

CABINET MEMBER FOR ADULT SOCIAL CARE

**Venue: Town Hall,
Moorgate Street,
Rotherham. S60 2TH**

Date: Monday, 16th June, 2014

Time: 10.00 a.m.

A G E N D A

1. To determine if the matters are to be considered under the categories suggested in accordance with Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence.
4. Declarations of Interest
5. Minutes of previous meeting (Pages 1 - 4)
6. Health and Wellbeing Board (Pages 5 - 13)
7. Adult Services Revenue Outturn 2013-14 (Pages 14 - 20)
8. The Future of Carers' Support Services (Pages 21 - 27)
9. Scrutiny Review - Support for Carers (Pages 28 - 35)
10. Deprivation of Liberty Safeguards (DoLS) Supreme Court Judgement (Pages 36 - 52)
11. Care Act 2014 (Pages 53 - 73)
12. Exclusion of the Press and Public
Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraphs 3 and 4 of Part I of Schedule 12A to the

Local Government Act 1972 (information relating to the financial or business affairs of any particular person (including the Council)/information relating to any consultations or negotiations).

13. Commissioning of Joint Community Occupational Therapy Service post March, 2014 (Pages 74 - 81)

**CABINET MEMBER FOR ADULT SOCIAL CARE
28th April, 2014**

Present:- Councillor Doyle (in the Chair); Councillors Gosling and P. A. Russell.

H87. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

H88. MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the meeting held on 17th March, 2014.

Resolved:- That the minutes of the meeting held on 17th March, 2014, be approved as a correct record.

H89. HEALTH AND WELLBEING BOARD

The minutes of the meeting of the Health and Wellbeing Board held on 11th and 19th February and 26th March, 2014, were noted.

Further to Minute No. S87 (Better Care Fund) of the meeting held on 26th March, 2014, it was noted that feedback from the local Peer Review had found the Plan to be “amber” in every respect i.e. on track to deliver. It would be the subject of a self-assessment in September, 2014.

H90. ADULT SERVICES REVENUE BUDGET MONITORING

Consideration was given to a report presented by Mark Scarrott, Finance Manager (Neighbourhoods and Adult Services), which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March, 2014, based on actual income and expenditure to the end of February, 2014.

It was reported that the forecast for the financial year 2013/14 was an underspend of £24k against an approved net revenue budget of £73.408M, a further reduction in the overspend of £562k since the last report. The report included the recently approved funding for winter pressures, funding towards achieving Public Health Outcomes together with additional Health funding to support patients being discharged from hospital. The main budget pressures related to the delayed implementation of a number of budget savings targets including Continuing Health Care funding and implementing the review of In-house Residential Care and under-achievement against Continuing Health Care funding.

Management actions together with additional Health funding had resulted in reducing the forecast overspend in line with the approved cash limited budget.

The latest year end forecast showed there remained a number of underlying budget pressures. The main variations against approved budget for each Service area were as follows:-

Adults General

- This area included the cross cutting budgets of Workforce planning and training and corporate charges and was forecasting an overall underspend based on estimated charges including savings on training budgets and additional funding for HIV

Older People

- A forecast overspend on In-House Residential Care due to delays on implementation of budget savings target and recurrent budget pressure on Residential Care income
- Recurrent budget pressures in Direct Payments, however, client numbers had reduced since April together with a reduction in the average cost of packages
- Underspend on In House Transport
- Forecast underspend on Enabling Care and Sitting Service, Community Mental Health, Carers' Services, and planned delays on the recruitment to vacant posts within Assessment and Care Management and Community Support plus additional income from Health
- Overspend on independent sector Home Care due to an increase in demand since April
- Overspend on independent residential and nursing care due to delays in achieving the savings target for additional Continuing Health Care income (an additional 74 clients receiving a service than forecast). Additional income from property charges and Health was reducing the overall overspend
- Forecast savings on in-house day care due to vacant posts and moratorium on non-pay budgets
- Overall underspend on Rothercare due to delays in Service Review including options for replacement of alarms together with additional income plus winter pressures funding for Telecare equipment
- Minor underspend in other non-pay budgets due to moratorium on non-essential spend

Learning Disabilities

- Independent sector Residential Care budgets now forecasting a slight underspend due to a review of high cost placements. Work continued on reviewing all Continuing Health Care applications and high cost placements

- Forecast overspend on Day Care due to a delay on the implementation of Day Care Review including increase in fees and charges plus recurrent budget pressure on external transport
- Pressures on Residential and Nursing Care contracts with SYHA resulting in an forecast overspend. However, Service reconfiguration to Supported Living in February and March would reduce the pressure
- Overspend in independent sector Home Care due to increase in demand over and above the budget savings target
- High cost placements in independent Day Care resulting in a forecast overspend. Pressure reduced due to additional Continuing Health Care funding and 1 client moving out of the area
- High cost Community Support placements resulting in forecast overspend
- Delay in developing Supported Living Schemes plus additional funding from Health resulting in a forecast underspend
- Efficiency savings on Service Level Agreements for Advice and Information and Client Support Services
- Lower than expected increase in demand for Direct Payments
- Additional staffing costs and essential repairs with In-House Residential Care offset by planned delays in recruiting to vacant posts within Assessment and Care Management

Mental Health

- Projected underspend on Residential Care budget. Additional placements in respect of substance misuse were being funded by a contribution from Public Health
- Underspend in Community Support budget due to delays in clients moving from residential care
- Underspend on Direct Payments, additional income recovery was offsetting the initial budget pressure
- Pressure on employee budgets due to lower than expected staff turnover, additional overtime and agency cover was being reduced by additional funding for Substance and Alcohol Social Work posts

Physical and Sensory Disabilities

- Continued pressure on Independent Sector Domiciliary Care due to an increase in demand for service
- Forecast overspend due to further increase in demand for Direct Payments
- Underspend on Community Support as clients moved to Direct Payments
- Forecast underspend on Residential and Nursing Care due to planned delays in developing alternatives to respite provision
- Reduction in contract with independent sector Day Care provider
- Underspend on equipment and minor adaptations budgets
- Forecast efficiency savings on contracts with Voluntary Sector providers and higher than forecast staff turnover plus staff vacancies at Grafton House

Safeguarding

- Underspend due to higher than expected staff turnover and additional funding for Domestic Violence support

Supporting People

- Efficiency savings on subsidy contracts identified against original budget

Total expenditure on Agency staff for Adult Services to the end of February, 2014, was £296,767 (no off contract) compared with actual expenditure of £368,907 (no off contract) for the same period last year. The main areas of spend were within Assessment and Care Management Teams, Residential Care and Safeguarding to cover front line vacancies and sickness. There had been no expenditure on consultancy to date.

There had been £346,779 spent up to the end of February, 2014, on non-contractual overtime for Adult Services compared with expenditure of £354,923 for the same period last year.

Careful scrutiny of expenditure and income and close budget monitoring remained essential to ensure equity of Service provision for adults across the Borough within existing budgets particularly where the demand and spend was difficult to predict in a volatile social care market. A potential risk was the future number and cost of transitional placements from Children's Services into Learning Disability Services together with any future reductions in Continuing Health Care funding.

Regional benchmarking within the Yorkshire and Humberside region for the final quarter of 2012/13, showed that Rotherham remained below average on spend per head in respect of Continuing Health Care.

Discussion ensued on the report with the following issues raised/clarified:-

- Winter pressures funding of £220,000 had been received
- Public Health had identified an underspend on the ring fenced grant and had been used to meet Public Health Outcomes in Mental Health Services
- Unplanned delays in moving 3 clients from Residential Care to Supported Living
- Significant investment in Learning and Development in the Dementia Pathway leading to a more person-centred service
- Learning Disability transitions continued to be a risk area

Resolved:- (1) That the latest financial projection against budget for 2013/14 be noted.

(2) That staff be congratulated on their hard work in monitoring and ensuring the Service's financial targets were met for the 2013/14 budget.

HEALTH AND WELLBEING BOARD
23rd April, 2014

Present:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Officer, Rotherham CCG
Melanie Hall	Healthwatch Rotherham (representing Naveen Judah)
Julie Kitlowski	Clinical Chair, Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Jenny Lax	South Yorkshire Police (representing Jason Harwin)
Clair Pyper	Interim Director, Safeguarding (representing Joyce Thacker)
Dr. John Radford	Director of Public Health

Also in Attendance:-

Louise Barnett	Chief Executive, Rotherham Foundation Trust
Kate Green	Policy Officer, RMBC
Ian Jerrams	RDaSH (representing Chris Bain)
Paul Stinson	Commissioning, RMBC (representing Chrissy Wright)
Janet Wheatley	Voluntary Action Rotherham

Apologies for absence were received from Chris Bain, Karl Battersby, Jason Harwin, Tracy Holmes, Brian Hughes, Naveen Judah, Martin Kimber, Gordon Laidlaw, Joyce Thacker and Chrissy Wright.

S93. QUESTIONS FROM THE PRESS AND PUBLIC

No members of the press and public were present at the meeting.

S94. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 26th March, 2014, be approved as a correct record.

Arising from Minute No. S95(d) (Motor Neurone Disease Charter), it was noted that the CCG had not agreed with the signing of the Charter due to it being prescriptive with regard to the drug stated within the document.

The CCG followed NICE Guidance and as such prescribed medication best suited to the patient which may not be the same as the Charter.

It was agreed that the CCG would discuss with its members signing of the Charter with the caveat "subject to NICE Guidance on prescribing".

S95. COMMUNICATIONS**(a) Public Health Commissioning Plan**

John Radford, Director of Public Health, submitted for information the local framework for the use of the Public Health Grant to support the Council's statutory functions of Health Improvement, Health Protection and Healthcare Public Health advice to the Rotherham Clinical Commissioning Group.

(b) National Child Measurement Data

John Radford, Director of Public Health, submitted for information the above update. Obesity was 1 of the largest Public Health issues for the future. The appendices illustrated the difference across Rotherham in terms of the prevalence of obesity and needed to be addressed as an urgent priority. It had been agreed as a priority in terms of the Outcomes Framework in ascertaining what services were commissioned, policies and procedures, what was happening in schools, GP practices, hospital etc. across the Local Authority.

Discussion ensued with the following issues raised:-

- Clarification of what work was taking place with schools and local supermarkets
- Work of the Healthy Schools Initiative
- Work with children to gain their views
- Statutory Local Authority function to weigh and measure children in School at Reception and Y6 – the introduction of school meals next year would show if a difference had been made

Resolved:- That the Obesity Strategy Group be requested to convene a task groups to consider the issues.

(c) Healthwatch Rotherham

Melanie Hall, Healthwatch Rotherham Manager, reported that the Healthwatch premises had suffered a flood and would be out of action for a number of weeks. Alternative premises were being sought urgently.

The annual report would be available in June, 2014.

S96. ADMIRAL NURSES

The Chairman welcomed Len Wilson (Rotherham Rotary Club), Jenny and Tony Drew (Stag Medical Centre Patient Participation Group), Hilda Mayo and Wendy Wagner (Dementia UK) who gave the following powerpoint presentation:-

Why we need Admiral Nurses in Rotherham

- Admiral Nurses were Registered Mental Health Nurses who worked with family carers and people with dementia, in the community and other settings

- Working collaboratively with other professionals, they sought to improve the quality of life for people with dementia and their carers
- They used a range of interventions that helped people live positively with the condition and develop skills to improve communication and maintain relationships
- They could reduce admissions to hospital and residential care, reduce the costs of delays in transfers of care, reduce carers' need to access GP care as a result of their caring role as well as reducing the overall spending on care
- CCGs had a duty to engage the local population (including carers) and professionals in shaping local health services and to commission services for people in local areas
- Improving the diagnosis, treatment and care of people with dementia in England and support for their carers was a key part of the NHS Mandate and one of the Secretary of State's key priorities
- One of the key improvement areas under Domain 2 of the Clinical Commissioning Group Outcomes Indicator Set (CCGOIS) 2013/2014 was Enhancing quality of life for people with dementia (NHS England 2013)

The Problem

- Funding had to be sustainable after a Project
- Making a case that had credibility
- Ensure academic support to carry out a service evaluation
- The service needed to be in Primary Care

The Size of the Problem

- There were currently over 820,000 people living in the UK with dementia
- Two thirds of people with dementia lived at home and most were supported by unpaid carers.
- Carers for people with dementia saved the UK over £8B
- The economic cost of Dementia care was more than cancer, heart disease or stroke

It is a Lottery

- Only 117 Admiral Nurses in the UK for 820,000 people diagnosed with dementia
- Families in need had a 1:7000 chance of accessing this critical service

How many Admiral Nurses do we need?

- As a guide, Dementia UK would recommend one Admiral Nurse to each 10,000 of the population aged over 65
- The Rotherham population aged over 65 was approximately 45,600
- The projected population aged 65 and over to 2015 was 47,800

But we must not forget

- People in Rotherham aged 30-64 predicted to have early onset dementia, projected to 2015 was 69

Carers' Needs

- Critical points when carers' need for information, advice and help were particularly acute....these were also points at which they were likely to encounter professionals and service providers
- Failure to recognise carers' needs at these points risked the breakdown of care-giving and the carer's health and other costs for carers and wider society

Need to Shift

- We also need to shift the perceptions of dementia from being 'just mental health' to that of a 'life limiting neurological condition'

Need to Adopt

- A palliative care approach from diagnosis to end of life care and afterwards - Nice Dementia Guidance 2006

There is a Saving

- Admiral Nurse Services were associated with lower distress scores over an 8 month period - Woods et al (2003)
- The person with dementia remained at home for longer, admissions to acute hospital and long term care were reduced, reduced demand on CMHTs, improved care co-ordination and that there was also added 'brand value'

Less Stress for Carers and Professionals

- "Identified a 31% reduction in stress for carers since we introduced the service in 2010" - Knowsley Admiral Nurse Service (2013)
- "...eased the load on other Professionals" - East Flintshire Admiral Nurse Evaluation (2009)

Academic Credibility

- Enlisted Professor Kate Gerrish from the Collaboration for Leadership in Applied Health Research and Care [CLAHRC] to agree to do a small scale service evaluation when we get an Admiral Nurse (s) in post
- Would progress with a costing for the research when a Service was up and running
- In any event our enquiry had spurred Sheffield Mental Health Services to look at the provision of Admiral Nurses
- Commitment to research the cost effectiveness of Admiral Nurses in Rotherham when the time came

Request the CCG to Commission Admiral Nurse Provision in Rotherham

- Ensure the new nurse provision was trialled in the Community/Primary Care
- Make funding available on a trial basis to identify if the dependency on secondary care provision for people and families living with dementia was reduced
- Seconding an Admiral Nurse (s) for a trial period to assess the outcomes of employing Admiral Nurses in Rotherham and carry out a service evaluation

And Finally

- This was the sort of work that raised awareness, educated positively and reduced stigma and fundamentally supported the intentions of the Dementia Challenge
- £100,000 would fund 2 Admiral Nurses to run a pilot for 1 year which would include the Service evaluation

Discussion ensued on the presentation with the following issues raised/clarified:-

- Highlighted the level of need/increasing need
- A Dementia Advisor could network, signpost and give advice and support but an Admiral Nurse, who was a medically specialised nurse, worked with a family suffering from the complexities of Dementia i.e. relationship difficulties, family breakdown, support someone in employment, preventing a person going into longer term care sooner than necessary
- An Admiral Nurse received professional development and competency assessment throughout their career on an annual basis and monthly top ups. They were also clinically supervised
- Work was taking place on smoothing the pathway for those suffering with Dementia and seeking help from the most appropriate agency when required
- Evidence collected by Healthwatch Rotherham showed that the public felt the number of people crossing their doorstep to be a challenge – would an Admiral Nurse be another person added to that number
- Admiral Nurses worked with the high need complex cases and the family unit rather than just the person themselves
- Once allocated an Admiral Nurse you were never discharged from the Service but dipped in and out as required

The Chairman thanked Len, Jenny, Tony, Hilda and Wendy for their presentation.

