

Southend Borough Council Response
To
Caring for Our Future Consultation

Consultation Questions

CONSULTATION QUESTION 1:

QUESTION

Do you agree that the new charging framework should be based on these principles?

ANSWER

It is difficult to argue with any of the principles outlined, any charging system should have these as a minimum.

This is the opportunity to educate everyone about social care, how the system works, is paid for and by whom. No-one should come into a period of crisis without any idea of how to access the system and that charges are likely. As a local authority we see that it is still generally the case that the general public are surprised at the idea that a charge may need to be paid towards the cost of care. There is still the perception that 'health will pay'.

People very often come into the social care system with low needs met at home. Charges for these services are set by guidance not regulation and can vary across authorities. If their needs progress and they need residential care, those charges are set by regulation and have less variation. This leads to odd scenarios, for example within the non-residential care guidance there is no allowance for deprivation of assets, and yet if they go into residential care we are asking questions and wanting evidence of deprivation of assets.

The future charging framework needs to reduce the variation between authorities so that it will enable true portability of care needs and charges across the country. The way care needs are supported is changing fast with support not only being provided by the local authority.

As a local authority we need to take the work currently done around personalisation and expand this into the wider community including those with assets to pay for care. The new charging framework will enable those with assets to access social care services and the reassurance of yearly social work reviews ensuring that placements are appropriate.

CONSULTATION QUESTION 2:

QUESTION

Do you agree that the decision on the level of the cap on care costs set for working age adults between the ages of 18 and state pension age should be based on these principles?

ANSWER

Does this mean people with similar financial circumstances, or similar care settings? financial contribution will always depend on individual finances

What about the 18 year old who later in life inherits money – why should they still be free of care costs

What about the person who has compensation to pay for care- an 18year old would not use that compensation or older working age would have care capped before all compensation money would be used- they are left with compensation that is not needed. Not simple to understand – someone at 40 has an accident and needs care for a year – comes into the care system on a low cap. Care costs are frozen at the point that care ceases. 30 years later needs home care and comes into the care system on the same care cap as when they were 40. How is that fair and equitable for all 70 year olds? How is that feasible to implement?

CONSULTATION QUESTION 3:

QUESTION

Do you agree that in order to support transitions from children to adult care and support we should extend free care for eligible needs to young people up to age 25? Or are there alternatives we should consider through integration between child and adult care and support and the guidance provided on how to set the level of the cap?

ANSWER

If benefits are being paid because of a disability why should they not be financially assessed to pay a contribution to that care. If income is low and costs of disability are looked at then any charge would be fair and reasonable.

How can it be sustainable for the country to pay out benefits without thought of what those benefits should pay towards?

The point needs to be that whether services are provided by children's social care or adult services, there should be a consistent approach. If the children's service is free of care costs then so should the adult service. However the point still stands – if charges are made with regard to income and expenditure then they are fair and why should they not be applied.

An alternative could be to support young people through transition but make it very clear that charges will start at an age- possibly 25.

The provision of a statutory requirement for Adult Social Care to assess disabled children at the age of 17 would simplify the present transition process.

CONSULTATION QUESTION 4:

QUESTION

Do you agree the contribution a person makes to daily living costs should be calculated on the same basis as financial assistance with care costs taking into account both a person's income and assets?

ANSWER

Yes. The use of the same financial assessment results in a simpler and easier to understand process. There would only be one financial assessment with the first £230 of resulting charge going to daily living costs and the remainder to care costs. The assessment needs to be consistent, and clear.

CONSULTATION QUESTION 5:**QUESTION**

Do you agree our proposed criteria for determining who qualifies for a deferred payment?

Are there any examples of where greater flexibility might be necessary to ensure people do not have to sell their homes in their lifetime to pay for care?

ANSWER

The proposed criteria is as currently happens where authorities operate the Deferred Payment Scheme. Within CRAG there are already specifics when the home is disregarded, so the home is protected for those persons.

For all others, why would the home need to be protected, it is a capital asset. It would be unfair to those persons with liquid capital having to pay for care, if those with a housing asset were more protected.

CONSULTATION QUESTION 6:**QUESTION**

Do you agree with the principle that local authorities should have the discretion to introduce reasonable safeguards to ensure deferred payment agreements can be repaid? If so how can this be done in a way it supports people's choice of care home?

