons, Hewell and Long Lartin. There is ongoing work to identify the demand for social care services and the potential consequences for the Council as a result of this new duty.

15. The Care Act gives local authorities a new duty to carry out a Carer's Assessment where an individual provides or intends to provide care for another adult and it appears that the carer may have any level of need for support. The Act enables local authorities to combine an assessment of the adult in need of care and support and the carer. This supports the principle of whole family approach to assessment so that it is possible to identify how the adult's need for care and support impacts on other family members. However, should any individual object to a combined assessment, separate assessments will be necessary.

16. The Council already undertakes personal assessments through its community social work teams. We typically carry out around 5,900 assessments for people and 3,600 assessments for carers annually. 65% approximately meet the eligibility criteria based on the outcome of assessments for Local Authority funded care and support.

### **New national eligibility criteria for local authority funded care and support**

17. The Care Act introduces new national eligibility criteria and a minimum threshold to ensure that there is transparency and clarity about who is eligible for local authority funded care and support and that there is consistency in decision-making. These are set out in the Care and Support (Eligibility Criteria) Regulations 2014, and are based on how a person's needs affect their ability to achieve relevant outcomes and how this impacts on their well-being. The Regulations also set out new national

criteria for carers to determine eligibility for local authority funded support, which are based on the impact that a carer's needs have on their well-being.

18. The Council currently works to criteria to determine eligibility for funded care and support. Local authorities are able to set their own threshold for the level of needs they are prepared to meet: 'Critical', 'Substantial', 'Moderate' or 'Low'. Worcestershire County Council continues to meet needs assessed as 'Substantial' and 'Critical', in common with the vast majority of local authorities.

### **Personal Budgets and Care and Support Plans**

19. The Care Act introduces the concept of personal budgets into primary legislation for the first time – both for people in need of care and support and for carers. In future everyone whose needs are met by a local authority must receive a personal budget as part of their care and support plan (or in the case of a carer a support plan). The individual (or their representative) must be informed of the personal budget, which will be used as the basis for support planning to enable the person to exercise choice and control in how it will be used to meet their needs. People could then take their personal budget as a direct payment. The accompanying Guidance details the way in which people must be involved in their own support planning, steps to be taken where a person lacks capacity to do so and the responsibilities of the local authority for sign off and assurance.

20. The Council already allocates resources by way of a personal budget. 91% of service users have a personal budget and 28% take this as a direct payment. With greater personalisation we are looking to increase the numbers of people in control of their own budgets by taking a Direct Payment.

### **New Charging Framework**

21. The Care Act gives local authorities the power to charge for services for care and support and replaces existing provisions.

22. The overarching principle is that people should only be required to pay what they can afford. People will be entitled to funding from their local authority based on a means-test and some will be entitled to free care. The accompanying guidance includes the principles to be adopted by local authorities when deciding when to charge, the requirements for appropriate information and advice and the financial assessment process.

23. Current legislation places a duty on local authorities to charge for Residential accommodation by virtue of Section 22 of the National Assistance Act 1948. Anyone with assessed eligible need for residential accommodation has a financial assessment to calculate how much they are able to contribute towards the cost of their care in accordance with their means.

24. The mechanism for assessing the charge people are able to pay was set out in the National Assistance (Assessment of Resources) Regulations 1992 and statutory Guidance subsequently issued by the Department of Health (DoH) namely the "Charging for Residential Accommodation Guide" (CRAG) which is used to assess a resident's capital and income and what contribution they should make toward the cost of their accommodation.

25. Charging for non-residential services under current legislation is discretionary. There is no statutorily defined procedure for assessing non-residential charges. The power to charge is derived from Section 17 of the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSAA), which gives local authorities the power to recover any charges for a service that they considered reasonable. Charging under Section 17 HASSASSAA is subject to means-testing, having regard to statutory guidance. Where a person is able to satisfy the local authority that their means were insufficient, local authorities should not require them to pay more than a reasonable amount.

26. The Council currently follows the CRAG guidance when assessing charges for residential and nursing care, and a local 'Fairer Charging' policy for non-residential services. The Council collected income of around £13m in 2013/14 for residential and nursing care, and £5.3m for non-residential services. People only pay that which they have been assessed as able to afford.