S97. BETTER CARE FUND

In accordance with Minute No. 87 of the previous meeting, a copy of the bid submission made to NHS England was submitted for information.

The issues raised in the initial feedback had been addressed and submitted in accordance with the deadline; no feedback had been received as yet although the deadline had passed for NHS England and the Peer Review.

It was noted that the BCF Task Group would monitor the delivery of the BCF through quarterly meetings, ensuring targets were being met, schemes delivered and additional action put in place where the plan resulted in any unintended consequences. The Task Group would report directly to the Board.

As part of the application, the Council and CCG had to ensure that all partners were fully informed of the impact of the Fund. Accordingly a meeting was planned the following week with the Hospital and RDaSH.

Discussion ensued on the documents with the following issues raised/clarified:-

- Each workstream now had an identified lead. A BCF Operational Group had been established consisting of the leads plus support team which would report to the Task Group
- The workstream leads had been tasked with providing a detailed action plan for their particular workstream
- Work was still to take place with Healthwatch Rotherham regarding consultation
- The need to tie in BCF01 Mental Health Service with the Director of Public Health's annual report

Resolved:- (1) That the report be noted.

(2) That the feedback from NHS England be reported to the Board.

(3) That a quarterly Better Care Fund Plan update be submitted to the Board.

(4) That BCF01 Mental Health Service be the first review to be carried out.

(5) That Healthwatch Rotherham report back on the situation nationally regarding the Better Care Fund through Healthwatch England.

(6) That, if possible, work on the Better Care Fund be included in the conference to be held in July.

S98. PUBLIC HEALTH OUTCOMES FRAMEWORK

Dr. John Radford, Director of Public Health, submitted a report on the above Framework which would require reviewing quarterly to drive improvements in performance.

The Framework focussed on the 2 high level outcomes which were intended to be achieved across the Public Health system and beyond:-

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

The Performance Framework had a clear link to the Health and Wellbeing Strategy and the Integrated Health and Social Care Fund (IHSCF). The effectiveness of the local management of the IHSCF would be judged against impact on avoidable mortality as measured in the PHOF.

The wide range of Indicators required feedback to a range of Directorate Leadership Teams within the Council who would receive exception reports. There would be a comprehensive monitoring process initiated for those Outcomes offtrack including performance clinics to review change. There would be a strong focus on addressing the prevention and early intervention opportunities within the remedial action plan to make long term impact.

The current performance against the England average had highlighted several areas where there was under performance and a downward trend (Appendix 2 of the report submitted).

The report set out current performance by domain all of which would be subject to an action plan to explore the reasons for underperformance and identify measurable outputs. Some may also require a performance clinic.

It had been agreed at Minute No. 95(b) that Obesity was to be the first Indicator to be reviewed.

Discussion ensued with the following issues raised/clarified:-

- Feedback from GPs expressing concern with regard to the new Smoking and Tobacco Control Programme – felt it was a reduction in service
- The Service was now contracted directly with GP practices for them to decide who received it or not – due to the complexity would practices decide they no longer wished to provide the Service
- The new contract focussed on prevention rather than quitting – the Outcome Indicator was for smoking prevalence. If smoking prevalence increased it indicated that what was hoped to be achieved was not

Resolved:- (1) That the Framework to address performance on the Public Health Outcomes Framework and the reporting structures be approved.

(2) That the mechanism to deliver the Health and Wellbeing Strategy aim of moving services to prevention and early intervention be supported.

(3) That a report be submitted on smoking prevalence.

S99. HEALTH AND WELLBEING BOARD PERFORMANCE MANAGEMENT FRAMEWORK

Dr. John Radford, Director of Public Health, presented the Health and Wellbeing Strategy Reporting Framework.

It was noted that for a number of the Indicators, no 2013/14 target had been set but targets had been proposed for 2013 onwards.

A number of local measures were also in the National Outcomes Frameworks achievement of which would be key to receiving the Health Premium Incentive and meeting NHS and Department of Health targets.

There were limitations on the availability of data for several Indicators including some key local measures that were also in the Public Health Outcomes Framework.

Resolved:- That the report be noted.

S100. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Dr. John Radford, Director of Public Health, submitted for information the Rotherham Public Health Annual Report 2014.

The report included sections on:-

- Public Health Outcomes Framework
- Children and Young People's Health
- Life Expectancy and Cause of Death
- Heart Disease and Stroke
- Cancer
- Liver Disease and other Digestive Disease
- Mental Wellbeing
- Respiratory Disease
- Mortality from Infectious Disease

Resolved:- That the report be noted.

S101. HEALTH AND WELLBEING STRATEGY REFRESH TIMETABLE/PEER REVIEW CHALLENGE

Kate Green Policy Officer, reported that the Health and Wellbeing Strategy ran until the end of 2015 but consideration was needed with regard to a refresh, how that would be carried out and whether it should be aligned to the potential LGA Peer Review Challenge.

Contact with the Local Government Association had established that the peer challenge would involve a team of 5 spending 4 days in Rotherham. There would be approximately a 6 month lead in period due to capacity of the LGA and in order to carry out background research work, prior to coming on-site. Realistically, this meant the review may not be carried out until early 2015.

Discussion ensued on the estimated timetable. The CCG in particular commenced their planning cycle in September and would need as up-to-date Health and Wellbeing Strategy as possible upon which to inform their commissioning plans. It was noted that a progress report on the refresh of the Joint Strategic Needs Assessment before September would pick up any issues that had arisen to enable appropriate planning. It was also noted that an annual review of the Strategy would take place during September as part of the agreed Strategy implementation process with a full re-write of the document taking place during 2015.

Concerns were also expressed regarding the potential lead in time and the preparations needed before the review could take place. It was felt that there more detail needed to be sought from the LGA and that there may be alternative options available to conduct a peer review.

Resolved:- (1) That alternative methods of conducting a Peer Review Challenge be sought and consideration given to their suitability for Rotherham.

(2) That a progress update on the strategy and JSNA be brought to board during August/September.

(3) That work to fully refresh/re-write the Health and Wellbeing Strategy commence in early 2015.

S102. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 4th June, 2014, commencing at 9.00 a.m. in the Rotherham Town Hall.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet Member for Adult Social Care
2.	Date:	Monday 16 June 2014
3.	Title:	Adult Services Revenue Outturn Report 2013/14 All Wards Affected
4.	Directorate:	Neighbourhoods and Adult Services

5. Summary

To inform Members of the Revenue Outturn position for the Adult Social Services Department within the Neighbourhoods and Adult Services Directorate for the financial year 2013/14. The net Outturn for Adult Services shows an overall underspend of £33k against a revised net cash limited revenue budget of £73.555m (a variation of -0.05%).

A significant part of the reason for a slight underspend is due to additional income received from Health during the final quarter. This together with restricting spend to essential items only throughout the year underpinned by tight financial management within the service as contributed to addressing the budget pressures within Adult Services.

6. Recommendations

That Members receive and note the unaudited 2013/14 Revenue Outturn Report for Adult Services.

7. Proposals and Details

The 2013/14 revised cash limited budget after budget virements was £73.555m, the net Revenue Outturn for the service for 2013/14 was £73.522m. This resulted in an overall net underspend of £0.033m (-0.05%). This represents a slight increase in the underspend of £9k compared with the last budget monitoring report as at the end of February 2014, largely due to the further impact of restricting spend to essential items only throughout the year.

The summary revenue outturn position for Adult Social Services is as follows:-

Service Area	Revised Budget	Outturn	Surplus (-) Deficit (+)	% Variation to Budget
	£000	£000	£000	%
Adults General, Management, Training and Support	1,751	1,611	-140	-7.99
Older People's Services	30,022	30,320	298	-0.99
Learning Disability Services	23,620	23,752	132	+0.56
Mental Health Services	5,004	4,558	-446	-8.91
Physical Disability Services	5,387	5,770	383	7.11
Adult Safeguarding	729	581	-148	-20.27
Supporting People	7,042	6,930	-112	-1.59
Total Adult Services	73,555	73,522	-33	-0.05

The key variations within each service area can be summarised as follows:

Adults General (-£140k)

The underspend was mainly due to restricting spend to essential items only throughout the year, managed savings on training budgets plus additional grant funding for HIV support.

Older People's Services (+£298k)

The main overspends were a recurrent budget pressure on Direct Payments (+£757k), delays in implementing budget savings target within In House Residential Care due to extended consultation (+£126k), an overspend on independent residential and nursing care (+£812k) due to budget savings target for additional Continuing Health Care not achieved plus an increase in demand for domiciliary care (additional 58 clients) particularly during final quarter (+£975k).

These budget pressures were reduced by: additional Winter Pressures funding received in last quarter (-£220k); vacancies due to service reviews and increased staff turnover within Assessment & Care Management and Social Work Teams (-£654k); the impact of restricting spend to essential items only throughout the year within Day Care services (-£130k); delays on developing services for Dementia clients (-£309k) and carers breaks (-£196k); additional funding from health to support hospital discharges (-£500k); also revenue savings due to delays in the replacement programme for Community Alarms and funding through capital resources (-£363k).

Learning Disabilities (+£132K)

The main overspends were in respect of SYHA residential and nursing contracts (+£95k), increases in care packages and reduction in CHC income in supported living schemes (+£64k), increase in demand and unachievable budget saving in Domiciliary Care (+£85k) and high cost placements in independent day care (+£66k). There were also recurrent pressures on Day Care transport including under-recovery of income from charges and new high cost placements during the year (+£110k).

These pressures were reduced by underspends in independent sector residential care budgets as a result of a review of all high cost placements (-£169k) plus efficiency savings on a number of independent and voluntary sector contracts (-£65k) and reduced care packages within Community Support services (-£54k).

Mental Health Services (-£446k)

Savings on Community Support Services (-£184k) as clients moved to a direct payment plus additional funding from health to meet public health outcomes in respect of alcohol and substance misuse (-£262k).

Physical and Sensory Disabilities (+£383k)

A recurrent budget pressure and a further increase in demand for Direct Payments (+10 clients) resulted in an overspend (+£776k) plus independent Domiciliary Care (+£152k). These pressures were reduced by a planned delay in developing specialist alternatives to residential and respite care provision (-£321k), efficiency savings on contracts with providers for day care, advocacy and Community support services (-£163k), equipment and minor adaptations (-£9k) and staff vacancies and non-pay budgets (-£52k).

Adult Safeguarding (-£148k)

The underspend was mainly due to mainly due to additional Public Health funding to support Domestic Violence plus higher than expected staff turnover.

Supporting People (-£112k)

Efficiency savings were made due to a reduction in actual activity on a number of subsidy contracts.

8. Finance

The attached appendix 1 shows a brief description of the main reasons for variation from the approved budget.

9. Risks and Uncertainties

The outturn figures included in this report are subject to quality assurance work on the Statement of Accounts, which will be undertaken during June 2014 and subsequently external audit verification during July/August.

10. Policy and Performance Agenda Implications

The approved cash limited budget for 2013/14 has allowed existing levels of service to be maintained to support the most vulnerable people and continues to contribute to meeting the Council's priorities, ensuring care and protection are available for those people who need it most.

11. Background Papers and Consultation

This report has been discussed and agreed with the Strategic Director of Neighbourhoods and Adult Services, Director of Health and Well Being and the Director of Financial Services.

Contact Name: Mark Scarrott, Finance Manager (Neighbourhoods and Adult Services), Extension 22007, mark.scarrott@rotherham.gov.uk

APPENDIX 1

Revenue Outturn 2013/2014 - Reasons for Variance from Approved Budget

1.	2.	3.
Division of Service	Under(-)/ Over(+) Spending	% of variance Reasons for key variances (+/- £25k or +/- 5%)
	£	%
Adults General, Management & Training Support		
Corporate Charges	-76,460	-16.91 Public Health funding for HIV Support plus reduced costs for pensions, telephones, postages etc.
Training	-25,404	-3.69 Reduction in cost of training courses
General Support	-21,657	-7.72 Underspend on employee costs due to Maternity leave
Service Management	-16,474	-5.00
Total Adults General, Management & Training Support	-139,995	-7.99
Older People Services		
Extra Care Support Team	-23,349	-78.73 Income from self funding clients plus 3 months vacant part time post
Assessment & Care Management	-696,894	-13.34 Staff vacancies within Social work teams plus winter pressures funding
Direct Provision Residential & Nursing	126,434	3.45 Delay in implementing budget savings target due to extended consultation plus recurrent pressure on income
Enabling Care & Sitting Services	-523,617	-17.40 Sitting services under review and under utilised plus additional funding from health
Client Community Support Services	-363,142	-452.85 Replacement of Rothercare alarm units funded through capital funding resulting in a revenue savings Underspend on employees due to staff vacancies due to day care review and non pay budgets due to moratorium on
Direct Provision Day Care	-130,226	-26.85 non essential spend.
Advice & Information	-308,949	-124.24 Planned delay on further developing dementia services in order to meet budget pressures elsewhere in Adult Services
Direct Provision Transport & support costs	-41,031	-4.20 Underspend on repairs and maintenance plus additional income from contracts with schools meals service
Administration	-21,528	-13.92 Underspend on employees due to 2 part year vacant posts Budget savings target for additional CHC income not achieved reduced by additional income from property charges and
Independent Sector Residential & Nursing Care	812,134	7.48 health funding to support hospital discharges
Telecare Preventative Equipment	-68,863	-100.00 Additional funding from health including winter pressures
Older People Direct Payments	757,284	89.43 Recurrent budget pressure on direct payments
Independent Sector Domiciliary care	975,505	23.95 Increase in demand for service particularly during last quarter, additional 58 clients in year.
Carers Support Services	-195,736	-65.35 Underspend due to staff vacancies and reduced take up of carers breaks
Total Older People Services	298,023	0.99
Learning Disability Services		
Direct Services Residential Care	-19,259	-1.30
Independent sector Residential & Nursing Care	-169,023	-1.93 Review of high cost placements has resulted in reduced costs
Independent Day Care	66,122	46.46 High Cost package for 1 new client, contract under review Recurrent pressures on day care transport partly reduced by vacancies within the Day centres and review of external
In House Day Care	109,760	3.71 contracts
Direct Provision Supported Living	-19,429	-2.77
Independent Community Support	-46,854	-8.13 Efficiencies implemented on care packages
Independent Sector Homecare	84,831	332.42 Increase in demand and unachieved budget savings target

APPENDIX 1

Revenue Outturn 2013/2014 - Reasons for Variance from Approved Budget

1.	2.	3.
<u>Division of Service</u>	<u>Under(-)/ Over(+) Spending</u>	<u>% of variance Reasons for key variances (+/- £25k or +/- 5%)</u>
Client Support Services	-24,390	-9.83 Efficiency savings on contracts agreed with provider in year.
Independent Sector Supported Living	64,320	1.45 Increase in care package and reduction in CHC funding
LD Direct Payments	967	0.25
Information & Advice	-40,346	-17.27 Efficiency savings agreed with provider
Health Authority Pooled Services	94,774	3.41 Overspend on SYHA residential and nursing contracts, service reconfigured in Feb/March to reduce pressure in 2014/15
Assessment & Care Management	30,168	3.34 Essential refurbishment at in house residential establishments
Total Learning Disability Services	131,639	0.56
Mental Health Services		
Independent Residential & Nursing	-58,995	-4.57 Additional Public Health funding for substance and alcohol short term residential clients
Direct Provision Day care	7,750	2.54
Independent sector Day care	-41	-0.05
Community support services	-365,444	-47.49 underspend mitigating pressures within Adult Services.
Assessment & Care Management	-9,315	-0.49
Mental Health Direct Payments	-16,639	-2.64
Advice & Information	-2,990	-12.85 Reduction in clients requesting carers support service
Total Mental Health Services	-445,675	-8.91
Physical Disability Services		
Grafton House Respite Care	-31,476	-8.34 Underspend due to Staff vacancies Planned delay on developing specialist respite and residential care placements to mitigate pressures on direct
Independent Sector Residential & Nursing Care	-321,169	-20.19 payments.
Supported living	-966	-0.68
Therapy & support services	-16,885	0.00
Equipment & Adaptations	-8,510	-4.63
Independent Sector Homecare	151,713	15.35 Average weekly expenditure increased due to increased client numbers
Client Community Support Services	-53,364	-36.43 Efficiencies in contracting with provider have reduced costs
Physical Disability Direct Payments	776,267	57.69 Increase in number of clients during the year in addition to recurrent budget pressure
Independent Day Care Services	-90,228	-21.39 Independent sector contract efficiency savings agreed during the year
Advice & Information	-19,039	-16.74 Underspend on VCS advocacy contracts
Asylum Support	-3,828	-34.28 Underspend on costs to support clients with no recourse to public funds
Total Physical Disability Services	382,516	7.10

APPENDIX 1

Revenue Outturn 2013/2014 - Reasons for Variance from Approved Budget

1.	2.	3.
<u>Division of Service</u>	Under(-)/ Over(+) Spending	% of variance <u>Reasons for key variances (+/- £25k or +/- 5%)</u>
Safeguarding		
Safeguarding Care Management & Support	-147,713	-20.27
Total Safeguarding Services	-147,713	-20.27
Additional contribution from Public Health to support Domestic Violence plus staff vacancies and additional income from Court of Protection fees		
Supporting People		
Supporting People contracts, Management & Support	-111,884	-1.59
Total Supporting People	-111,884	-1.59
Efficiency savings on subsidy contracts achieved during the year		
Adult Service Totals	-33,089	-0.05

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	16 June 2014
3	Title:	The Future of Carers' Support Services
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

Earlier this year DLT endorsed a report detailing the need to undertake a comprehensive review of carers services. The review was commissioned to establish the future requirements in the delivery of support to primary carers across the Borough of Rotherham.