ANSWER

Yes, Currently local authorities will place a charge on a property in order to protect the public purse. A property cannot be sold unless the charge is lifted and so the local authority will ask for repayment in order to lift the charge. If a section 55 charge cannot be put in place, then we use HASSASSA sect 22 charge. Legislation needs to ensure that local authority interests are protected, as they are the origin of the Deferred Payment loan. IF HASSASSA no longer exists and there are complexities that mean a section 55 is not possible, how does Government intend to do this. A new charge legislation is necessary to cover all Deferred Payments regardless of complexities. The deferred Payment Scheme already supports choice of care home as it allows for self-top ups which mean that they can be in a home of their choice without there being an unreasonable burden on the public purse.

CONSULTATION QUESTION 7:

QUESTION

Do you agree local authorities should normally wait for up to 3 months after someone has died before actively seeking repayment?

Are there circumstances in which the local authority should wait longer?

ANSWER

Yes, At the point of death, the family /executor needs to be aware of the amount due to enable them to deal with the estate. This can be done very sensitively and would not be looked on as actively seeking repayment. This also may need to be done for the purpose of probate.

As interest is being added after 56 days, many families try to sell properties promptly, but may be delayed due to probate issues, or just the time taken to market a property. The local authority cannot force a sale and so may already wait considerably longer than 3 months for settlement.

CONSULTATION QUESTION 8:

QUESTION

Do you agree that local authorities should have additional flexibility to go beyond what they would normally cover and allow people to defer care charges to help them get the care they want in wider circumstances such as domiciliary care?

ANSWER

For domiciliary care a person is assessed to pay what they can afford, and so for the majority of persons they should not need to defer charges. There may be occasions where someone has a second property being taken into account within the assessment and so paying full cost or maximum charge, but without liquid assets. In this example a deferred payment may be appropriate, but as non-residential care can be in place for a longer length of time than residential, there may need to be a time limit, otherwise it could cause a strain on LA budgets.

CONSULTATION QUESTION 9:

QUESTION

Do you agree with the proposed principles for calculating the independent personal budget and personal budget?

ANSWER

Yes, The principles cannot be argued against. However all budgets, independent personal and personal, need a care and support plan, otherwise how can we assess criteria, and care costs that count towards the cap. The eligible need needs to be established and we need to be equitable across all service users and use the same assessment process.

CONSULTATION QUESTION 10:

QUESTION

Do you agree that local authorities should have flexibility on providing annual updates where a person has not had care needs for many years, or they have already reached the cap? In what other circumstances should discretion be given?

ANSWER

Agree that local authorities should have flexibility regarding annual updates following cessation of care. At the end of a period of care a statement could be given with the instruction to keep and produce to a local authority if care was ever needed again. Systems need to be able to hold data so that it could be reinstated at any time. For persons receiving Direct Payments, would the amount towards the cap be the amount paid by the local authority against the care plan, or the amount actually spent on care? Local Authorities would need an annual account in order to know this.

Other circumstances that warrant discretion include: - when a local authority has reasonable belief that the 'person' is no longer resident within the respective local authority; when the local authority has reasonable belief that the 'person' has been detained in prison for a reasonable period of time; or sectioned under the Mental Health Act with no imminent plans for release; or the person is in receipt of continuing health care funding and there is reasonable belief that the 'person' will continue to receive this funding.

CONSULTATION QUESTION 11:

QUESTION

Do you agree that the principles above should underpin mechanisms for providing redress and resolving complaints?

ANSWER

There needs to be a clear definition of complaint for both service users and local authorities. A challenge to a decision is not necessarily a complaint. A local panel to look at decisions may resolve issues at an early stage. Some will inevitably result in complaint and appeal.

Call for Evidence

CALL FOR EVIDENCE 1:

QUESTION

How can we raise awareness of how care and support works to help people financially plan for their care needs? What should this cover and who should be involved? What are the key points in a person's life where we should seek to provide this information?

ANSWER

May need to be set in legislation that you need to plan for care needs, otherwise why would you plan if you know your care needs would be picked up by the local authority at the point of need. This follows on from automatic pension schemes.

We need to:

- Teach in schools as part of budgeting education.
- Be part of induction at point of starting work, you learn about tax and pensions, why not care costs.
- Although any age can have care needs, the majority need care in pension age. Include information at point of pension age.
- Work with health, information with GPs who are often the first point of enquiry.
- Information could be provided by health professionals at the point of diagnosis of a condition that may require social care involvement either then or in the future.
- Easy read national web site, with case study examples.
- Easy read local authority web sites.
- Involve the voluntary organisations and local forums
- There needs to be national coverage
- Use of advocacies and Citizens Advice Bureau

The government can support local authorities by developing a national information website and promoting funding reforms in national media. Key points where there is a need to reinforce the necessity to plan for the future include when a person: - begins to contribute to a pension; becomes a parent; takes out a mortgage; retires and receives a pension.