### **National Deferred Payment Agreement**

27. The Care Act introduces a national Deferred Payment Agreement scheme across England (replacing local schemes) and local authorities are required to offer a deferred payment to people who meet specified criteria.

28. Deferred Payment Agreements offer flexibility for when and how someone pays for their care and support such that the costs can be deferred until death. It is designed to avoid people being forced to sell their home during their lifetime, however many people choose to enter into an Agreement

to give them the time and flexibility to sell their home when they choose.

29. Where an Agreement is taken out, a legal charge is placed on the individual's property to secure the debt. When the local authority is reimbursed for the accrued fees, the legal charge is lifted. The accompanying guidance sets out the details including the circumstances in which a Deferred Payment Agreement can be considered or refused and how adequate security must be put in place.

30. Under current legislation, local authorities have the power to offer Deferred Payment Agreements. The Council has offered a Deferred Payment Agreement scheme for a number of years, and policies and procedures are currently in place.

### **Safeguarding**

31. Local authorities have new safeguarding duties in respect of adults who:

- Have needs for care and support (whether or not the local authority is meeting those needs)
- Are experiencing, or at risk of abuse or neglect, and
- As a result of their care and support needs is unable to protect themselves from abuse or neglect.

32. The Act gives local authorities new duties to make enquiries or cause another agency to do so whenever abuse or neglect is suspected and for determining what further action is necessary.

33. The Act requires each local authority to establish a Safeguarding Adults Board (SAB) which will have a strategic role across the authority to oversee and lead adult safeguarding. The Act gives the SAB three core duties:

- To publish an annual strategic plan
- To publish an annual report
- To conduct a Safeguarding Adults Review under Section 44 of the Act (where an adult has died as a result of abuse or neglect - known or suspected – or it is suspected that they have experienced abuse or neglect and there is concern that partner agencies could have worked more effectively to protect them).

34. The Council has existing safeguarding duties. We typically carry out around 1,400 adult protection investigations annually. The Worcestershire Safeguarding Adults Board is in the process of reviewing its constitution and developing a Strategy in order to meet the requirements of the Care Act.



## **"Reform of adult social care funding"**

35. The "reform of adult social care funding" (which is about changes to the eligibility for social care funding and reforming the way in which people pay for care) is effective from April 2016. Regulations and guidance are expected to be launched for consultation in Spring 2015.

36. The main changes are:

### **Raising the capital threshold for care and support**

37. The overarching principle is that people should only be required to pay what they can afford. People will be entitled to financial support based on a means-test and some will be entitled to free care. The accompanying guidance includes the principles to be adopted by local authorities when deciding when to charge, the requirements for appropriate information and advice and the financial assessment process.

38. For people with assessed eligible needs, the amount of funding they are entitled to from their local authority is means tested. Most people pay something towards the cost of their care and support and many people pay the full costs. Under current legislation, those with assets over £14,250 can be required to make a contribution towards the costs of their care and support, and those with assets over £23,250 can be required to meet the full costs. Under the Care Act, from April 2016, these figures will rise, with the upper capital threshold limit expected to be set at the £118,000 for people in residential and nursing care. This means that more people will be entitled to a greater proportion of their funding from their local authority.

### **The new cap on care costs**

39. From 1 April 2016 there will be a limit on the cumulative total that people pay for their care and support. This limit is called the care cap. Once the cap is reached, the local authority will then pay for an individual's care and support.

40. The care cap amount has not yet been finalised by the Government. However, there are likely to be different caps:

- for young adults that need care and support from their 18<sup>th</sup> birthday
- for working age adults, and
- and for adults aged 65 years and over - the Government has suggested the cap for this group should be set at £72,000.

### **Independent Personal Budgets and Care Accounts**

41. For those people making a contribution to the costs of

their own care and support but yet to reach the cap, the Care Act introduces Independent Personal Budgets and maintenance of Care Accounts.

42. The Independent Personal Budget is an amount of money that has been identified, relating to an individual following a social care assessment of need. This budget will determine the reasonable costs that can be counted towards the care cap and then count the cumulative costs of care and support to monitor progress and determine when the cap has been reached. We will keep track on how people progress towards the care cap through individual "care accounts".