This report will set out ways in which we can improve support to carers in Rotherham including:

- How we can improve the quality of information we provide to carers through the Council Website.
- An analysis of support services delivered from Carers Corner and options for the future delivery of this function.
- Ways in which the Local Authority could maximise partnership working with Health and third Sector Organisations in the future delivery of services to support carers.

6 Recommendations

Cabinet Members are asked to:

Receive this report and consider the options for ways in which support services to carers could be delivered in the future. The options contained in this report reflect the outcome of the recent Scrutiny Review undertaken on Carers Support Services.

- **Endorse Option 3 for the reconfiguration of support services delivered by the Carers Corner function. This will maximise ways in which we meet the needs of hard to reach carers living in the Borough of Rotherham whilst still maintaining a Town Centre location with the potential for increased footfall by co-locating the service with Age UK .**
- **Endorse proposals for improvements to the range of information provided to primary carers on the Councils website and ways in which links with Health and 3rd Sector partner agencies can be improved.**

7 Proposals and Details

Background Information

The census in 2011 shows that Rotherham continues to have a higher rate of people with limiting long-term illness than the national average of 17.6% - 56,588 (21.9% of the population). It also revealed that Rotherham's population is ageing faster than the national average with a 16% increase in the number of people aged over 65 (from 2001 – 2011). Those aged over 85 increased at over twice this rate (+34.6%). This population profile impacts on the numbers of people needing care now and potentially in the future.

In 2011, 31,001 people in Rotherham said that they provided unpaid care to family members, friends or neighbours with either long-term physical or mental ill-health/disability or problems related to old age. The number of carers has increased only slightly from 30,284 in 2001 but still equates to 12% of the population and is higher than the national average of 10%. One noticeable change is that compared to 2001 fewer people are now providing 1 to 19 hours of care a week (19,069 in 2001 down to 17,400 in 2011) but more are providing care for 20 or more hours per week. The number of people providing 20 to 49 hours care has increased (3,828 to 4,736), as has the number providing 50 or more hours (7,387 to 8,865).

Given the backdrop of this information, the demographic trends emerging and the future legislative requirements that will be imposed on the Local Authority in April 2015 (The Care Bill) there is a need for the Local Authority to consider ways in which it can improve the ways in which it supports primary carers in Rotherham.

Information, Advice and Support to Carers

This part of the review provides an evaluation of the ways in which carers receive information:

- Through **Carers Support Officers**
- Via the **Council Website**
- At **Carers Corner**

From the analysis undertaken carers are positive about the range of information and support they receive from **Carers Support Officers** and particularly like the workshops delivered in local communities at health centres, community centres and recently at Rotherham District General Hospital. Feedback from staff attending the recent event at the hospital stated that the session had been particularly useful in meeting eight carers who had only just started to provide support to a family member in a caring capacity. This enabled the staff to offer appropriate levels of information, offer support to the carers and signpost them to health and 3rd sector support services to aid them in their caring role.

At advice sessions in the local community staff have found the number of carers attending these events has been greater than the day to day footfall to carer's corner. Average attendance at these sessions has been approximately 10 to 15 people at each session. This is in the main because carers do not have to travel into central Rotherham to seek this support it is

provided in their own locality. This enables carers to plan for the support of their family member in the knowledge that they are able to attend the event safely and can return home quickly in the event of an emergency. Staff have advised during consultation sessions with senior management that these sessions should be increased as carers have stated that they find the sessions informative and accessible to attend as they are in their local community.

It is proposed that these sessions be increased across all local communities in Rotherham by reconfiguring other elements of carers support services to increase staff time and availability to carry out this function. These sessions could be delivered in a variety of settings to enable officers to advise and support carers to better effect as follows:

- Sessions in Council Service Centres across the Borough
- Dedicated sessions in health centres, GP surgeries and the hospital
- Increase the number of carers receiving an assessment and support services which will be a legal requirement once the Care Bill is enacted.
- From discussions with colleagues in EDS it is possible to hold sessions in libraries and the mobile library service. The latter would be an opportunity to engage with hard to reach carers in outlying areas of the Borough. EDS would be receptive to this new way of working if this proposal was endorsed.
- These sessions could be advertised in the local free press on a weekly basis and on the Council website at no cost to the Council.
- This approach would enable the Council to have a **“Virtual Carer’s Corner”** in all areas of the Borough reaching a wider audience and potentially providing greater levels of support to carers as a result.

Review of Council Website

This review has found that it is difficult to search for information relating to support to carers and that there is a need for this part of the website to be updated. This is a good time to be undertaking this task as the Council website is currently under review corporately and scheduled to be updated in 2014. Discussions at the task and finish group have concluded that the website needs to be more interactive with a suggestion that this part of the website be **rebadged as “Carers Corner”** with interactive buttons that can be clicked to access a range of information about carers support services or for signposting to health and 3rd sector organisations for additional information and support.

If endorsed this proposal would help build closer working arrangements with external organisations who also undertake a support role to carers in Rotherham. The main benefit however will be that the Council provides information to carers in an easy and accessible manner via this method.

Information Provided by Partner Agencies

A recent survey undertaken by Health colleagues across GP practices in Rotherham also identified ways in which we could improve the way in which we provide information and advice to carers as follows:

- Dedicated notice boards in GP surgeries for carers. GP practices are receptive to this idea and would be happy to post information on our behalf
- Provide support group sessions to patient participation groups around specific long term condition management. This could be undertaken in partnership with health and 3rd sector colleagues to evaluate the impact on carers and how they can be supported in their role.

Carers Corner Review

During the last year there has been a serious decline in the number of people visiting this centre for support. During this period 95% of visits have related to advice on welfare benefits. As an indicator between June 2013 and September 2013 of this year the Centre only received 25 carer enquiries which equates to 2 carer enquiries per week. Clearly this level of footfall is not sustainable and this report sets out options to address this issue.

The staffing of the centre continues to be fraught with difficulties due to the inadequate budget that has been set to manage this service. This has resulted in staff from other services having to be deployed to the centre to ensure it can open and can be staffed in a safe manner. This has had a detrimental impact on other services reducing their capacity to carry out their day to day activities, decreasing staff productivity and reducing our ability to work with carers in the outlying areas of Rotherham. This approach to staffing this centre is no longer sustainable and the following options are therefore proposed for the consideration of DLT. (See Appendix 1 of this report)

Option One – Invest in Current Service

To resolve the staffing deficits in this service would require additional funding for this service of £50,658. This would ensure that we maintained staffing levels at an appropriate level at all times to meet health and safety requirements. This level of investment would alleviate the current need for good will on the part of other teams called upon to provide cover and provide stability and enhanced quality of support to carers. Staffing levels will be adequate to provide a service from Monday to Friday during normal working office hours.

This option is not achievable given the current financial situation within the Council

Option Two – A Virtual Carers' Corner

Close Carers Corner and deliver advice and support sessions on a Borough wide basis through Council Service Centres, Community Centres, Health Centres, and Libraries (including mobile libraries) and create “**virtual carers corners**” throughout the Borough. These sessions would be scheduled a year in advance and staffed by Carers Support Officers and a Carers Support

Services Coordinator. This would require a new post to be developed from the existing staffing budget with the potential for financial efficiencies. This will require two part time posts currently on Band F and I to be disestablished and a new full time post created at a level of Band G. Both these posts will be vacant from the end of March 2014 which will assist in these transitional arrangements.

These sessions would be advertised on the Council Website, through the posting of notices in the buildings to be used for these sessions and by advertising in the local free press. This advertising can be achieved at minimal cost.

The sessions could also be undertaken in conjunction with 3rd Sector and Health colleagues thus providing a one stop shop form of support and information to carers.

This option will provide the Local Authority with greater flexibility in reaching out to carers in historically hard to reach areas. It will also free up Carers Support Officer time to undertake assessments of Carers needs which will become a statutory requirement when the Care Bill is enacted without the need to increase staffing levels to meet these requirements. Financial efficiencies of £52,773 would be achieved if this option is endorsed. A breakdown of these efficiencies is as follows:

Building Costs - £41,113

Staff Grade Changes and reconfiguration – £19,652

Total = £60,765

Option Three – Relocate Carers' Corner

Move Carers Corner to the Age UK information and advice shop in the Old Town Hall Building. The current footfall arrangements at the current building are not sustainable and by co-locating to a building with Age UK it is anticipated footfall will increase. The building will be better suited for the delivery of training and support sessions to carers and ensure existing support groups using Carers Corner can also be accommodated. Staffing levels required would be for one staff member to be present at any given time due to the presence of Age UK staff, thus meeting health and safety requirements and the rest of their time would be spent supporting sessions across the Borough of Rotherham in conjunction with Carers Support Officers. It is proposed that staff would be available for 5 mornings per week, Monday to Friday to enable **a reduced version of Option Two to be developed alongside this newly reconfigured service.**

This would require a new post to coordinate these activities to be developed from the existing staffing budget with the potential for financial efficiencies. This will require two part time posts on Band H and I to be disestablished and a new full time post created at a level of Band G. The allocated staffing budget will be adequate to support this option, produce financial efficiencies and reduce demands on other staff groups to support Carers Corner.

This option has been discussed with Age UK who are receptive to this joint working arrangement. However, the existing Age UK accommodation would

not support this service model. They have proposed to relocate to another unit in the Old Town Hall if this initiative is to be supported, with an estimated annual rental cost of £20,000 plus procurement costs for utilities etc.

The anticipated costs associated with this proposed development are as follows:

Annual rental costs - £10,000

Utility /procurement requirements – £19,323 indicative costs

Staffing – No additional cost with some potential for financial efficiencies if this proposal is endorsed.

This Option will provide an indicative efficiency for the Council on building and procurement costs of approximately £22,790 and £11,660 on the staffing budget. A potential financial efficiency of £34,450 to the Council.

This option is a cost effective approach to support carers and will deliver service improvements in support to carers in hard to reach areas on a Borough wide basis.

8 Finance

If the option to close Carers Corner or relocate the service is adopted financial efficiencies can be achieved as detailed in Section 7 of this report.

9 Risks and Uncertainties

Rotherham has a significant number of carers, many of whom are older people who may themselves have underlying health conditions, and with an ageing population it is vital that support is in place to ensure that carers maintain a good quality of life. This review has established a range of options for the delivery of support services required to assist carers in Rotherham to carry out their caring role.

Through access to appropriate and timely information carers will be enabled to access support services which meet any specific needs they have as carers. This will assist the Local Authority to reduce potential risks in support arrangements to customers in receipt of support by their primary carer and the breakdown of these care arrangements.

10 Policy and Performance Agenda Implications

The Care Act 2015, when implemented, will reform the law relating to care and support for adults and the law relating to support for carers, it is currently progressing through parliament and will impose new statutory duties upon the Local Authority once enacted. Currently our performance on providing information to carers is excellent however we need to increase the number of assessments and support services to meet the needs of carers and fulfil our statutory obligations. Option Three, if adopted, will free up Carers Support Officer time to attend community based support sessions and undertake additional assessments of carers needs.

RMBC Corporate Plan Priority:

Ensuring care and protection are available for those people who need it most.

- Carers get the help and support they need
- People in need get help earlier before reaching crisis
- People in need of support and care have more choice and control to help them live at home

11 Background Papers and Consultation

Background papers considered include:

Rotherham Carers' Charter 2013
Joint Action Plan for Carers 2013-16
2011 Census data

Consultation has been undertaken with Carers as part of the Scrutiny Review of Carers Support Services and with staff employed in carers support services. Trade Unions are aware of the review that has been undertaken and further consultation with Trade Unions will be required if the proposed reconfiguration of Carers Corner is endorsed.

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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	16 June 2014
3	Title:	Scrutiny Review: Support for Carers
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

The Scrutiny Review Support for Carers was undertaken as a joint review by Health Select Commission and Improving Lives Select Commission. The review took place in 2013 and was reported to Cabinet on 5 February 2014.

The report was welcomed and provided an opportunity to focus on unpaid carers who provide a valuable support and resource to people with disabilities and older people across Rotherham. Their contribution is valued, and this Scrutiny Review provides an opportunity to improve the support to carers in Rotherham.

6 Recommendations

- **Cabinet Member notes and accepts the recommendations and actions outlined in the attached plan.**

7 Background and Information

In 2011, 31,001 people in Rotherham said that they provided unpaid care to family members, friends or neighbours with either long-term physical or mental ill health or learning disabilities or problems relating to ageing. The number of carers has increased only slightly from 30,284 in 2011 but still equates to 12% of the population and is higher than the national average of 10%. One noticeable change is that compared with 2001, fewer people are now providing 1-19 hours of care a week (19,069 in 2001 down to 17,400 in 2011) but more people are providing care for 20 or more hours per week. The number of people providing 20 to 49 hours care has increased (3828 to 4736) as has the number providing 50 or more hours (7387 to 8865).

The Select Commissions recognised the contributions made by carers in their review. It sought to consider the following:-

- if carers generally identify themselves as carers
- the degree to which carers access support or consider they need support to assist them in their caring role
- where carers go for initial support
- the key factors necessary to ensure carers receive good and timely information
- any areas for improvement in current information provision

The review established that carers represent a vital unpaid workforce within the Borough and that like all workforces they need to be invested in. The report noted that any resources invested with carers services represents an opportunity to reduce pressure on social care and health services.

The review produced eleven recommendations, which focus on:-

- increasing the number of people recognising themselves as carers
- ensuring that support for carers adequately includes emotional support and counselling
- providing an multi-agency "carers pathway" that recognises the journey carers are on
- increasing the number of people receiving a fit for purpose carers assessment which is reviewed annually

Care Act

These recommendations are welcomed especially in the lead up to the implementation of the Care Act 2015 (yet to receive Royal Assent) which for the first time will give carers a right to an assessment in their own right and requires Councils to provide an Information Advice and Guidance offer which promotes wellbeing, offers advice on prevention and sustaining independence, and guides customers and carers to services which will maintain their ability to make choices and have control over their lives.