CALL FOR EVIDENCE 2:

QUESTION

What information and support is needed to help people financially plan and make decisions about paying for their care?

What is the role for the local authority or other organisations in facilitating access to information and independent financial advice?

ANSWER

People need to be referred for independent reputable financial advice. Needs to be a fast track referral as people can be at point of crisis. Product information needs to be freely available.

The role of the LA in facilitating access to information and independent financial advice could be to refer each individual to an independent financial advisor. The public need to be confident about the credibility of the financial advisors and the reassurances need to be nationally led.

CALL FOR EVIDENCE 3:**QUESTION**

We welcome views on how, through implementation of funding reform, we can encourage people to take responsibility for planning and preparing for future care and support. What could prevent people from taking responsibility for paying their contribution towards care costs? What can Government, local authorities or others do to address these?

ANSWER

If the system allows that persons who do not provide for their care needs are still picked up by the local authority, why should they plan and take responsibility. Perhaps needs Legislation to enforce financial planning, as with pensions. Take out of wages at source as with tax and national insurance.

CALL FOR EVIDENCE 4:**QUESTION**

What flexibility should be given to local authorities in how they provide assessments of a person's needs to accommodate the introduction of the cap and meet demands on local authority resources? How can we ensure that assessments still support wider aims to signpost people to types of care and support, reflect each person's preferences, and ensure that safeguarding concerns are dealt with appropriately?

ANSWER

There needs to be a local flexibility around providing assessments. However needs to be a consistent level of training, whoever the assessor is employed by, for example a thorough understanding of safeguarding issues. Local Authorities are already charged with ensuring personal needs and preferences met, we just need to ensure that any partner agencies support those aims.

We would welcome flexibility to take a proportionate response to conduct assessments within a framework that offers: - face to face; on-line; self assessment and third party mechanisms. In order to safely manage an additional cohort of clients, we would welcome additional resources to ensure that we are adequately resourced to respond to a likely increase in safeguarding concerns.

There will be a huge increase to the number of care assessments and local authorities will have to work out how to meet the demand. The assessment of care needs does need to be consistent across services and it would be useful to have a standard assessment tool as well as a statutory safeguarding framework .

It is also about having a 'light' assessment process for those with little service. In Southend will need to ensure that members of the public are aware of the mechanisms in place to signpost them e.g. the Council website, Community Care Guide, advice and support being provided by the Access team which is the first point of contact for members of the public.

CALL FOR EVIDENCE 5:

QUESTION

How through the implementation of the cap, deferred payments and the new charging regime can we support integrated health and care planning for both the person receiving care and carers?

What potential barriers to integration could implementation of the cap or the charging framework create, and how might we reduce or overcome them?

ANSWER

It could be argued that that the implementation of the cap , deferred payments and the new charging policy will separate Social Care and Health rather than encourage integrated working. A person will want it clearly recorded if the care is Social Care funded as it will contribute towards their cap figure and they will be charged. Whilst Social Care is chargeable and Health Care is free there will always be issues.

CALL FOR EVIDENCE 6:

QUESTION

Do you have any evidence on how we can best ensure everyone can access and benefit from these reforms?

In particular, we would like evidence on the protected characteristics of:

- Disability
- Age
- Sex
- Race
- Religion or belief
- Gender reassignment
- Sexual orientation and marriage and civil Partnership
- Pregnancy and maternity.

SOUTHEND DATA

	NUMBER	%
TOTAL CLIENTS	5502	

	NUMBER	%
RELIGION OR BELIEF		

AGE.		
16-64	1251	23%
65+	4251	77%
GENDER		
MALE	1874	34%
FEMALE	3628	66%
ETHNICITY		
White British	5225	95%
White Irish	39	1%
Other White	66	1%
Traveller Of Irish Heritage	1	0%
White Black Caribbean	1	0%
White Asian	4	0%
Indian	21	0%
Pakistani	14	0%
Bangladeshi	4	0%
Chinese	6	0%
Other Asian	19	0%
African	23	0%
Caribbean	10	0%
Other Black	9	0%
Other Mixed	13	0%
Other Ethnic Group	20	0%
Not Stated	24	0%
Information Not Yet Obtained	2	0%
Refused	1	0%
	5502	