43. Reasonable costs will be determined following a social care assessment, and are the minimum that the local authority would have to pay if it were meeting the full costs of someone's care and support i.e. if an individual has chosen to spend extra then this will not count towards the cap. For those in nursing or residential care it includes only the costs of care and support and does not include "general living costs" (i.e. the amount that someone would have to pay for accommodation, utilities and food if they were living in their own home.) This is expected to be set at around £12,000 per year.

44. It is anticipated that these changes will result in the numbers of people coming forward for an assessment of eligible need increasing in 2015/16 as people will wish to ensure that their Care Account is set up.

#### **New rules on appealing decisions**

45. Section 72 of the Act makes provision for Regulations to set out a process for appeal against decisions made by a local authority when exercising its duties under the Act. The Department of Health consultation on draft regulations will commence in early 2015.

#### **Assurance on state of readiness for implementation**

46. Of the new duties in the Care Act:

- Some are new in law and practice;
- Some are new in law but not new in policy; and
- Some modernise existing law (see attached Appendix).

47. Where work is required to implement new duties this will be led through the Future Lives programme. The Directorate of Adult Services and Health has completed two national stocktakes to assess the Council's progress with implementation of the Care Act. The stocktakes have been thorough and have demonstrated that progress is in line with how other local authorities are implementing the new

responsibilities.

48. The Directorate of Adult Services and Health has subsequently reviewed every clause in the Care Act and every requirement set out in the accompanying regulations and guidance to determine whether:

- Any actions are required to implement new duties – for example revision to policies, procedures and/or training for staff;
- If so whether the actions are underway or planned; and
- What additional actions are required

49. Where actions are underway or planned, or additional actions are required, these will be completed by 1 April 2015. Further assurance on progress will be sought through the Future Lives Programme Board with updates to the Cabinet Member with Responsibility for Adult Social Care. Briefings for all Councillors have been arranged.

50. The review of clauses in the Care Act has also identified what decisions need to be made in order to introduce new or amend existing Council policy and/or to change practice and these are set out below.

## **Prevention policy**

51. The Act introduces new duties for prevention and outlines three approaches as outlined in paragraph 7. Officers are confident that existing prevention strategies, policies and activities already meet the requirements of the Care Act 2014 and therefore implementation will focus on making sure that these are properly understood.

52. The recommendation therefore is that existing policies and practice are consolidated into a single policy and action plan, in readiness for April 2015 describing the approach of the Council and its partners, in line with the principles set in the Joint Health and Well-being Strategy:

- Partnership
- Empowerment
- Local action
- Rigour
- Involvement
- Transparency.

53. Prevention will include enabling people to help themselves and their families by using information and advice, self-help and self-care, and opportunities in local communities. All of this will be available on-line and the Digital Inclusion Strategy will ensure that it is available to everyone.

54. Prevention will also include working with communities,

## **Eligibility for care and support**

partners and the voluntary sector to expand the range of local support. In addition it will include commissioning of a range of universal and targeted prevention services designed to improve health and independence and support those people with increased risk of developing needs in order to slow down or reduce further deterioration.

55. The Care and Support (Eligibility) Regulations 2014 have been subject to consultation and amendment. The consultation raised concerns from many local authorities that the draft minimum threshold would expand eligibility for local authority funded care and support and increase costs. The Regulations were therefore revised and the response to consultation sets out the way in which they have been amended to avoid this. The intention of the Government is that threshold for eligibility for local authority funded care and support continues to meet needs similar to 'Substantial' and 'Critical' levels.

56. The recommendation is that the Council applies the new national criteria and threshold to determine adults' eligibility for local authority funded care and support and does not exercise its power to meet lower level needs. The expectation is that this will neither significantly increase nor decrease the numbers of people eligible for Council-funded care and this will be closely monitored. New referrals will be assessed against the Care Act criteria to determine whether they have eligible needs. Existing service users will be reviewed against the Care Act criteria at their next review to determine whether they remain eligible and to check that they have appropriate personal budgets – although this is not anticipated to change significantly in the majority of cases.

57. The current legislation under which support for carers of adults is provided will be repealed. From 1 April 2015 local authorities will work to the national eligibility criteria for carers of adults in need of care and support as set out in the Care and Support (Eligibility) Regulations 2014.

58. The recommendation is that the Council applies the new national criteria to determine carers' eligibility for local authority funded care and support and does not exercise its power to meet lower level needs. The expectation is that this will increase the numbers of carers eligible for Council-funded care and support, and this will be closely monitored to ensure that demand can be met within resources.