The recommendations from the Joint Scrutiny Review are outlined below:-

- a) That NHS England, Rotherham Clinical Commissioning Group and Rotherham Council work with GPs to ensure that the first line of support aims to increase the number of carers identified and seeking support.
- b) In looking at recommendation 1 above, the partners consider whether professionals should work on the presumption that the close family member or friend is a carer and ask questions to determine if this is the case, and therefore what information resources are required to back this up.
- c) That Rotherham Council investigates further with the Advice in Rotherham partnership (AiR) and the Department of Work and Pensions, what specific information carers need to access benefits that are available to them. This may also help to identify more carers.
- d) That NHS England, Rotherham Clinical Commissioning Group and Rotherham Council, work with their VCS and other partners to create the carers pathway of support; an integrated, multi-agency response to the needs of carers, using carers assessments and crucially the allocation of a “buddy” or “lead worker” to champion their individual needs. This lead worker should, where possible, come from the most appropriate agency identified for individual needs.
- e) That Rotherham Council considers via its review of services to carers, and in light of the new requirements imposed by the Care Bill, reconfiguring its advice and information offer for Carers including; Assessment Direct, Connect 2 Support, Carers Corner and outreach services, to ensure that flexible support is offered within existing resources.
- f) That the “triangle of care” presented by RDaSH be considered as part of this process as something that could be adapted and rolled out to all partners providing support to carers.

- g) That Rotherham Council reviews its carers assessment tool in the light of the Care Bill to ensure it is fit for purpose. This should involve considering whether it could be less onerous. The correct title of the document “Carer’s needs form and care plan” should be used by partners to reflect that it is an enabling process rather than an “assessment”.
- h) That Rotherham Council looks to set more stretching targets for carers assessments and regular (annual) reviews.
- i) That steps are taken to ensure that the Joint Action Plan for Carers meets the recommendations of this review and is more accountable in terms of its delivery, seeking to influence external partners accordingly.
- j) Whilst the review group has sought to make recommendations that can be accommodated within existing resources it also recognises that there is a strong case for further investment in this sector, in line with the prevention and early intervention agenda. It therefore recommends that the allocation of resources to carers (including the Better Care Fund) is reviewed to demonstrate how the changes to services proposed within this review are to be achieved.
- k) Although outside the original scope, the review group recognised the important role public, private and third sector employers, play in providing flexible employment conditions for carers and therefore recommend that the findings of this review are shared with partners as widely as possible. In addition they reaffirmed the commitment in the Carer’s Charter to actively promote flexible and supportive employment policies that benefit carers.

9 Finance

The review acknowledged the need for recommendations to be contained within existing resources and in the main there are no financial implications arising from this report. Separate to the Scrutiny Review, the Care Bill implementation has a significant impact.

10 Risks and Uncertainties

Failure to respond adequately through the provision of advice support and services to carers could result in increased levels of demand for services; support to carers is vital in ensuring that they are able, where they choose to do so, to continue caring, to receive adequate breaks and to be valued in their caring role.

The Care Act presents Councils with a significant change in legislation and practice, the precise detail of which is unknown until the Bill receives Royal Assent and regulations and guidance (secondary legislation) have been produced. There is likely to be an increase in demand for assessments from carers who are now entitled to an assessment in their own right (even if their family member does not have eligible needs). The increase in demand, workload and cost is currently unknown.

The Scrutiny Report provides a suitable challenge and champions carers and this is welcomed within the Council. It is clear that partner organisations also have a commitment to cares. Strong partnership working is required to implement fully some of the recommendations in this report.

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Cabinet's Response to Scrutiny Review Support for Carers

Recommendation	Cabinet Decision (Accepted/ Rejected/Deferred)	Cabinet Response <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	Officer Responsible	Action by (Date)
1) That NHS England, Rotherham Clinical Commissioning Group and RMBC work within GPS to ensure that the first line of support aims to increase the number of carers identified.	Accepted	Cabinet accepts this recommendation. This recommendation has been added to the carers' action plan, which is implemented by a multi-agency steering group. It will also be addressed as part of the Care Act Steering Board Plan.	S McFarlane	30/09/14
2) The partners should consider whether professionals should work on the presumption that the close family member or friend as a carers and ask questions to determine if this is the case.	Accepted	Cabinet accepts this recommendation. This recommendation is being explored by the Carers' Steering Group. It is standard practice for social care staff and other professionals to seek to identify caring status. The steering group is considering how this could be extended to other professional groups in a more formal way.	S Farragher	31/10/14
3) That Rotherham Council investigates further with the Advice in Rotherham partnership (AiR) and the Department of Work and Pensions, what specific information carers need to access benefits that are available to them. This may also help to identify more carers.	Accepted	Cabinet accepts that this is a useful proposal, and notes that as part of the Council's corporate plan improve the local economy and support the most vulnerable, NAS have been working closely with Age UK to maximise uptake of Attendance Allowance, affording people with disabilities and other people the recourse to enable them to purchase services and activities that support their continued ability to live independently for longer, with the potential to reduce dependence on family and formal services.	L Dabell	September 2014
4) That NHS England, Rotherham Clinical Commissioning Group and Rotherham Council, work with their VCS and other partners to create the carers pathway of support; an integrated, multi-agency response to the needs of carers, using carers assessments and crucially the allocation of a "buddy" or "lead worker" to champion their individual needs. This lead worker should, where possible, come from the most appropriate agency identified for individual needs.	Accepted	Cabinet accepts this proposal which has been added to the Carers' Action Plan to seek ways to jointly commission a coherent and co-ordinated response to the need for clear information and advice for carers. Connect to Support, the online e-market place already information targeted at carers. Work is underway as part of the revised RMBC website to develop a virtual Carers' Corner which will become a one stop advice and information resource for carers and professionals.	S Farragher	30/10/14

Recommendation	Cabinet Decision <i>(Accepted/ Rejected/Deferred)</i>	Cabinet Response <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	Officer Responsible	Action by (Date)
5) That Rotherham Council considers via its review of services to carers, and in light of the new requirements imposed by the Care Bill, reconfiguring its advice and information offer for Carers including; Assessment Direct, Connect 2 Support, Carers Corner and outreach services, to ensure that flexible support is offered within existing resources.	Accepted	Cabinet accepts this recommendation and a report on the review of Carers' Corner will be presented to Cabinet Member Adult Social Care for consideration and agreement.	S Farragher	31/05/14
6) That the "triangle of care" presented by RDaSH be considered as part of this process as something that could be adapted and rolled out to all partners providing support to carers.	Accepted	Cabinet accepts this recommendation. The Carers Steering Group has been asked to review the "triangle of care" approach to determine its suitability or adaptability for other settings.	S Farragher	31/07/14
7) That Rotherham Council reviews its carers assessment tool in the light of the Care Bill to ensure it is fit for purpose. This should involve considering whether it could be less onerous. The correct title of the document "Carer's needs form and care plan" should be used by partners to reflect that it is an enabling process rather than an "assessment".	Accepted	Cabinet accepts this recommendation. The Regulations that will support the implementation of the Care Act are due to be produced in October 2014. These will guide and shape the changes that are needed to the Carers' needs form and care plan. The changes will be produced in consultation with carers, the Carers' Steering Group and other stakeholders.	S McFarlane	01/04/14
8) That Rotherham Council looks to set more stretching targets for carers assessments and regular (annual) reviews.	Accepted	Cabinet accepts this recommendation. In 2013/14 we carried out 2673 carers' assessments, an increase of 2% in year. Performance on carers' assessments was reviewed in 2013/14 and a stretch target set. Around 93% of service users and carers have been reviewed in the last 12 months – this continues to be one of the best performances in the country, we are ranked second best in the country. We have carried out more annual reviews across all of assessment and care management than in 2012/13. Almost 7000 reviews were completed, 100 more than last year. Performance targets will be reviewed in light of the 2013/14 outturn and suitably stretching targets will be set.	M Cox	02/06/14

Recommendation	Cabinet Decision <i>(Accepted/ Rejected/Deferred)</i>	Cabinet Response <i>(detailing proposed action if accepted, rationale for rejection, and why and when issue will be reconsidered if deferred)</i>	Officer Responsible	Action by (Date)
9) That steps are taken to ensure that the Joint Action Plan for Carers meets the recommendations of this review and is more accountable in terms of its delivery, seeking to influence external partners accordingly.	Accepted	Cabinet accepts this proposal and a refreshed carers' action plan will be produced by the multi-agency working group which will take account of the recommendations outlined in the Scrutiny Review.	S Farragher	31/07/14
10) Whilst the review group has sought to make recommendations that can be accommodated within existing resources it also recognises that there is a strong case for further investment in this sector, in line with the prevention and early intervention agenda. It therefore recommends that the allocation of resources to carers (including the Better Care Fund) is reviewed to demonstrate how the changes to services proposed within this review are to be achieved.	Accepted	Cabinet accepts this proposal. The Better Care Fund Plan was agreed by Health and Wellbeing Board in April 2014. It contains an action to review existing investment in Carers' services.	J Parkin	30/10/14
11) Although outside the original scope, the review group recognised the important role public, private and third sector employers, play in providing flexible employment conditions for carers and therefore recommend that the findings of this review are shared with partners as widely as possible. In addition they reaffirmed the commitment in the Carer's Charter to actively promote flexible and supportive employment policies that benefit carers.	Accepted	<p>Cabinet welcomes this proposal.</p> <p>The Council and CCG are proactive employers with a range of schemes and opportunities that seek to offer support to staff members who have caring responsibilities. These are available to all staff and managers and are promoted through training, induction and refresher programmes.</p> <p>Cabinet welcomes this proposal. The Carers' Charter will be reviewed and refreshed within each partner organisation which will reaffirm this commitment.</p>	P Howe (HR)	Ongoing

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Cabinet Member for Adult Social Care
2.	Date:	16 June 2014
3.	Title:	Deprivation of Liberty Safeguards (DoLS) Supreme Court Judgement.
4.	Directorate:	Neighbourhoods and Adult Services

5. Summary

Deprivation of Liberty Safeguards were introduced to the Mental Capacity Act 2005 through the Mental Health Act 2007. They required a process to be implemented which ensured that people who were considered to be deprived of their liberty were safeguarded through the DOLs process. This has been subject to challenge and case law, the most recent of which is the judgement in P v Cheshire West and Chester Council and P & Q v Surrey County Council which was handed down by the Supreme Court on 19th March 2014. The judgement clarifies the meaning of 'deprivation of liberty' in the context of social and health care which have practical and legal implications for the future of the Mental Capacity Act and the application of Article 5 of the European convention on Human Rights and Article 5 being a person's right to liberty.

This report sets out the significant resource implications for the Local Authority in its role as Care Manager, Care Provider and Supervisory Body under the safeguards. There are currently insufficient resources to meet the expected demand. The Local Authority, in order to meet its statutory responsibility following the judgement, will need to invest in additional resources and workforce. This is a significant budget issue, initial costing for assessment alone could be in the region of £1,000,000 with a yearly recurrent cost of approximately £700,000 for reviews and new assessments. This does not include financial implications in terms of costs for commissioners, legal services, human resources, additional Mental Health Act assessments and implications for s117 funding.

6. Recommendations

- **That Cabinet Member notes the contents of this report and agree the recommendations within it.**

7. Proposals and Details

As a result of this judgement the local authority is now in the process of scoping the impact this will have in terms of numbers and resources across several areas of responsibility. This will include older people within care home placements, adults with a Learning Disability including those placed in Supported Living and Shared Lives arrangements, adults within Mental Health services and children aged 16-17 in foster care and residential care placements and all of those in these listed categories whose status is an inpatient in an acute or psychiatric hospital. **Please note that this only applies to those who lack the mental capacity to make their own arrangements or consent to the arrangements being made on their behalf.**

<i>Category</i>	<i>Residential Care/Respite</i>	<i>Hospital Acute/Psych</i>	<i>Community</i>
Older People	Y	Y	
Learning Disabled	Y	Y	Y
Mental Health	Y	Y	Y
Children (16+)	Y	Y	Y

Following the judgement, the Local Authority, in order to meet its statutory responsibility, has developed an initial action plan (Appendix A). This action plan is likely to change as national guidance emerges. The Department of Health, the Care Quality Commission and ADASS (Association of Directors of Adult Social Services) have all circulated briefings but they are not necessarily consistent with each other.

The plan covers a number of areas including communication, training, resource implications, and workforce and legal implications.

SLT are asked to approve the proposed plan of actions and recommendations.

7.1 Immediate Requirements

In order to meet the initial impact and demand on the Local Authority of an influx of DoLS applications and reviews to be conducted we will need to immediately increase the DoLS Team with a Best Interest Assessor (BIA) and additional business support in order to prioritise all Urgent DoLS requests (completion in 7 days) as these present the highest risk.

It is proposed that we adhere rigidly to the legislation in respect of standard and urgent authorisations and that urgent authorisations are only granted by the managing authority (care homes and hospitals) for unforeseen circumstances, therefore where the person has been a resident or patient in this environment for some time an urgent authorisation would not be accepted.

We will need to review all previous DoLS applications received in the past 2 years that were not granted on the grounds that it didn't meet our understanding of the then threshold for deprivation of liberty. This has been recommended as an action in the ADASS Advice Note circulated.

7.2 Further requirements

To understand the full extent of the judgement a more detailed scoping exercise will need to be undertaken to understand how many individuals in Rotherham will be affected. This will include all Adults and Children (16years+ Foster Care) and those in receipt of health services. The results of an initial scoping exercise are detailed in section 9.

It is proposed that a working party is established to undertake this more detailed scoping exercise.

An approach to assessing / reviewing individuals that are impacted upon by the judgement needs to be approved. There are currently insufficient resources to meet the expected demand. Based on the initial scoping exercise there are 2291 residential beds in Rotherham, 16 people living in the Shared Lives and 150 people living in Supported Living and 32 16-18yr olds either in foster placement, remand or residential care. Of this it is anticipated from the initial scoping exercise that it is likely that 80% would meet the new eligibility criteria for being deprived of their liberty - this is based on the Department of Health's Impact Assessment undertaken prior to the introduction of the Safeguards in 2009.

In respect of acute hospital patients, due to the transient nature of their care, this will possibly be the most difficult sector to quantify. However it is predicted that there will be a significant impact on Rotherham Foundation Trust.

For psychiatric inpatients, the likelihood is that almost all patients will fit the criteria of being under constant supervision and control and not free to leave, however some patients will have the capacity to consent to their inpatient status. The question remains as to whether those patients who lack the mental capacity to consent will need to be subject to a DoLS authorisation or be detained under a section of the Mental Health Act. If it is the latter, the impact in terms of additional s117 funding, for those on section 3 of the MH Act, will add to the resource implications.

In respect of standard requests (completion in 21 days) it is proposed a planned and measured approach is applied, working with providers to identify, screen and prioritise assessments over a longer time frame e.g. 12 months to avoid standards being submitted in bulk. It is

proposed that in future applications will not be accepted without an appropriate Mental Capacity Assessment and evidence of a well worked best interests decision that clearly demonstrates that all other alternatives to a deprivation of the person's liberty have been explored and ruled out.

In this time period in 2013 we had received 10 DoLS applications for assessment and this was expected and by the end of 2013-14 we had received 56 requests for the whole year. To date in 2014 since the judgement we have received 51 assessment requests

The local authority will need to work with our commissioning partners in Rotherham CCG in terms of negotiating the availability of Section 12 Approved Doctors practicing within the local area. Consideration of different contracting arrangements for these professionals is required.