Agnostic	72	1%
Atheist	56	1%
Baptist	110	2%
Christian	111	2%
Buddhist	2	0%
Church Of England	3128	57%
Church Of Scotland	18	0%
Jewish	170	3%
Jehovah'S Witness	26	0%
Hindu	17	0%
Roman Catholic	432	8%
Salvation Army	20	0%
Methodist	95	2%
Protestant	32	1%
Muslim	28	1%
Other	127	2%
Sikh	1	0%
Spiritualist	12	0%
XX	1	0%
No Religion	167	3%
Not Known	593	11%
Not Stated	284	5%
	5502	
SEXUAL ORIENTATION		
Bisexual	2	0%
Heterosexual	392	7%
Not Known	5086	92%
Prefer Not To Say	15	0%
Other	1	0%
Lesbian Or Gay	6	0%
	5502	

In particular, we would like evidence on the protected characteristics of:

ANSWER

Local authorities apply principles of equality and diversity across all client groups. These reforms will not change that.

CALL FOR EVIDENCE 7:

QUESTION

What flexibility should be given to local authorities in how they provide financial assessments to accommodate the introduction of the cap, extended access to financial support and meet demands on local authority resources? How can we ensure financial assessments are proportionate yet still provide an accurate valuation of a person's assets?

ANSWER

Local authorities need to be able to provide financial assessments and apply the cap in whichever way suits their local set up. Once settlement figures are available from Government, staff resources and systems can be planned. Self funders still need a financial assessment to ensure a consistent approach. Also to ensure deprivation of assets does not take place.

CALL FOR EVIDENCE 8:

QUESTION

We welcome views on the potential advantages and disadvantages of a common approach to charging. In what areas could a common approach be taken in the charging rules across all care settings? In what areas would different approaches be needed to reflect the different circumstances of people who are receiving care and support in the range of care settings? Please explain your answer illustrating with evidence on the number of people who could be affected where possible.

ANSWER

A common approach would assist with transparency and understanding. It is difficult for service users and families to come under differing rules if they go from one care setting to another.

Areas needing to be looked at are:

- Deprivation
- Property
- Protected income
- Disregards

CALL FOR EVIDENCE 9:

QUESTION

What are the administration costs associated with the arrangement of care and support by a local authority, and which of these costs is it appropriate to pass on to the person requesting the arrangement of their care? Are there any other circumstances where local authorities should not be able to charge an arrangement fee?

ANSWER

Each local authority would give a different figure as we all use different systems and mechanisms for costings.

Would it be reasonable to charge self-funders an arrangement fee, whilst those with little or no capital wouldn't pay?

CALL FOR EVIDENCE 10:**QUESTION**

What incentives could charging of an arrangement fee have on people receiving care and carers, local authorities or providers?

ANSWER

For Las it would be an additional income source

Gives people a choice, arrange yourself or we will do it for a fee

Disincentive for carers/service users as they may struggle to find appropriate care in order to avoid a charge

Family members at point of crisis may welcome being able to pay to get professional assistance.

CALL FOR EVIDENCE 11:**QUESTION**

What additional evidence can you provide on the ability of people of different ages to plan prepare and build up assets both before and after they develop eligible care needs?

ANSWER

People are financially assessed to pay what they can afford; many are on benefits and will never build up assets. Within reform for working age persons we need to consider what happens for someone who has a low care cap (or zero) and then inherits money. Why should a local authority pay for care in that instance? If someone has compensation, why should that not be taken into account if it has been paid to pay for care. Why should that be disregarded if invested in the Court of Protection.

In addition would welcome guidance on the approached needed with: - disabled adults who are eligible for the provision of 'free care' who then inherit significant financial resources; disabled adults who are in receipt of a disability related compensation for injuries.

CALL FOR EVIDENCE 12:

QUESTION

How could new charging rules and options for a lower cap work together to address problems faced by working age adults? Please explain how this would deliver the principles above and how increases in costs could be offset to ensure that the overall costs of the reforms are unchanged.

ANSWER

How can it be simple to understand if there are many care caps? People are only paying what they can afford anyway. The more care caps the more administration costs and it is not equitable if the cap amount is different depending on the age group.