## **Charging for care and support**

59. Under the Care Act, local authorities will not have a duty to charge for residential and nursing care, but will have the power to charge for residential, nursing and non-residential services.

60. The accompanying guidance includes the principles to be adopted by local authorities when deciding when to charge:

- After charging, a person must be left with the minimum income guarantee, equivalent to income support plus a buffer of 25%. In addition, the charging should ensure that service users keep enough money to cover the cost of meeting disability related costs
- Local authorities should consider whether it is appropriate to set a maximum percentage of disposable income (over and above the guaranteed minimum income) that may be taken into account in charges, and whether a maximum charge is appropriate.

61. A legal assessment has been made of the Council's Fairer Charging policy in relation to the guidance. The conclusion is that these charging principles are implicit and that the current policy is broadly Care Act compliant and could be extended to include residential and nursing care.

62. The recommendation is that the Council continues to charge for care and support for service users, in line with its powers under the Care Act and existing policy. This will require an updating of all relevant policies and procedures to reflect the new legislation. It is not expected that charges for individuals will change as a result of the Care Act. The Council will continue to financially assess individuals to ensure that they only pay that which they have been assessed as able to afford.

63. The Care Act also gives local authorities the power to charge for services to carers. The accompanying guidance states that when deciding whether to charge, and in determining what an appropriate charge is, "*a local authority should consider how it wishes to express the way it values carers within its local community as partners in care, and recognise the significant contribution carers make*".

64. The recommendation is that the Council does **not** charge for support to carers where this involves services that they receive directly, following a Carer's assessment. For example, should Carers receive a direct payment to support them in their caring role, this would not be subject to charging. This reflects the value that the Council places on the contribution of local carers. The Council will continue to charge for respite care provided to service users, as with the current policy.

## Deferred Payments

65. An assessment has been made of the Council's current scheme in relation to the new national Deferred Payment Agreement scheme. The conclusion is that the current scheme is broadly Care Act compliant but needs revision.

66. The recommendation is therefore that the current scheme be updated. The most significant change will be to the Agreement and its procedure, and the timing of initiation of interest charges. The Care Act gives local authorities the power to charge interest against any amount deferred, including administration charges, and to start charging interest from day one of the Deferred Payment Agreement. This compares to the current scheme in which interest is only charged against the costs of care and starts 57 days after death. This will only apply to new applicants.

67. The maximum interest rate that local authorities are able to charge will be set by the Government and is based on the cost of Government borrowing. The accompanying guidance sets out the maximum interest rate chargeable, which is derived from the 15-year average gilt yield, as set out by the Office for Budget Responsibility (OBR) twice a year in their Economic and Fiscal Outlook report. On the basis of the current gilt rate (2.5%), the interest rate applicable from the scheme's inception on 1 April 2015 to 30 June 2015 will be 2.65%. It is recommended that the Council charges interest from day 1 of the Deferred Payment Agreement, at the interest rate set by Government.

## Advocacy

68. The Council currently has a contract for advocacy services for around 610 people and 16,000 hours amount of activity. The contract is due to end on 31 March 2015.

69. The Care Act describes the role of independent advocates to facilitate the involvement of a person in their assessment, the preparation of their care and support plan, and their review, as well as in safeguarding enquiries and Safeguarding Adult Reviews.

70. Under the Care Act local authorities must arrange an independent advocate if two conditions are met:

- That if an advocate were not provided the person would have substantial difficulty in being fully involved in these processes, and
- There is no appropriate individual available to support and represent the person's wishes who is not paid or professionally engaged in providing care and support to the person or their carer.

71. The Council will need to commission a new

## Financial implications

independent advocacy service from 1 April 2015 to meet the requirements of the Care Act.

72. This is a new statutory duty which will potentially increase demand. The recommendation is that the existing contract is reviewed, revised and refined to prioritise people eligible for advocacy under the Care Act, and that new services are commissioned.