7.3 Workforce requirements

We have 4 internal Best Interests Assessors (BIA) who are currently working in Assessment and Care Management and in the past have undertaken this role in addition to other duties within their teams. We also have a pool of 6 external assessors. Three Social Workers have enrolled for the next BIA course starting on 12th May 2014 but will not be qualified until the autumn. Identification of further Social Workers to attend future training is crucial and the University are willing to accommodate further applications in July 2014. Health and Wellbeing Senior Management Team are currently considering whether this qualification should be mandatory for all experienced social workers. We currently have 3 qualified Section 12 Doctors, with only two of those undertaking assessments on a regular basis.

Based on current and estimated volume, we know that continuing to work in this way is not dealing with the influx and will have a significant impact on Assessment and Care Management should this be drawn upon on an adhoc basis. Consideration needs to be given on how the local authority will recruit trained BIA's from external sources and/or invest in the development of the internal workforce to conduct reviews/assessments. Informal discussions with Leeds Met University suggest that they would be happy to run a further course in South Yorkshire in September where we may be in a position to send a considerable number of the workforce to train and qualify as BIA's.

It is anticipated that when we have the final outcomes of the scoping exercise a permanent resourced team of between 10 and 15 BIA's will be required to work on DoLS assessments and reviews on a permanent basis. In order to administer this level of assessment there would need to be a minimum increase to support the team of approximately 4 Business Support Officers.

Part of the scoping exercise will need to include the impact of the additional demand this will have on our RMBC legal services in terms of the additional applications to be made. Another local authority with similar provision have suggested that 30 plus applications to the COP will need to be made per month and believe that to facilitate this they will require 0.25 of a solicitor and a full time legal assistant.

A further option will be to not apply the new criteria from the judgement, thereby undertaking only those applications which meet the pre judgement definition, however this would require considerable screening at point of referral and would also be unlawful leaving the local authority vulnerable to litigation

8. Finance

Implementing the outcomes of the judgement will require considerable additional finances. This can only be more accurately calculated when we know the true extent of what resources and training will be required.

An initial scoping exercise, in respect of the potential numbers of new DoLS applications we could be facing, is indicated in the data listed below; however it should be noted that accurate figures regarding numbers of self-funding residents and those fully funded by continuing health care will be required. This information is currently being scoped more thoroughly.

- Total Residential beds (All adults) in Rotherham = 2291
- Funded by RMBC (including out of area placements) = 1,150
- CHC Funded = not known at this time
- Self-funding residents = Approx. 200 (based on an average of the information provided to us by providers)

An estimate of 80% of total residents would lack capacity to decide where they live, this information is based on data obtained from the Department of Health's Impact Assessment prior to the introduction of DoLS in 2009.

8.1 Deprivation of Liberty Safeguards

The current cost of a DoLS assessment is approx. £600, comprising costs of both Mental Health Assessors (s12 Approved Doctor), the cost of either payment for an independent BIA or to supplement Assessment and Care Management for lost Social Work time. This does not include the costs of management and administration, any necessary involvement of an Independent Mental Capacity Advocate and Paid Representative. Since 2009 the local authority received monies from the Department of Health to resource this responsibility and to date have not overspent on their budget in this area. The current allocation for 2014/15 is £137,689. The total expenditure last year was £126,277.

Based on the estimated figures above there is a potential for an additional 1000 DoLS assessments required within residential care homes in Rotherham (this excludes CHC and hospital patients), at a cost of approximately £650,000. This cost would be for the assessments only and does not include associated costs. This would be recurrent as Dols need to be reviewed at least annually. In addition each year we would be considering all new admissions into permanent care as requiring a DoLS assessment. In 2013/14 there were a total of 344 new admissions into permanent care. This does not include self-funding residents and those fully funded by continuing health care

The DoLS assessments cannot be undertaken by the assessing or reviewing Social Worker.

8.2 Court of Protection

In respect of Court of Protection (CoP) cases a current application costs between £400 and £900. The Courts have indicated that in order to deal with the vast numbers that will now be required they may deal with these as "bulk applications". Based on current numbers should these applications require to be completed individually this could amount to an estimated cost of £150,000.

In respect of 16-18yr olds in foster care or residential care there are only 32 and it is anticipated that few would meet the criteria.

It is extremely difficult to predict the overall costs at this stage. This will be dependent on the approach the Local Authority take in respect of the judgement, future national guidance and the reality of how many staff need to be trained to meet future demand and the outcome of a more comprehensive scoping exercise. However initial costing for assessment alone could be in the region of £1,000,000 with a yearly recurrent cost of approximately £700,000 for reviews and new assessments. This does not include financial implications in terms of costs for commissioners, legal services, human resources, additional Mental Health Act assessments and implications for s117 funding and training.

9. Risks and Uncertainties

In terms of uncertainties we at this stage cannot realise the full impact of the judgement. However, the local authority has drafted an initial action plan to deal with the known quantities at this stage, which will need to be updated regularly as the 'ripple effect' of this judgement is realised.

If the local authority fails to acknowledge the implications and fails to address the emerging issues, the likelihood of litigation is significant as is the reputation the Council. Discussions will need to be undertaken with the Council's insurers. Damages can be claimed for any period of unlawful deprivation of liberty, however benevolent the deprivation, and these can be

awarded by the Court of Protection without the need for a separate legal claim.

Due to the likely costs of dealing with the impact of this judgement there may be an impact on what the Council can deliver in other areas.

If we cannot finance and resource this sufficiently to meet the demand anticipated, there is an increased risk to vulnerable adults in terms of breaches in human rights and moves us in to the realm of safeguarding.

10. Policy and Performance Agenda Implications

At this initial reporting stage the full impact on the performance agenda cannot be fully quantified. Considered planning at every stage will be important to minimise the impact, although it is inevitable that this will be significant.

11. Implications for other Services

Whilst the principal impact of the Supreme Court judgment will be felt by Adult social services in its provision of care services to those adults with mental disorders which render the individual incapable of making decisions about their accommodation and care there could be substantial impact on services providing professional support. In particular for Legal Services. Standard authorisations can be appealed in the Court of Protection and where the Council does not have the statutory power to authorise any identified deprivation would require an application to the Court of Protection. Currently Legal Services has one adult services legal practitioner, who is also required to provide legal advice and assistance to Education Officers and the headteachers of local authority maintained schools. Legal Services are currently attempting to recruit a solicitor whose professional assistance will be shared between Adult Services and Child care. It is unlikely that any new practitioner would be able to assume his/her duties before the end of July 2014. This recruitment process was initiated to cover needs envisaged before the Supreme Court judgment was handed down and will not prove adequate to cover the potential flood of extra litigation.

The judgment clarified the meaning of deprivation of liberty. The human right not to be deprived of liberty without the process of law applies to individuals of all ages. The youngest of the persons concerned in the cases considered by the Supreme Court was only 17 years old. The Court of Protection has jurisdiction over persons aged 16 years or more although the Council can only grant authorisations in respect of adults aged 18 plus. In the case of a 16/17 year old if any provision of accommodation or services amounts to a deprivation of liberty as recently judicially defined, and that is not covered by for instance a children's care order and application to the Court of Protection will be required if the child concerned suffers from a mental disorder and is not capable of making his/her own decisions about accommodation and/or care and/or contact with others. Undoubtedly CYPS would require legal assistance and that is likely to place greater pressure on Legal Services.

All other frontline and supporting services and in particular those services of CYPs involved in child care must consider the impact of this judgement on their own procedures and human and financial resources.

12. Background and Consultation

12.1 Background

The Mental Capacity Act (MCA) was introduced in 2007 to protect the most vulnerable persons in our community. It ensures that those making decisions on behalf of a person who lacks capacity do so in their best interests. In respect of whether a person is being deprived of their liberty MCA looks at their ability to make the decision about where they live or are placed to receive appropriate care and treatment.

The Deprivation of Liberty Safeguards (DoLS) came into force in April 2009 without any clear definition of what constitutes a deprivation of liberty as opposed to a restriction of liberty. Interpretation of the legislation has varied widely nationwide.

The Local Authority has a responsibility in its role as Supervisory Body under the Safeguards to ensure that any person considered to be deprived of their liberty in a residential care home or hospital setting is subject to an assessment and authorises the deprivation of liberty where appropriate. This offers the person subject to the authorisation "safeguards" in order to protect their human rights.

In addition to this role, the Council also has a responsibility under the MCA to take cases of 'deprivation of liberty' in the community to make an appropriate application to the Court of Protection and has done so on several occasions.

A number of cases have appeared in the Court of Protection and the Court of Appeal where attempts at offering a definition have been made. More recently the Supreme Court has ruled on the cases of P v Cheshire West and Chester Council and P & Q v Surrey County Council and issued its judgement in March 2014. It is our interpretation that this has significantly lowered the threshold of what amounts to a deprivation of a person's liberty whether they are in a care home or hospital or community setting.

There were three applicants in this case, all of whom lacked capacity for the purposes of the MCA.

P, in the case of Cheshire West is an adult with cerebral palsy and Down's syndrome who requires 24-hour care to meet his personal care needs. P was accommodated in local authority accommodation, which was a bungalow shared with two other residents (Supported Living). P received 98 hours of one-to-one support each week, as well as general support from the care home staff. He was able to leave the house

whenever he wanted with the assistance of his carers. He went out most days and saw his mother regularly. P required prompting and help with all of the activities of daily living, he wore a 'body suit' of all-in-one underwear to prevent him from pulling at his continence pads and intervention was sometimes required to deal with his challenging behaviour.

P&Q in the case of Surrey County Council were sisters.

P (aged 18 at the time of the final hearing) lived with a foster mother who provided her with intensive support in most aspects of her daily living. P never tried to leave the home by herself but if she had done, the foster mother would have prevented her from doing so. P attended a further education unit daily.

Q (aged 17 at the time of the final hearing) lived in a residential NHS home for learning disabled adults with complex needs. Q sometimes required physical restraint, she was on sedative medication and her care needs were only met as a result of continuous supervision and control. Q showed no wish to go out on her own and so did not need to be prevented from doing so. She was accompanied by staff wherever she went and attended the same education unit as her sister.

The Supreme Court set down the criteria for determining what factors amounted to a deprivation of liberty based on the person being:

- Unable to consent to the living arrangements and
- Not free to leave (to live elsewhere) and
- Subject to continuous supervision and control.

Where Supervisory Body's and even the Courts have considered in the past a persons lack of objection, the relative normality of the situation and purpose of the arrangements being made, this is no longer relevant, rather now an indicator of whether it's in a this is deemed to be in the person's best interest.

12.2 Consultation

In order to ensure that staff and others are informed and kept up to date there is a plan in place to:

Host a Leadership Session to outline and discuss the implications of the judicial review

Develop and share briefings for the following groups to communicate the implications of the judgement and convey the plan of action:

- Members
- Providers
- NAS workforce
- CYPS workforce

Present a report to the Safeguarding Adults Board and the Health and Wellbeing Board and Operating Executive of Rotherham CCG.

Ensure the Rotherham MBC website is updated with accurate/ appropriate advice and information.

Initial discussions with local CQC management have taken place. They will on inspection of care homes be ensuring that providers are aware of the judgement and applying it appropriately. CQC appreciate that Local Authorities as Supervisory Bodies do not have the resources to deal with multiple applications from providers immediately. Providers will need to demonstrate that they have recognised the issues and are managing the risks and are in consultation with the Local authority. Where CQC are satisfied that this has been managed appropriately there would be no penalties for the providers.

They are not in a position to say that local arrangements may not change dependent on national guidance that they receive in respect of this issue.

13 Background Papers

P and Q (by their litigation friend, the Official Solicitor) (Appellants) v Surrey County Council (Respondent) and P (by his litigation friend the Official Solicitor) (FC) (Appellant) v Cheshire West and Chester Council and another (Respondents)

http://supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf

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Deprivation of Liberty Safeguards

Ensure the local authority continues to comply with law following the revised test supplied by the Supreme Court about the meaning of Deprivation of Liberty – ‘there is a deprivation of liberty if a person is under continuous supervision and control **and** is not free to leave, **and** the person lacks capacity to consent to these arrangements’

No.	Action	Lead Officer	Target End Date	Progress	Estimated Cost £	Outcome
1. Communication						
1.1	Host a Leadership Session to outline and discuss the implications of the Supreme Court judgment in the <i>Cheshire West and P&Q v Surrey cases</i> .	Shona McFarlane	14 th May 2014	Session scheduled to take place 14.05.14 2-4pm		Raise awareness across managers of the judicial review and its implications
1.2	Develop and share briefings for the following groups to communicate the implications of the judgement and convey the plan of action: <ul style="list-style-type: none"> • Members • Providers • NAS workforce • CYPS workforce <i>(Dependency: 1.1, 1.3, 1.4, 3.3)</i>	Amanda Coyne	23 rd May 2014	Amanda is attending a Provider Forum on 02.05.14		Raise awareness of the judicial review and the practical implications of this
1.3	Gain approval from Legal prior to communicating briefings <i>(Dependency: 1.2)</i>	Amanda Coyne	23 rd May 2014	No progress to date		All communication is legally sound
1.4	Prepare an initial report for	Amanda	6 th May	DLT report completed 02.05.14		DLT understand the

	<p>the consideration by and endorsement of DLT (and potentially SLT) to include:</p> <ul style="list-style-type: none"> • Judgement requirements • Scope • Practical / resource /cost implications • Recommendations (i.e. approach) <p><i>(Dependency: 2.1, 2.2, 2.3, 2.4, section 3)</i></p>	Coyne Sam Newton	2014	ahead of next meeting due to take place 06.02.14		implications of the judicial review and endorse the recommended approach
1.5	Keep DLT informed on progress at regular intervals through submitting updated reports	Amanda Coyne Sam Newton	Ongoing	Initial report completed		DLT continue to understand the implications of the judicial review and endorse the recommended approach
1.6	<p>Present a report (DLT report) to the Safeguarding Adults Board and the Health and Wellbeing Board to share information</p> <p><i>(Dependency: 1.4)</i></p>	Amanda Coyne Sam Newton	End June 2014	<p>The next Safeguarding Adults Board will take place in June</p> <p>The next Health and Wellbeing Board is 4th June 2014</p>		Raise awareness of the judicial review and its implications
1.7	Ensure the RMBC website is updated with accurate/appropriate advice and information	Claire Green	End June 2014	Manchester's website has been identified as best practice – this is to be reviewed and RMBC requirements to be submitted to the Website Team		Accurate advice and information is available
1.8	Raise awareness of the	Amanda	End June	No progress to date		Raise awareness of

	judgement with Insurers	Coyne	2014			the judicial review and its implications
2. Scope and resource						
2.1	<p>Complete a scoping exercise to understand how many individuals the judgement will affect. This must include Adults and Children (16years+ Foster Care) and Health</p> <p>Agree membership and set up a DOLS Working Group to fully understand the scope and the implications of this across RMBC teams</p>	<p>Janine Parkin & inc. rep from LD</p> <p>CYPS Commissioner</p> <p>CCG Commissioner</p> <p>Legal</p>	<p>Initial scoping exercise 6th May 2014</p> <p>Full scope June 2014</p>	<p>1,150 – RMBC funded residential beds 150 - Supported Living 16 - living in Shared Lives 32 – CYP Foster care, remand or residential</p> <p>Total 1,348</p> <p>It is estimated that 80% of this total will lack capacity – around 1,000</p> <p>Outstanding areas yet to be scoped – CHC, hospital and self-funders</p>		A clear scope is understood
2.2	<p>Review all previous DOLS applications received in the past 2 years and determine how many the judgement will affect (DOLS – institutions)</p>	Amanda Coyne	31 st May 2014	1 FTE Social Worker (from Access/Intake team) has been seconded on a months basis as a Best Interest Assessor to complete this desk top exercise		A clear scope is understood
2.3	<p>Agree an approach to assessing / reviewing individuals that are impacted upon by the judgement</p> <p><i>(Dependency 2.1, 2.2)</i></p>	Amanda Coyne Sam Newton	6 th May 2014	An approach is recommended as per the DLT report		The implications of the judgement are implemented
2.4	Calculate what implication the judgment will have on	Amanda Coyne	End June 2014	•4 BIA qualified Social Workers currently working in ACM	*Cost attached	The implications of the judgement are