CALL FOR EVIDENCE 13:

QUESTION

What factors should determine the age it is appropriate for people to begin to contribute towards the cost of meeting their needs? What factors should determine how the cap on care costs should rise after this point?

ANSWER

If people are being paid disability benefits then local authority care is one expense that that benefit is being paid towards. A good financial assessment will result in a fair charge whatever the age.

CALL FOR EVIDENCE 14:

QUESTION

How should the cap on care costs be set for people whose eligible needs are initially met by services other than adult care and support? Please explain your answer

ANSWER

The care cap is for care and support arising from a care needs assessment, resulting in a personal budget. It is that personal budget that will count towards the cap. Why would anything else count towards the cap, it is only services that have a monetary value.

We would welcome guidance on the approached needed with: - disabled adults who are eligible for the provision of 'free care' who then inherit significant financial resources; disabled adults who are in receipt of a disability related compensation for injuries.

CALL FOR EVIDENCE 15:

QUESTION

How could the 12 week disregard be used to better support people to make decisions and practical arrangements about their care and finances

ANSWER

Local authorities need to make speedy referrals to independent financial advisors, and they need to also be able to act quickly so that the 12 week period is fully utilised.

CALL FOR EVIDENCE 16:**QUESTION**

What situations may make it more challenging to offer a deferred payment? How can we address such situations to ensure people have consistent access to deferred payments without putting the local authority at unfair financial risk?

ANSWER

Property ownership may cause difficulties getting a charge on a property using a section 55 charge that is why many authorities still have to use HASSASSA to protect their interest. If this is no longer available under new legislation there would not be consistent access to Deferred Payments. Land Registry quite rightly need appropriate documentation to enable a legal charge, however they need to be aware of new legislation and work with DH to come to a more fast and effective way of applying a charge.

CALL FOR EVIDENCE 17:**QUESTION**

Should people be able to decide the proportion of their care costs met by their income and how much is deferred? Or should they be required to make an income contribution towards their care fees (once they have met personal and household expenses) and defer the remaining balance?

ANSWER

The financial assessment will identify how much someone can afford to pay, why should they pay any less? It is unreasonable for someone to be able to choose what they wish to defer as they are in effect being leant the money from the public purse. If someone is in residential care, their personal allowance can be adjusted to allow for expenses relating to the former home. If someone is in non-residential care, the assessment allows for home expenses by the application of income support plus 25%. If the local authority does not receive the calculated contribution it is another budget strain.

CALL FOR EVIDENCE 18:**QUESTION**

If you think people with significant disposable income should contribute some of their income towards their care fees, then what types of personal and household expense should be taken into account before determining the income contribution?

ANSWER

For residential care expenses could be buildings insurance and religious association fees e.g., synagogue fees. Within the residential home contract it should be very clear that the fees meet all requirements; therefore there should be very little other expense. For non-

residential care, we already look very closely at costs directly related to illness, age and disability. Fairer Contributions is specific around DRE.

CALL FOR EVIDENCE 19:

QUESTION

How could local areas develop support for homeowners to maintain, sell or rent their home? Are there examples of good practice that already exist? How could local areas support innovation in this area in the future? What is the likely impact of deferred payments on housing more generally?

ANSWER

If service users lack capacity they should have an LPA or Deputy to handle their affairs and that person will have the responsibility to maintain, sell or rent the property of someone in care. It may be beneficial for some local authorities to develop services to benefit local housing shortages. Southend already operates the DP Scheme and so would have no additional impact from April 2015.

CALL FOR EVIDENCE 20:

QUESTION

What information do people need when they take out a deferred payment?

ANSWER

People need information but so does the local authority. Information needs to be available in hospital, GPs, banks, local advice bureaux and advocacy services. They need to know that a legal charge will be applied, similar to a mortgage. They need to know that there are legal requirements, not just the LA being picky. People need to have taken financial advice to ensure they have made the right decision for their loved ones circumstances.

.Details of what the interest rate will be needs to be nationally led , not locally. Perhaps this is the opportunity for a standard Deferred Payment contract, with terms and conditions clearly set out.

CALL FOR EVIDENCE 21:

QUESTION

What are the administration costs associated with offering a deferred payment?
Please provide a breakdown.

Which of these costs is it appropriate to pass on to the resident?

There are administrative costs associated with setting up a deferred payment, these include the £50 land registry charge and a charge (the amount is currently being consulted on) regarding the ongoing admin costs of a deferred payment. It is in the region of £200.