73. The Council has received a grant of £125,000 in 2014/15 to assist with the Care Act implementation. However, additional costs will be incurred in 2015/16. The current estimate of the additional costs associated with the Care Act in 2015/16 is £5.3m. Additional funding has been confirmed from Government: £3.4m funding by way of a grant, and £1.3m included within the Better Care Fund. This excludes additional costs as a result of the new responsibilities for people in prison, which are to be estimated following analysis of information from the Ministry of Justice, and for which additional funding of £0.3m has been allocated by Government. Additional costs arising from the Care Act will be monitored carefully to ascertain the net cost pressure on the Council.

74. The current estimates of the additional costs in subsequent years (excluding prisons) are £11.1m in 2016/17, rising to £12.9m in 2018/19. These estimates are subject to uncertainty as the additional demand arising from the Care Act is difficult to predict, and will therefore be refined during 2015/16. The additional costs arise principally from increased demand for:

- advice and support
- assessments for people who currently fund their own care
- carers assessments
- financial assessments
- care due to changes in thresholds
- deferred payments
- new responsibility for people in prison.

75. The Government has not confirmed any additional funding to support implementation of the Care Act beyond 2015/16. This therefore leaves a potential shortfall and a cost pressure for the Council of £12.9m by 2018/19. The Council will continue to press government to fully fund the Care Act under the 'new burdens' agreement.

## HR implications

76. Current primary legislation and statutory guidance relating to adult social care in England will be repealed, cancelled or revoked as a result of the Care Act. All staff in the Directorate of Adult Services and Health and staff seconded to Worcestershire Health and Care Trust are

## **Equality and Diversity**

being prepared for the implementation of the new legislation by ensuring that they understand the principles and intentions of the reform and are able to navigate the new legislation and guidance.

77. Key aspects of social work practice with adults will change on 1 April 2015 in order to meet the new statutory requirements. Social workers and social work managers will be required to complete a two day face to face programme supplemented by E-learning material. This programme draws on the material commissioned by the Department of Health and the Association of Directors of Adult Social Services. It will also include additional locally developed material which will reflect and support new customer pathways and other changes which have been presented to staff in a series of workshops and have been subject to consultation. Further one day sessions on specialist topics are being planned.

78. The Council is mindful of its duties under the Public Sector Equality Duty, which members will recall have been set out in previous reports. Clearly the changes introduced by the Care Act may have a potential impact upon those with protected characteristics, and the Department of Health has produced an Impact Assessment of the implementation of Part 1 of the Act in 2015/16 (accessible through the background papers) incorporating a detailed equality analysis at its Annex A, which considers the impact on equalities and those with protected characteristics arising from the law reform as a whole. The Department of Health has confirmed that it will continue to review and update this equality analysis in order to identify and mitigate any adverse impacts in relation to the implementation of the new legal framework.

79. The Council is of course required to comply with the new legislation and does not intend to duplicate this DoH analysis but will be informed by it and undertake additional Equality Impact Screening Exercises or full Assessments as necessary to establish the impact on people with protected characteristics of the implementation of:

- Updated charging policies
- Updated Deferred Payments Agreement scheme in line with the Care Act
- Commissioned advocacy services.

## **Communications and Engagement**

80. There will be a national public campaign starting in February 2015 to raise awareness about the changes in the Care Act. The Council is developing a local communication campaign to ensure that residents understand their eligibility. This will be in context of the Future Lives programme so that people can understand how the Council



intends to meet their entitlements.

81. Councillor briefings have been organised, the first in July 2014 pre the closure of consultation and the second on 26 January 2015. Further briefings will be scheduled once consultation opens on the 2016 reforms.

82. Communication briefings with health partners have taken place to explain the new duties on local authorities and raise awareness of any impact on health services. The Council has also held Care Act briefings for other partners and external providers.

83. The Council is continuing to provide Care Act briefings and training for staff. As at the end of November, 500 employees had received Care Act briefings and there were a further 28 sessions planned running until the end of March. The Learning and Development team have tendered for Care Act training and up to 3 days training is available for Social Workers, scheduled to be run from January to March.

- Appendix – Care Act Summary and Prioritisation Table

## **Supporting Information**

### **Contact Points**

#### **County Council Contact Points**

Worcester (01905) 763763, Kidderminster (01562) 822511 or Minicom: Worcester (01905) 766399

#### **Specific Contact Points for this report**

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## **Background Papers**

In the opinion of the proper officer (in this case the Director of Adult Services and Health) the following are the background papers relating to the subject matter of this report:

The Care Act 2014

National Impact Assessment