	<p>resources and make suitable recommendations to meet the requirements of the scope. This must include a short term and long term staffing solution.</p> <p><i>(Dependency: 2.1, 2.2)</i></p>	Sam Newton		<ul style="list-style-type: none"> • Pool of 6 external assessors • 3 qualified Mental Health Assessors, of which 2 undertake assessments on a regular basis <p>It is recommended that a specialist team is required as a long-term solution, how this will be resourced will depend on completion of the scoping exercise.</p> <p>Estimated cost per year £1million*, including existing customers to revisit/reassess and new customers. Recurrent cost approximated at £700K</p> <p>*There will be further financial costs relating to commissioners, legal services, HR, additional Mental Health act assessments and implications for s117 funding.</p>	TBA ceiling cost for BIA	implemented A solution is put in place to manage the judgement both short and long term
2.5	<p>Scrutinise the Section 12 Approved Doctor List to calculate the number of Mental Health Assessors required and recruit</p> <p><i>(Dependency: 2.1, 2.2)</i></p>	Amanda Coyne	End May 2014	Scrutiny of list and draft expression of interest letter to be completed and sent by end May 2014	*Training cost, ongoing salaries	The LA is staffed with skilled professionals able to fulfil the requirements of the judicial review
2.6	Increase the Mental Capacity	Sam Newton		1 FTE BIA has been seconded	*Cost attached	The LA is staffed with

	Assessment Team with Best Interest Assessors and additional business support <i>(Dependency: 1.4, 2.1, 2.2)</i>			to the team on a temporary basis - for one month, see 2.2		skilled professionals able to fulfil the requirements of the judicial review
2.7	Consider how the LA will advertise to employ Best Interest Assessors to conduct reviews/assessments and to train staff	Amanda Coyne Sam Newton	31 st May 2014	<ul style="list-style-type: none"> Leeds Met University has offered additional training across South Yorkshire. Training courses planned for May 2014 – x3 staff have been enrolled to attend. It has been agreed that the course will be opened to more staff if required. X3 staff will qualify as BIAs by September 2014 	*Costs attached	The approach is achievable
3. Policy, procedure and process						
3.1	Agree and implement a process for taking DOL applications to the Court of Protection (DOL - community) <i>(Dependency 3.2)</i>	Amanda Coyne	Ongoing	366 cases have been identified as requiring an application to the Court of Protection Awaiting Court decision on how applications will be accepted	*Cost attached to submitting applications	A consistent approach to applying the requirements of the judicial review is taken
3.2	Implement the published Practice Guidance on how the Court of Protection will receive the DOL application	Amanda Coyne	Ongoing	Awaiting Court decision on how applications will be accepted	*Cost of submitting application(s)	A consistent approach to applying the requirements of the judicial review is taken
3.3	Develop a set of criteria to prioritise cases and seek endorsement of the approach from DLT	Amanda Coyne	6 th May 2014	It is recommended that prioritisation is based on urgency and placing (care homes and hospital).		Criteria is applied consistently to ensure a pragmatic approach to meeting the

				For more detailed recommendations see DLT report		requirements of the judgement
3.4	Develop and implement a placement protocol for staff to follow	Amanda Coyne Michaela Cox	31 st May 2014	Draft protocol completed, approval to be sought at the Leadership Session (14 th May 2014)		A protocol is applied consistently to ensure a pragmatic approach to meeting the requirements of the judgement
3.5	Develop and implement a process for accepting DOLS cases with agreed timescales <i>(Dependency 3.3)</i>	Amanda Coyne	31 st May 2014	A process has been drafted, endorsement required from DLT to apply it in practice		A process is applied consistently to ensure a pragmatic approach to meeting the requirements of the judgement
3.6	Review and revise Standard DOLS Forms to ensure that they are less bureaucratic, simplified and reduce the time taken to complete	Amanda Coyne	31 st May 2014	Sheffield Council is due to circulate an approach – this is to be reviewed against RMBC current forms		The process is supported to be effective and efficient
3.7	Review and update the Mental Capacity Act and DOLS Policies and Procedures	Amanda Coyne Sam Newton	End August 2014	No progress to date		Policies and procedures are up to date and relevant
4. Contracts and Regulatory Bodies						
4.1	Review the Independent Mental Capacity Advocate and Paid Representative contracts (held with RAP and Age UK) in line with the judgement	Janine Parkin	June 2014	This action is recommended in the DLT report No progress to date		Revised contracts reflect the judgement

4.2	Ensure expectations from CQC are applied in practice and shape the approach taken to implementing the judgement	Amanda Coyne Sam Newton	31 st May 2014	Complete – discussion has taken place and CQC has endorsed RMBC approach. Approach has been included in the DLT report for information		The LA approach is consistent with inspection expectations
5. Funding						
5.1	Explore funding opportunities from central government	Mark Scarrott	June 2014	No progress to date		

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1	Meeting:	Cabinet Member for Adult Social Care
2	Date:	16 June 2014
3	Title:	Care Act 2014
4	Directorate:	Neighbourhoods and Adult Services

5 Summary

The Care Act 2014 represents the most significant change to social care legislation in 60 years, and the timescales within which it is to be implemented are extremely tight. It received Royal Assent this week. Probably as significant as the Act is the accompanying regulations and guidance which will form the basis of implementation of the new legislation, and they are due out for consultation in May/June 2014.

This report outlines briefly the key elements of the Care Act 2014 and the plans in place to support its implementation in Rotherham.

6 Recommendations

- **Cabinet Member notes the report and the plans in place for implementation.**

7 Background

7.1 The White Paper, “Caring for our Future, Reforming Care and Support”, set out the proposed changes in the care and support system.

The Law Commission Report of 2011 recommended bringing together the piecemeal framework of legislation which supports Adult Social Care into one piece of legislation and this report informs the Bill. While not achieving the level of attention raised by the Health and Social Care Act 2012 (which focused almost exclusively on health services) there have been, and continue to be, changes to the bill as it has passed through Parliament and a detailed examination of the final legislation will be required to ensure that the amendments have been fully understood and captured in the plan.

In addition to regularising the legal framework it also sets out a cap for the charges that people will have to pay for care in their lifetime. The Act’s stated purpose is to prevent and reduce needs, to put people in control of their support and to clarify entitlements to Care and Support, as set out in Part 1.

Parts 2 and 3 of the Bill set out the changes to the way CQC regulates Health and Social Care Services and changes to Health Education that were not included in the Health and Social Care Act 2012. Neither Part 2 or 3 is addressed in this report but will be reviewed once the legislation is finalised and further reports provided if necessary.

7.2 The Care Act 2014

The Care Act aims to transform the social care system and its funding. As a result, a clear and detailed plan is required to prepare for its implementation, and to understand the impact it will have on the Council. The Department of Health is working together with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) to develop and shape the regulations which will come under the primary legislation, and to inform the statutory guidance on how local authorities will meet the legal obligations.

The legislation will have a major impact on local authorities in relation to their adult social care responsibilities. The Care Bill places new duties and responsibilities on local authorities as well as extending existing responsibilities. The Bill also seeks to introduce new regulations in relation to people’s eligibility for care and support services, and in changing the existing charging regimes. Additionally, the Bill seeks to introduce funding reforms based on the recommendations of an independent commission led by Sir Andrew Dilnot in 2011.

The Care Bill places a duty on local authorities to carry out their care and support functions with the aim of integrating services with those provided by the NHS and other health related services including housing, to be in place by 2018.

7.3 **Key elements of the Act as currently laid out:-**

Improving Advice, Information and Guidance

The Bill sets out the responsibilities that LAs will have to provide comprehensive information, advice and guidance about available services (including those provided by the Health and Voluntary Sector) to anyone in need, irrespective of whether they meet eligibility. Local authorities will also need to identify carers or people with care and support needs not currently being met.

Entitlement to Care and Support

The Bill gives carers an equal right to assessment. It also seeks to provide a consistent way to establish eligibility across the country. Local Authorities must complete an initial assessment of need to establish if an individual has eligible needs and then agree the cost of care. A financial assessment will then determine if needs can be met by the LA or if the person will need to pay for their own care, under the cost capping scheme. All individuals will have the right to ask the LA to arrange their care for them irrespective of who is funding the care.

Assessment of Eligibility

The LA's duty to provide an assessment irrespective of financial circumstances is strengthened. Following an assessment, a new National Eligibility Criteria will be used. It is thought that the new criteria will match the level at which Rotherham has set its Fair Access to Care Services (FACS) eligibility – substantial – but the detail is as yet unknown. There is a new Appeal Process allowing appeals of the outcomes of assessment.

Personalisation

The Bill embeds current commitments to providing personalised services. LAs have to provide each individual with a personal budget and a care and support plan, or a support plan to support a carer, even when the cared for person does not have eligible needs. This area is as yet unspecified as to the way in which these needs are to be met and represents a significant risk. All individuals in need of care will receive a Personal Budget which outlines costs of care, including where the LA is not the funder. LAs will also have a legal duty to review plans for people who fund their own care. RMBC currently review the services received by people who self fund and choose to use our contract to support their self-funded placement in residential care, as a matter of good practice. This however represents a significant resource risk as it widens the number of reviews required by an as yet unqualified sum.

Financial Assessment

The new law will set out a clear approach to charging. Details are still not yet known. There has been some detail set out on the Care Cap and Care Account.

Cap on Care Costs

The cap will be introduced in April 2016. The cap will be set at £72,000 for people of state pension age and over. The agreed cost of meeting care needs (not the amount the individual pays) will contribute towards the cap. Details are as yet unclear as to how people under 65 will be treated, but their cap may be lower. People who turn 18 with eligible needs will receive free care and support to meet these needs. This will result in a reduction in income to the council. People with up to £118,000 capital, including the value of their home, will receive financial help, rather than £23,250 as at present. Living costs (known as hotel costs) will still need to be paid by people in residential care, at a level of around £12,000 per year. This is not widely known and means that people will not reach their “cap” of £72,000 as quickly as they may currently think.

Deferred Payments

There is a new legal right to defer payment on admission to care, set against the value of your home. Rotherham already provides this service. The key change is that the LAs can now charge interest on these payments to cover costs.

Safeguarding

It will be a legal requirement to have a Safeguarding Adults Board and to arrange for Safeguarding Adults Reviews to ensure lessons can be learned from serious incidents. The Rotherham SAB was reviewed in 2013 in anticipation of this change and, subject to a review of final guidance, should be compliant in April 2015.

Carers

As mentioned above, carers are given the same rights as the people they care for and LAs will now have a duty to provide carers with their own assessment of support needs. An LA can consider charging carers for support, which is a change from current legislation care provided to the individual continues to be charged to the individual.

Portability of Assessment/Provision

There is a new duty to provide a consistent service when someone moves from one LA to another, from day one of their move into the Borough.

Provider Failure

The Bill sets out a requirement on CQC to oversee the financial stability of providers and this section requires LAs also to be aware of the financial stability of the most hard to replace providers, and to have plans in place to support provider failure. LAs will have a clear temporary responsibility to ensure both residential and domiciliary care continues if a care provider fails, regardless of whom currently pays for the care.

Transition from Child to Adult

This gives young people and their carers a right to request an assessment prior to the child turning 18. It does not refer to the Green Paper initiative in

Children's Services which should ensure that every child with a disability or special educational need has an Education Health and Care Plan from 14 to 25. There will be a need to ensure both sets of legislation and guidance are developed with reference to each other.

7.4 Implications for Rotherham

It is anticipated that additional funding will be made available to local authorities in relation to these new duties but at this stage it is not clear what the level of funding will be and whether this will cover the actual costs that local authorities will have to meet. Also, it is not clear whether the funding will include temporary allocations for implementation of the changes.

Local authorities are now considering the implications of the changes arising from the new legislation. Some of the issues that the Council will need to address are:

- understanding the implications for the Council of a national eligibility framework
- need clear information about self-funders, not just in care homes but also those with eligible needs who are purchasing community based support services, who will be entitled to an assessment of need, support plan and annual review
- gaining an understanding of the new processes that will need to be put in place for the provision of 'care accounts' including;
 - financial assessments of self-funders
 - the monitoring of self-funders' eligible care costs, based on what the local authority would pay for the care i.e. 'reasonable cost', not on the amount the self-funder is paying
 - production and provision of 'care account' statements for self-funders
- assessing the financial implications of the cap on care costs and of an increase in the upper threshold for financial support from the local authority
- awareness of those people, including carers, who have unmet needs who would be eligible for social care services
- an understanding of the numbers of carers who will be entitled to an assessment, to support planning where relevant
- the financial implications of extended carers' support services – which will be non-chargeable

- the implications arising from the responsibility of ensuring there are sufficient preventative services which delay people's need for long term care and support
- the development of processes to recover costs for meeting a person's eligible needs where funding responsibility lies with another local authority
- the resource implications of extended responsibilities in relation to transitions from children's to adults' services
- the implications for assessment and care management staff with a move to proportionate assessments with an 'asset based' approach i.e. enabling people to determine the best way in which their needs can be met utilising their own resources, with any additional support being provided via the local authority
- the implication of extended responsibilities to provide written information and advice to people with non-eligible needs on what can be done to prevent or delay the need for care and support

7.5 Implementation Plans

There is a National Programme in place, co-led between the DCLG and the LGA with ADASS involvement. There is also a regional programme, led by ADASS Yorkshire and Humberside Branch, with a lead officer and sub groups. Local authorities will be working with and contributing to these work groups.

In order to gain early understanding of the changes and the implications for the Council, a programme of work commenced in 2013 in Rotherham to consider in detail the implications of the Bill and to scope and plan the implementation of the required changes. A Care Act Steering Board has been established with workstreams identified against key areas of work. This work will also enable the Council to identify future resource requirements arising from implementation of the new responsibilities.

Substantive sub groups have now been set up, each with Terms of Reference, an action plan and risk register. The Board will manage the development and implementation of plans, once the final legislation has been published, and will ensure implementation is managed and effective.

The sub groups and leads are:-

- Information Advice and Guidance (Sarah Farragher)
- Finance, Deferred Payments and Charging (Mark Scarrott)
- Assessment, Eligibility and Transitions (Michaela Cox)(John Williams)
- Commissioning (Janine Parkin)
- Safeguarding (Sam Newton)

The Enabling sub-groups are:-

- Communication and Customer Engagement (Dave Roddis)
- Policy Group (Kate Green)
- Carers (Janine Moorcroft)
- Workforce Development (Michaela Cox)
- ICT Change (Jayne Dickson)
- Legal Perspectives (Linton Steele)

The Care Bill Tracker attached (Appendix A) shows that actions required against each clause have been captured within a workstream. There are a number of other actions needed which incorporate a range of actions or implications of the Bill which need to be addressed through a Task and Finish Group. These include:-

- the development of a guidance document or care management manual which sets out clearly the way in which Rotherham is implementing the Care Act. This will include specific guidance which will be developed by each of the workstreams. This manual should be reviewed by Legal Services, once complete, to ensure RMBC is compliant. It will need to be reviewed, following any legal challenge to the Act and at least annually to ensure ongoing compliance. It is not intended to be a set of instructions but should guide the way in which professional implement the Act.
- Provider Services/Quality of Services – while not a focus of the Act, there are implications for both in-house provider services, Contract Compliance Officers, Contracts Team and Performance and Quality Services. The impact of the Duty of Candour, ratings, service quality profiles to be assessed and actions agreed.
- Carers – this is the change with the potential to have the largest financial and resource implications. To ensure that the strands that relate to carers – assessment, eligibility, support planning, charging – are developed consistently across the workstreams, it is suggested that a workshop or task and finish group is established to scope the actions required and task out to the workstreams for delivery.