Local authorities are being encouraged to be more businesslike, it is reasonable to pass on costs, no private company would offer an interest free loan with no arrangement fee.

CALL FOR EVIDENCE 22:

QUESTION

What alternative approaches would still allow authorities to recover their costs, for example based upon approaches from Islamic finance?

ANSWER

We do not feel that there is a viable alternative approach which will allow the LA's to recover their costs. A proposal such as purchasing the house and receiving rental income rather than charging interest requires significant capital investment from the LA and may not be viable. Any approach needs to be equitable for everyone.

CALL FOR EVIDENCE 23:

QUESTION

How well do current local authority processes for deferred payments currently work and what could improve?

ANSWER

Currently fluctuation property prices can have an effect on LA budgets. One year we could accrue an amount that come the next valuation is vastly different. For those areas where property prices are in excess of £100k, the cap will stop this as you will know a finite figure that you will be accruing up to. Within Southend we send a statement of account quarterly and this works well. From April 2015 when interest is applied from the start, regular statements will be even more necessary as the application of interest may promote property sales.

CALL FOR EVIDENCE 24:

QUESTION

If you agree that local authorities should have additional flexibility to defer care charges, please explain in as much detail as possible:

What situations these powers would help with?

How the deferred payment would work in practice?

Are there new risks or costs associated with wider user of deferred payments?

For people in care and their families?

For local authorities?

What value would specific powers add over and above the general flexibilities local authorities have under the Localism Act?

ANSWER

People who have moved into Extra Care Housing, who were formerly property owners would benefit from an extension to the DP scheme. However to be fair to the LA, this should be time limited to assist with the additional strain on budgets.

It may be useful to have flexibility in certain circumstances for local authorities to have the ability to defer a proportion or all of their care costs against their property in order for the client to remain in their property. For example an elderly home owner with significant equity in property but little liquid income. The client has eligible needs amounting to £200 per week but wishes to remain at home and purchase the services of a live in carer at £700 per week to remain at home. In this example the client can remain at home; £200 per week would count towards her funding cap; and £500 per week is deferred against the property. We need to bear in mind that this may continue for a considerable amount of time if it is more a choice than a need and the capital asset value may be depleted which could create a burden for the LA.

CALL FOR EVIDENCE 25:

QUESTION

What financial solutions will be important in helping different groups pay for their care?
What are the priorities in terms of supporting the market to develop?

ANSWER

A care insurance policy or an annuity or equity release that would pay up to £72K.

CALL FOR EVIDENCE 26:

QUESTION

What additional information should be included in a personal budget or independent personal budget to accommodate these reforms, support transparency and planning?

ANSWER

The personal budget needs to identify the aims, goals and desired outcomes of the individual and how these will be met with the allocated budget. It needs to be clear which elements of the support are not chargeable such as equipment.

CALL FOR EVIDENCE 27:

QUESTION

What sort of information does a local authority need to calculate an independent personal budget that they might not get through an assessment?

ANSWER

The assessment should gather all the information necessary to calculate the independent personal budget. The financial assessment needs to be looked on as an integral part of setting the budget and families/service users need to be made aware that without contributing the financial information then the personal budget will not happen. It should only be in circumstances of awaiting LPA/Deputyship that the financial assessment would have to wait.

CALL FOR EVIDENCE 28:

QUESTION

How should we build on the common principles for resource allocation systems (covering five areas: equity, people with high support needs, future-proofing, unpaid care and support, needs of carers), existing good practice and guidance to ensure consistency, equity and transparency in the setting of independent personal budgets? How should this be reflected in the requirements for local authority information systems?

ANSWER

The current RAS is limiting and often means that the amount of money that it is calculated by using the tool is either far too much or not enough. One of the reasons for this is that individuals have very different views on how they think their care needs should be met as well as how strongly they rely on informal care from their loved ones. If someone requires two carers then the RAS really doesn't work.

The RAS could be used as a guide and a way of ascertaining a budget based on the amount the desired outcomes of an individual as well as gauging the level of informal care that is being received. The level of care a person receives is generally based on the assessment and the care and support plan that is agreed between the person and the LA. The RAS is an indicative amount that should factor in informal care.

CALL FOR EVIDENCE 29:

QUESTION

How can we ensure a proportionate approach to reviews so personal budgets and independent personal budget record the costs of meeting a person's needs as circumstances change?