8 Risk and Implications

Many of the implications have been set out above. There are other areas of risk including:

- Increased costs when people reach the Care Cap of £72,000 and the Council then has to meet the full cost of care, regardless of the value of their assets.

- Cost of implementation of care account, in administration and system costs for this new initiative, cost of implementing the Appeals system, unlikely to be offset by any reductions in complaints, and initial set up costs, costs of transformation and staff development.
- Impact on council of significant increase in numbers of people approaching the council for assessment, review and care account. As yet unquantified, work is underway through the use of an ADASS tool to estimate the impact on Rotherham.
- Impact on the cost of care from existing large scale cross-subsidisation of local authority placements by people who fund their own care.
- Time to implement significant changes such as consultation on charges to eligibility.
- Regulations and guidance are therefore not tested and could be open to legal challenge post April 2015.
- Any changes must be co-produced with customers, in consultation and engagement, to ensure that they are part of, and aware of changes.
- There is no one single model that can determine costs; the factors are so complex and inevitably factors previously unconsidered will emerge during implementation.
- Impact on provider market – it is known that residential homes operating in deprived areas with mainly LA funded residents will become less cost effective and there is a risk of a two tier market.

The Care Act Board has developed a risk register.

9 Finance

In the Local Government Finance settlement in December 2013 it was announced that Local Authorities will receive an allocation for Adult Social Care new burdens funding in 2015/16 to fund increased capacity including the implementation of the universal deferred payment scheme. £335m is available nationally with Rotherham indicative allocation of around £1.8m but yet to be fully confirmed. Also within the Better Care Fund there is the expectation that an element of the existing funding should be used to cover a national minimum eligibility threshold and introduce a new duty to provide support for carers.

All Local Authorities are to receive a non-recurrent grant of £125k in 2014-15 to support early implementation of the Care Bill.

10 **Policy and Performance**

The Care Bill Tracker will ensure that all elements of Part 1 of the Act are addressed. In addition, Part 2, which relates to CQC activity, Part 3 relating to Health Education England, and parts 4 and 5 which relate to integration and general orders will be reviewed to ensure that any related links to Adult Social Care and Public Health Services are known and addressed.

The Customer Engagement Sub Group will ensure that all changes are co-produced, ensuring that customers are kept at the heart of the process.

An Impact Assessment is being produced.

This process results in significant changes to Council Policy – both in terms of amendment to existing and new policy. Consideration is being given to the way in which these changes can be managed efficiently in respect of Council decision making and approval processes, including consultation with members, and Cabinet timetables.

11 **Background Papers and Consultation**

- “Caring for the Future, Reforming Care and Support” – Dept of Health 2012
- “Adult Social Care” – Law Commission, May 2011
- Care Bill (HL) – 2012/13 www.parliament.uk
- Care Bill Fact Sheets www.gov.uk

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Care Bill Implementation Tracker

Clause no.	Clause name	Description	Regs?	Impact on RMBC - summary self assessment	Sub Group / Lead	Interdependencies					EIA required	Risk Register ref	Notes
						Carers	Workforce / Training	Customer Engagement	ICT change	Policy / Process change			
General responsibilities of local authorities													
1.	Promoting individual wellbeing	-General duty to promote all people's wellbeing (including adults and carers) when providing support. -Particular emphasis on ensuring people have choice and control and receive personalised care.	None	A Underpins all the Bill changes	Information, Advice and Guidance - Sarah Farragher	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx		Communications, Policy statement?, review of existing strategies, customer engagement
2.	Preventing needs for care and support	-LAs must reduce, prevent or delay the development of support needs for both adults and carers. -Must consider the availability of social capital in delivering the above, and how we identify adults and carers with support needs.	Being drafted	A Underpins all the Bill changes	Information, Advice and Guidance - Sarah Farragher	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx		xxxxxxxxxxxxxxxx			Clear policy/strategy on prevention and early intervention, clarify the 'offer', Commissioning, PH. Identify known and unknown eligible and non-eligible customers and carers.
3.	Promoting integration of care and support with health services etc.	-LAs must integrate with health services when we think it would promote people's wellbeing, prevent or delay the development of need, and/or improve the quality of support. -Includes both adults and carers.	None	A Confirm whether our current approach complies with this clause	Information, Advice and Guidance - Sarah Farragher	xxxxxxxxxx		xxxxxxxxxxxxxxxx		xxxxxxxxxxxxxxxx			Links to Better Care Fund activity - to cross reference
4.	Providing information and advice	-LAs must provide an information and advice service on a range of listed issues, for all people (including adults and carers). -Must ensure the service provides enough information for people to understand the financial implications for them and make plans for their support needs. -The service must be accessible and proportionate.	None	R Validate and update our existing strategy against the Bill	Information, Advice and Guidance - Sarah Farragher	xxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx			Need a clear position statement or strategy that clarifies the 'offer'. Possible change/ extension to role of Assessment Direct and case management social workers. Xref finance group
5.	Promoting diversity and quality in provision of services	-LAs must promote choice, quality, sustainability and information on the care provider market and consider a range of listed issues in delivering this -Including enabling adults and carers who wish to enter work, education or training -For adults, carers and anyone with a personal care and support need	None	A Validate current quality assurance approach against the Bill	Commissioning - Janine Parkin			xxxxxxxxxx		xxxxxxxxxx			Links to Communications. Xref MIR. Customer engagement . Assessment and Care. CCO's - P&Q. T&F on service quality profiles.
6.	Co-operating generally	-LAs must work with partners (and our partners must work with us) when delivering adult social care or relevant services -Specifically between ASC, housing services, Children's services and Public Health, but also lists other partners. -Lists reasons why we must work with partners (e.g. promoting wellbeing, addressing safeguarding risks). -Covers both adults and carers	Being drafted	A Validate current approach against the Bill	Information, Advice and Guidance - Sarah Farragher	xxxxxxxxxx							Cross references safeguarding, CYPS . Needs policy statement or review of existing strategies. Refers to BCF and HWBC. General point - may need evidencing
7.	Co-operating in specific cases	-LAs must work with partners (and partners must work with us) on specific cases unless it would have an adverse effect on delivering its own services. -Includes adults, carers, young carers and carers of children. -Same partners as under clause 6.	None	A Validate current approach against the Bill	assessment, Eligibility and Transitions - Michaela Cox (John Williams)								Legal advice needed. NO SPECIFIC ACTION?
Meeting needs for care etc.													
8.	How to meet needs	-LAs should draw on a range of means to meet needs for both adults and carers (e.g. support in home, residential care).	None	A Already offer a wide range of means to meet needs	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxx			Links to commissioning, Market Position Statement, customer engagement
Assessing needs													

Care Bill Implementation Tracker

Clause no.	Clause name	Description	Regs?	Impact on RMBC - summary self assessment	Sub Group / Lead	Interdependencies					EIA required	Risk Register ref	Notes
						Carers	Workforce / Training	Customer Engagement	ICT change	Policy / Process change			
9.	Assessment of an adult's needs for care and support	-LAs must assess whether an adult has needs and what they are, if it appears they have needs. -Irrespective of adult's level of need and their finances. -Lists what the assessment must cover and who must be involved (focus on outcomes and wellbeing, impact on daily living)	None	R Revised assessment process may be required which focuses on prevention and friends, family and community	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx		Links to customer engagement. Need to present the 'customer journey'.
10.	Assessment of a carer's needs for support	-LAs must assess whether a carer has needs (or will do) and what they are, if it appears they have needs. -Irrespective of carer's level of need and their finances. - Lists what the assessment must cover and who must be involved (focus on outcomes and wellbeing, impact on daily living, whether the carer wishes to work or participate in education/training/recreation)	None	R Revised assessment process may be required which focuses on prevention and friends, family and community. Will have implications for how carers' assessments are carried out.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx		Links to Finance group for assessments.
11.	Refusal of care assessment	-LAs are not required to do an assessment if the adult or carer refuses, unless there is a safeguarding risk or they lack capacity.	None	R Revised assessment process may be required which focuses on prevention and friends, family and community	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxxx			xxxxxxxxxxx			
12.	Care assessments under sections 9 and 10: further provision	-Regulations will give more detail on how to do assessments. -Including taking a whole family approach, ensuring it is appropriate and proportional, when continuing healthcare assessment is applicable, when joint assessments are appropriate.	Being drafted	R Revised assessment process may be required which focuses on prevention and friends, family and community	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)								Need a clear policy on how we will work with customers to assess need "the conversation" Factsheet 3.
13.	The eligibility criteria	-Once assessed whether the adult or carer has needs, LAs must determine whether their needs meet eligibility criteria. -If needs meet eligibility criteria, must plan how to meet them. -If needs do not meet eligibility criteria, must provide information and advice. -Regulations will define the eligibility criteria.	Being drafted	R Revised assessment process may be required which focuses on prevention and friends, family and community. Must comply with new national eligibility criteria.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx	xxxxxxxxxxx		Written advice to customer if they do not meet eligibility following assessment.
Imposing charges and assessing financial resources													
14.	Power of local authority to charge	-LAs may charge costs of meeting needs. -Regulations will specify which services an LA cannot charge for.	Being drafted	R Significant new process and practice to introduce (likely to include financial process, ICT and workforce change)	Finance - Mark Scarrott		xxxxxxxxxxx		xxxxxxxxxxx	xxxxxxxxxxx			Specific staff will need training

Care Bill Implementation Tracker

Clause no.	Clause name	Description	Regs?	Impact on RMBC - summary self assessment	Sub Group / Lead	Interdependencies					EIA required	Risk Register ref	Notes
						Carers	Workforce / Training	Customer Engagement	ICT change	Policy / Process change			
15.	Cap on care costs	-LAs may not charge if total costs to meet eligible needs exceed the cap. -Cap calculation excludes daily living costs (both to be specified by regulations; cap calculation may vary for persons of different ages or description).	Being drafted	R Significant new process and practice to introduce (likely to include financial process, ICT and workforce change)	Finance - Mark Scarrott			xxxxxxxxxxxx					Consultation with providers , xref to commissioning
16.	Cap on care costs: annual adjustment	-Cap will be varied annually to match national average earnings.	None	R Significant new process and practice to introduce (likely to include financial process, ICT and workforce change)	Finance - Mark Scarrott								
17.	Assessment of financial resources	-LAs must assess an adult/ carer's finances and the amount they would need to pay if the LA wishes to charge. -LAs must not pay if the adult's finances exceed a level specified in regulations (and if the adult's total costs do not exceed the cap). -Regulations will give more detail on how to do financial assessments.	Being drafted	R Significant new process and practice to introduce (likely to include financial process, ICT and workforce change)	Finance - Mark Scarrott			xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx			
Duties and powers to meet needs													
18.	Duty to meet needs for care and support	-LAs must meet an adult's needs if they live in their area, meet the eligibility and financial assessment criteria, if the adult requests support irrespective of their finances, or lacks capacity.	None	G Similar to current process and practice. May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx					Policy statement , MCA review so may lead to training
19.	Power to meet needs for care and support	-LAs may meet an adult's needs if they do not meet eligibility criteria, or if they do meet the eligibility criteria but live in another area, or if it is urgent.	None	G Similar to current process and practice. May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx					
20.	Duty and power to meet a carer's needs for support	-LAs must meet a carer's needs if they live in their area, meet the eligibility and financial assessment criteria or if the carer/ adult requests support irrespective of their finances. -LAs may meet a carer's needs by providing support to the adult	None	A Similar to current process and practice. May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxxxx	xxxxxxxxxxxx			xxxxxxxxxxxx			Policy statement
21.	Exception for persons subject to immigration control	-Under certain conditions, care and support does not have to be offered to certain immigrants.	None	G May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)								Safeguarding /domestic abuse cross reference
22.	Exception for provision of health services	-Care and support services should not be offered if the NHS should be providing them.	Being drafted	G Similar to current process and practice. May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)								

Care Bill Implementation Tracker

Clause no.	Clause name	Description	Regs?	Impact on RMBC - summary self assessment	Sub Group / Lead	Interdependencies					EIA required	Risk Register ref	Notes
						Carers	Workforce / Training	Customer Engagement	ICT change	Policy / Process change			
23.	Exception for provision of housing etc.	-Care and support services should not be offered if a LA should be providing them through housing services.	None	G Similar to current process and practice. May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)								
Next steps after assessments													
24.	The steps for the local authority to take	-LAs must prepare a support plan when meeting needs of adult or carer. -Must tell the adult what will be met through direct payments.	None	G Similar to current process and practice. May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx				Format for care and support plans.
25.	Care and support plan, support plan	-Lists what the support plan must contain (including a personal budget), what information must be provided about direct payments, and who must (the adult and their carer(s)) and can be involved in developing it.	Being drafted	A Validate whether existing process and practice is appropriate and meets Bill requirements	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		
26.	Personal budget	-A statement which tells the adult or carer how much it will cost the LA to meet their needs, how much the adult must contribute to meet those costs, and the difference which the LA will pay.	None	A Validate whether existing process and practice is appropriate and meets Bill requirements	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		Link to finance group
27.	Review of care and support plan or of support plan	- LAs must review support plans and describes how the review should take place (e.g. must involve adult and their carer(s)). - If appropriate, adult or carer must carry out a re-assessment or financial assessment.	None	A Validate existing process and practice against Bill	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx			Performance ZBR
28.	Independent personal budget	- A statement which tells the adult what the cost would be to the LA of meeting their eligible needs. - Must review the independent personal budget and if necessary do a re-assessment.	None	R Significant new process and practice to introduce (likely to include financial process, ICT and workforce change)	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx			
29.	Care account	- A record of an eligible adult's accrued costs towards the cap. - LAs must keep up-to-date care accounts	Being drafted	R Significant new process and practice to introduce (likely to include financial process, ICT and workforce change)	Finance - Mark Scarrott		xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx		
30.	Cases where adult expresses preference for particular accommodation	-Regulations will describe conditions by which LAs must arrange for an adult's preferred accommodation.	Being drafted	G Similar to current process and practice. May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxxxx	xxxxxxxxxxxx					Policy needed. Link to RFT choice policy
Direct payments													

Care Bill Implementation Tracker

Clause no.	Clause name	Description	Regs?	Impact on RMBC - summary self assessment	Sub Group / Lead	Interdependencies					EIA required	Risk Register ref	Notes
						Carers	Workforce / Training	Customer Engagement	ICT change	Policy / Process change			
31.	Adults with capacity to request direct payments	-Requests for direct payments must be granted, on certain conditions (e.g. adult has capacity) and subject to regulations.	None	A B Similar to current process and practice. May require procedures and training to be updated.	assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx					In year activity to increase DP must link to future requirements. xref commissioning and safeguarding
32.	Adults without capacity to request direct payments	-Requests for direct payments to an authorised person must be granted, on certain conditions and subject to regulations.	None	A Similar to current process and practice. May require procedures and training to be updated.	assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx					In year activity to increase DP must link to future requirements. xref commissioning and safeguarding
33.	Direct payments: further provision	-Regulations will provide further information on direct payments, including conditions by which they are granted. -LAs must end direct payments if the conditions are breached, and may do if the money is not spent on meeting the adult's needs.	Being drafted	A Similar to current process and practice. May require procedures and training to be updated.	assessment, Eligibility and Transitions - Michaela Cox (John Williams)								Policy needed
Deferred payment agreements, etc.													
34.	Deferred payment agreements and loans	- Regulations may allow LAs, under certain conditions, to agree with an adult to defer payment.	Being drafted	A Similar to current process and practice. May require procedures and training to be updated.	Finance - Mark Scarrott					xxxxxxxxxxxx			
35.	Deferred payment agreements and loans: further provision	- Regulations may provide further detail on how deferred payments operate (e.g. charging interest, security, ending agreements).	Being drafted	G Similar to current process and practice. May require procedures and training to be updated.	Finance - Mark Scarrott					xxxxxxxxxxxx			
36.	Alternative financial arrangements	- Regulations may allow LAs to agree alternative financial arrangements with an adult.	Being drafted	G Similar to current process and practice. May require procedures and training to be updated.	Finance - Mark Scarrott					xxxxxxxxxxxx			
Continuity of care and support when adult moves													
37.	Notification, assessment, etc.	- When an adult with care needs moves between LAs, the first LA must provide all relevant information (listed). - The second LA must provide information and assess the adult and their carer, taking into account their previous support plan.	Being drafted	G May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxxxx	xxxxxxxxxxxx		xxxxxxxxxxxx			
38.	Case where assessments not complete on day of move	- Second LA must continue with the first authority's support plan, until an assessment is done.	Being drafted	A Change to current practice which will require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)					xxxxxxxxxxxx			
Establishing where a person lives, etc.													

Care Bill Implementation Tracker

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						Carers	Workforce / Training	Customer Engagement	ICT change	Policy / Process change			
39.	Where a person's ordinary residence is	- An adult is "resident" in the area wherever they lived immediately before they moved into accommodation that is required to meet their needs (e.g. residential home). - New schedule describes how cross-border placements should operate.	Being drafted	G May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxxx						
40.	Disputes about ordinary residence or continuity of care	- Describes how disputes regarding where an adult lives or how LAs support an adult who has moved between areas. - Secretary of State or their nominee decides.	Being drafted	G May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxxx						
41.	Financial adjustments between local authorities	- First LA may recoup care costs from second LA if an adult lives in the second LA but the first LA continues to provide support.	None	A Change to current practice which will require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxxx						
Safeguarding adults at risk of abuse or neglect													
42.	Enquiry by local authority	- LA must investigate if it has reasonable cause to believe there is a safeguarding risk.	None	G Already current practice.	Safeguarding - Sam Newton								Review policy under South Yorkshire procedures
43.	Safeguarding Adults Board (SAB)	- Every LA must establish a SAB.	None	G Already established.	safeguarding - Sam Newton								Complete.
44.	Safeguarding adults reviews	- SAB must review individual cases according to certain conditions, in order to identify and learn lessons.	None	G Already current practice.	safeguarding - Sam Newton		xxxxxxxxxxx			xxxxxxxxxxx			Review policy - complete, awaiting guidance - consider costs.
45.	Supply of information	- Details conditions by which individuals must supply information to the SAB.	None	G Already current practice.	Safeguarding - Sam Newton					xxxxxxxxxxx			
46.	Abolition of local authority's power to remove persons in need of care	- LAs can no longer remove people in need of care from their home.	None	G Power not widely used currently.	Safeguarding - Sam Newton		xxxxxxxxxxx			xxxxxxxxxxx			Training. Policy review from N4 Act.
47.	Protecting property of adults being cared for away from home	- LA must take steps to prevent or reduce damage to an adult's property if the adult is in hospital or in separate accommodation to meet their needs, and gives their consent.	None	G Similar to current process and practice. May require procedures and training to be updated.	safeguarding - Sam Newton								Court of Protection. As above note Section 55 N4 Act.
Provider failure													
48.	Temporary duty on local authority	- LA must temporarily meet the needs of adults and carers who were being supported by a provider that has failed. - Irrespective of where the adults and carers are resident, whether a needs or financial assessment has been carried out, and whether they meet eligibility criteria.	None	G Already have protocol in place which will need to be reviewed	commissioning - Janine Parkin								Xref safeguarding , review service provider failure policy
49.	Section 48: cross-border cases	- Describes how this process should work where LAs between different countries have to interact.	None	G Already have protocol in place which will need to be reviewed	assessment, Eligibility and Transitions - Michaela Cox (John Williams)					xxxxxxxxxxx			Policy

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						Carers	Workforce / Training	Customer Engagement	ICT change	Policy / Process change			
50.	Temporary duty on local authority in Wales	- N/A	None	G N/A	assessment, Eligibility and Transitions - Michaela Cox (John Williams)								
51.	Temporary duty on Health and Social Care trust in Northern Ireland	- N/A	None	G N/A	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)								
52.	Sections 48 to 51: supplementary	- LAs must respond as soon as they become aware of provider failure. - Describes how this process should work.	Being drafted	G Already have protocol in place which will need to be reviewed	commissioning - Janine Parkin								Safeguarding
Market oversight													
53.	Specifying criteria for application of market oversight regime	-Regulations will specify criteria for determining whether financial sustainability assessments apply to a provider.	Being drafted	G Introduces new practice for which we will need to agree a procedure with the Care Quality Commission	commissioning - Janine Parkin								The clauses in this section require LA to have awareness of people who self fund, regular interface with CQC, further information required on how CQC will implement , updated service failue policy
54.	Determining whether criteria apply to care provider	-The Care Quality Commission (CQC) must determine whether a provider meets the criteria specified in clause 53.	None	G Introduces new practice for which we will need to agree a procedure with the Care Quality Commission	safeguarding - Sam Newton					xxxxxxxxxxxx			Xref commsioing
55.	Assessment of financial sustainability of care provider	- The CQC must assess a provider's financial sustainability if they meet the criteria. -Following an assessment, the CQC may require the provider to develop a plan to reduce any risk, or commission an independent review.	Being drafted	G Introduces new practice for which we will need to agree a procedure with the Care Quality Commission						xxxxxxxxxxxx			As above
56.	Informing local authorities where failure of care provider likely	- The CQC must inform LAs if it believes provider failure is likely. - The CQC may require the provider to provide the LA with relevant information to help it meet the needs of affected adults.	Being drafted	G Introduces new practice for which we will need to agree a procedure with the Care Quality Commission	safeguarding - Sam Newton					xxxxxxxxxxxx			Update service fialure polciy , cross reference Commissioning
57.	Sections 54 to 56: supplementary	- The CQC's duties, above, are part of its regulatory function.	None	G Introduces new practice for which we will need to agree a procedure with the Care Quality Commission	Safeguarding - Sam Newton					xxxxxxxxxxxx			For all of these sections, need to ensure that we are aware of changes in CQC operation
Transition for children to adult care and support, etc. (including young carers* (see clause 63 notes))													
58.	Assessment of a child's needs for care and support	- LA may assess whether a child is likely to have needs after turning 18, and what these are.	None	G Similar to current process and practice. May require procedures and training to be updated.	assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx	xxxxxxxxxxxx			Link to CYPS and Special Educational Needs (Disability)

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						Carers	Workforce / Training	Customer Engagement	ICT change	Policy / Process change			
59.	Child's needs assessment: requirements etc.	– Describes what must be included in the assessment and who must be involved. - The LA must give advice and information about what can be done to prevent or delay the development of the child's needs.	None	G Similar to current process and practice. May require procedures and training to be updated.	assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxx						Link to CYPS and Special Educational Needs (Disability)
60.	Assessment of a child's carer's needs for support	– LA must assess a child's carer's needs if it appears these needs will continue after the child turns 18.	None	G Similar to current process and practice. May require procedures and training to be updated.	assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxx						Link to CYPS and Special Educational Needs (Disability)
61.	Child's carer's assessment: requirements etc.	– Describes what must be included in the assessment and who must be involved. - The LA must give advice and information about what can be done to prevent or delay the development of the carer's needs.	None	G Similar to current process and practice. May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxx						Link to CYPS and Special Educational Needs (Disability). Check any specific requirements for carers' assessments pre-transitions.
62.	Power to meet child's carer's needs for support	– LA may meet a child's carer's needs.	Being drafted	A Broadening of current powers for ASC (rather than CYPS) which will need to be reviewed in light of regulations.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxx						Link to CYPS and Special Educational Needs (Disability). Power not duty. Legal advice needed.
63.	Assessment of a young carer's needs for support	– LA must assess a young carer's needs if it appears these needs will continue after the young carer turns 18.	None	A Broadening of current powers for ASC (rather than CYPS) which will need to be reviewed in light of regulations.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxx						Link to CYPS and Special Educational Needs (Disability). Check any specific requirements for carers' assessments pre-transitions.
64.	Young carer's assessment: requirements etc.	– Describes what must be included in the assessment and who must be involved. - The LA must give advice and information about what can be done to prevent or delay the development of the young carer's needs.	None	A Broadening of current powers for ASC (rather than CYPS) which will need to be reviewed in light of regulations.	assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxx						Link to CYPS and Special Educational Needs (Disability)
65.	Assessments under sections 58 to 64: further provision	– Regulations under clause 12 may provide further detail on how to do assessments. - With appropriate consent, the LA may combine a child's needs assessment with a child's carer's assessment. - With appropriate consent, the LA may combine a young carer's assessment with an adult's assessment. - Potential for joint assessments with other bodies.	Being drafted	G Similar to current process and practice. May require procedures and training to be updated.	assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxx	xxxxxxxxxx						Link to CYPS and Special Educational Needs (Disability). Need to establish protocol with CYPS. Will not ordinary provide an assessment for a child and their carer.

Care Bill Implementation Tracker

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						Carers	Workforce / Training	Customer Engagement	ICT change	Policy / Process change			
66.	Continuity of services under other legislation	- Amendments to pre-existing legislation to reflect above changes.	None	G Similar to current process and practice. May require procedures and training to be updated.	Assessment, Eligibility and Transitions - Michaela Cox (John Williams)								Need to be aware of the legislation on childrens issues and also adults and how they work together . Legal advice needed, work with childrens services
Independent Advocacy Support													
67	Involvement in assessments/ plans	Arranging for advocacy/involvement in plans. Cross reference a wide number of sections.			Assessment/ Eligibility								
68	Safeguarding Enquiries and Reviews	Arranging for advocacy/involvement in safeguarding enquiries and reviews			Sam Newton								
Enforcement of debts													
69	Recovery of charges, interest etc.	- LAs can recover any money owed due to the above processes. - Regulations may give more detail on when the debt recovery process applies and whether interest can be charged.	Being drafted	G Similar to current process and practice. May require procedures and training to be updated.	finance - Mark Scarrott								
70	Transfer of assets to avoid charges	- If an adult transfers assets to avoid charges for meeting their needs, the adult is liable to pay the LA the amount they should have been charged as if they had never transferred the asset.	Being drafted	G Similar to current process and practice. May require procedures and training to be updated.	Finance - Mark Scarrott								
Review of funding provisions													
71	Five-yearly review by Secretary of State	- The Secretary of State must review the cap on care costs, amount attributable to an adult's daily living costs, and the financial limit every 5 years, to take a report to Parliament. - Lists what the Secretary of State must consider	None	G N/A	Finance - Mark Scarrott								We will be required to submit information on an annual basis - need to plan
72	Part 1: Appeals	Regualtions may make provision for appeals against decisions taken by a LA in the exercise of functions under Part 1.			Assessment eligibility.								
Miscellaneous													
73	Discharge of hospital patients with care and support needs	- Schedule 3 has effect (which details how the NHS and LA must work together to discharge patients with care needs).	None	A Current practice and processes in hospitals will need to be reviewed to ensure they comply with Care Bill requirements.	assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxxxx	xxxxxxxxxxxx						link to Better Care Fund
74	After-care under the Mental Health Act 1983	- Amendments to pre-existing legislation to reflect above changes.	Being drafted	G Similar to current process and practice. May require procedures and training to be updated.	assessment, Eligibility and Transitions - Michaela Cox (John Williams)	xxxxxxxxxxxx			xxxxxxxxxxxx				S117 policy - link to CCG and RDASH, mental health services
75	Prisoners and persons in approved premises etc.	- Prisoners count as residents in the area in which they are in prison. - Describes how prisoners are excluded from certain clauses (e.g. wishing to be transferred to a residential home, restricts remit of SAB in cases involving prisoners).	None	A New responsibility for ASC which will require new practice and process.	safeguarding - Sam Newton				xxxxxxxxxxxx				Although we have no provisions we still need to be aware of this , and have a response. Doncster will be looking at this in South Yorkshire Procedures.

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						Carers	Workforce / Training	Customer Engagement	ICT change	Policy / Process change			
76	Registers of sight-impaired adults, disabled adults, etc.	– LAs must maintain a register of sight-impaired adults, and may maintain a register of disabled adults.	Being drafted	G Similar to current process and practice. May require procedures and training to be updated.	assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxxx			xxxxxxxxxxx			
77	Guidance	– LAs must follow regulations and guidance on the above.	None	G N/A	assessment, Eligibility and Transitions - Michaela Cox (John Williams)		xxxxxxxxxxx			xxxxxxxxxxx			
78	Delegation of local authority functions	– LAs may authorise another person or organisation to deliver any of its functions as defined in the Care Bill or regulations, excluding: promoting integration (3), co-operating with other organisations (6-7), charging (14), making direct payments (31-33) and safeguarding (42-47).	None	G Will inform reviews of service operating models									
General													
79	Part 1: interpretation	– Index of key terms and which clauses relate to them.	None	G N/A									

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						Carers	Workforce / Training	Customer Engagement	ICT change	Policy / Process change			
Part 2 - Care Standards													
1	Quality of services	Dute of candour											
2		Warning notice											
3		Imposition of licence conditions on NHS foundation trusts											
4		Trust special administrations: appointment of administrator											
5		Trust special administration: objective, consultation and reports.											
6	Care Quality Commission	Restriction on applications for variation or removal of conditions											
7		Rights of appeal											
8		Unitary board											
9	Increasing the independence of the Care Quality Commssion	Chief inspectors											
10		Independence of the Care Quality Commission											
11	Performance Ratings	Reviews and performance assessments											
12	False or misleading information	Offence											
13		Penalties											
14		Offences by bodies											
15	Regulated activities	Training for persons working in regulated activity											
Part 3 - Health - Chapter 1 - Health Education England													
16	Establishment	Health Education England											
17	National functions	Planning education and training for health care workers etc											
18		Ensuring sufficient skilled health care workers for the health service											
19		Quality improvement in education and training, etc											
20		Objectives priorities and outcomes											
21		Section 97 and 99: matters to which HEE must have regard											
22		Advice											
23	Local functions	Local Education and Training boards											
24		LETBs: appointment etc											
25		LETBs: co-operation by providers of health services											
26		Education and training plans											
27		Commissioning education and training											
28	Tariffs	Tariffs											
Part 3 - Health - Chapter 2 - Health Research Authority													
29	Establishment	The Health Research Authority.											
30	General Functions	The HRA's functions											
31	Regulatory practice	Co-ordinating the promoting regulatory practice etc.											
32	Research ethics committees	The HRA's policy on research ethics committees											
33		Approval of research											
34		Recognition by the HRA											
35		Establishment by the HRA											
36		Membership of the United Kingdom Ethics Committee Authority											
37	Patient information	Approval for processing confidential patient information											
Part 3 - Health - Chapter 3 - Chapters 1 and 2 Supplementary													
38	Miscellaneous	Transfer orders											

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						Carers	Workforce / Training	Customer Engagement	ICT change	Policy / Process change			
39	General	Chapters 1 and 2; interpretation and supplementary provision											
Part 3 - Health - Chapter 4 - Trust Special Administration													
40		Powers of administrator etc											
Part 4 - Integration Fund													
41		Integration of care and support with health services etc: integration fund											
Part 5 - General													
42		Power to make consequential provision											
43		Power to make transitional etc provision											
44		Regulations and orders											
45		General interpretation											
46		Commencement											
47		Extent and application											
48		Short title											

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