We would welcome flexibility to take a proportionate response to conduct assessments within a framework that offers: - face to face; on-line; self assessment and third party mechanisms.

CALL FOR EVIDENCE 30:

QUESTION

We welcome views on whether the annual care account statement should include projections of when a person may reach the cap, or qualify for financial support. How can this be provided without putting the local authority at risk of challenge?

How would this support a person's planning? What impact would this have on the complexity of local authority systems needed to operate the care account? How can local authorities reduce the risk of challenge?

ANSWER

The annual care account should be a statement of how much has accrued towards the cap figure any projection is guess work as care needs can change considerably and would be risky to include in the care account.

Systems are going to change drastically to operate the cap system, if this is going to be a requirement it needs to be made known as soon as possible as IT companies will already be looking at system developments.

CALL FOR EVIDENCE 31:

QUESTION

We welcome views on what incentives the cap on care costs and deferred payment arrangements in combination with ordinary residence rules may create for individuals, or local authorities, and how the number of transfers between local authorities may change as a result.

ANSWER

We don't believe that the care cap and DP's will have a large impact on the number of transfers between authorities. Generally, ordinary residence rules determine who the funding authority will be. What will be helpful is the transfer of a package at the same level of care from one authority to another, although different parts of the country will deliver the same level of care for different costs so that will affect the amount that is contributing towards reaching the cap.

CALL FOR EVIDENCE 32:

QUESTION

We welcome views on how we can support local authorities understand who is responsible for the person's care account and deferred payment agreements.

ANSWER

Ordinary Residence needs to be very clear

CALL FOR EVIDENCE 33:

QUESTION

Given the reforms to the care and support funding system do you consider that existing processes to provide redress and resolve complaints are appropriate and accessible? Please explain your answer.

ANSWER

We feel that the process, as used in our Authority, works well. The flexibility of the current process allows for a customer focused approach to a resolution and reduces escalation and results in more satisfactory outcomes for many of our complainants.

CALL FOR EVIDENCE 34:

QUESTION

Do you agree that a tribunal system would be likely to slow down the process of resolving complaints and add significant costs, introducing a further burden on the system? Please give evidence to support your answer.

ANSWER

We do believe that tribunal system would slow down the process, be potentially costly and in many cases would not change the outcome. The current regulations offer an effective customer focused way for the users of our services to seek redress about decisions regarding their eligibility for care and support. The complainants also have the right to go to the LGO if they are not satisfied with the outcome therefore offering a further chance for redress.

CALL FOR EVIDENCE 35:

QUESTION

Are there any lessons that can usefully be drawn from complaints processes in other sectors or local areas? Please provide evidence of approaches in other sectors that you believe would be more effective.

ANSWER

We not aware of any other processes that would be more effective.

CALL FOR EVIDENCE 36:

QUESTION

Do you have a view on the strengths and weaknesses of adapting a mechanism similar to that used in the schools admissions code appeals process for adult care and support?

ANSWER

We are not sure on the appropriateness for an independent panel to overturn professional decisions, and believe the current complaints procedure offers adequate

chances to challenge outcomes.

CALL FOR EVIDENCE 37:

QUESTION

How should the transition for people who have been arranging their own care and support be managed most effectively? How should the key requirements placed on local authorities - care and support plans, personal budgets, direct payments, right to a choice of accommodation - be used proportionately to support this process?

ANSWER

An early national campaign is vital, followed up with rigorous local campaign in order that the matter is brought to the attention of the self-funders, to encourage them to approach the LA. Local authorities need to be advised of the additional amount they will receive in 15/16 in order to plan for the increased work load. It needs to be spread out over a period of time.

It would be reasonable for self funders who approach the LA to either be placed on a Council contract or for the Council to negotiate the fee on their behalf if it seems higher than the Council would expect the person to pay.

CALL FOR EVIDENCE 38:

QUESTION

The provision of financial advice on paying for care will help manage some of the potential risks to local authorities, care and support providers and the adult from greater flexibility over the use of top-ups to pay for types of care and support. What more can be done to support people and local authorities to help ensure top-ups are used appropriately and to manage these risks in a way that is consistent with allowing people choice over their care and support?

ANSWER

A drive to encourage application for LPA much sooner in someone's life planning. Cost of application could be prohibitive so perhaps looking at reducing the cost.

CALL FOR EVIDENCE 39:

QUESTION

We welcome examples of needs assessment practice and what we can learn from them to help manage the demands on local authorities from the introduction of the cap on care costs.

ANSWER

One example in Southend is that we have a SPOR (Single Point of Referral) which is a multi disciplinary team of social workers, district nurses and therapists. Only professionals such as GP's, ambulance service etc can refer in to the SPOR for an assessment if they have concerns about their patient. It is envisaged that the use of the SPOR will increase

substantially when the professionals are referring patients in regardless of what liquid or capital assets they have.

Locality Teams is also another good working practice, attached to GP surgeries and closer working with our public health colleagues regarding prevention, self management of conditions etc.

CALL FOR EVIDENCE 40:

QUESTION

We welcome views on how the Government, working in collaboration with local and national partners, can best encourage people who arrange their own care and support to come forward for an assessment prior to April 2016.

ANSWER

Needs to be a Government led media approach, then following through with well co-ordinated local approach.

TRANSITION IMPLEMENTATION QUESTIONS

The questions are found at Annexe A

IMPLEMENTATION QUESTION 1

QUESTION

Do you agree local authorities should conduct assessments of people who are funding their own care and support up to 6 months before the introduction of the cap on care costs?

ANSWER

Yes.

Along with our usual reviewing workload, we will be faced with a group of people who either currently self fund or that have previously been assessed and found to be not eligible. This is potentially a large number of people wanting an assessment in a short space of time.

Para 276. "From April 2015, subject to the passage of the Care Bill, local authorities will have to ensure they meet the requirements set out in the Bill for people already receiving care and support. This will require all people to have a care and support plan which includes a personal budget". We can use the annual reviews we do to get the information ready and to have a personal budget done before April 2016.

For those self funding people we can do the assessments before April 2016, but we need to do them in a time-frame which means that any results are still valid when they are needed. The suggestion is that we start assessing these people about six months before the deadline. However, if there was sufficient publicity before that could we start these assessments even earlier, and then follow up shortly before the deadline and ask "Has there been a significant change in your circumstances since your assessment on xx/xx/xxxx?"

IMPLEMENTATION QUESTION 2

QUESTION

How could local authorities use reviews they have planned with individuals throughout 2015 to prepare for introduction of the cap on care costs in 2016?

ANSWER

We will need to make sure that every review, assessment or unscheduled re-assessment is able to gather all the information needed to decide on eligibility, and where care is to be received, we must be able to calculate a personal budget. As above, for the results gathered in the early part of 2015 we may have to re-visit the people and ask about any changes as the personal budget may be affected. This may be easier than possibly having a flurry of people contacting us in April 2016 demanding a review as they think their current personal budget is wrong/out of date.

The review team may need to be boosted for a few months, but the big unknown is the number of self funders we have who will approach us wanting an assessment.

The information we have on residential people is;

- SBC clients 587
- Self Funders 478
- Other LA clients 227

IMPLEMENTATION QUESTION 3

QUESTION

We welcome views on the implications for commissioners and workforce leads from the potential use of partners' resources to help manage the demands on local authorities from the introduction of the cap on care costs and how this should be addressed within the workforce development strand of the implementation programme

ANSWER

Southend Council welcomes the support of partners when trying to manage the demands created by the introduction of the cap on care costs. However, as the LA will have a duty of care it is important that they continue to authorize the support plans and retain control of budgetary decisions. Consistency regarding the training that each staff member receives whether employed by the LA or by the partner is key and the quality of the service would need to be monitored.

Data sharing and IT systems is another complex area and the necessity for information to be accessible at very short notice if need be, particularly if someone is appealing about the outcome of an assessment. It is preferable for SBC to build up its workforce with competent staff but careful planning is required and the fact that there are only so many qualified staff out there. It is more than likely that there will be a significant increase in non qualified social care staff but they will still require the training and support. This piece of work needs to commence fairly soon.

IMPLEMENTATION QUESTION 4

QUESTION

We welcome views on how local authority commissioning and care and support provider provision should adapt to take advantage of the opportunities provided by the introduction of funding reform and respond to the challenges it may present.

ANSWER

One of the considerations is that when an individual approached the LA for an assessment and is deemed eligible, they are then placed on Council contract or are given the option of a direct payment. By doing this the LA could negotiate the fees that a person is being asked to pay, particularly if they are in care home.

However, consideration needs to be given to the financial viability of some of the more local providers who have always asked their private residents for a higher fee than the LA. That said, if the quality of the care is no different then why should the person pay more just because they have the money?

IMPLEMENTATION QUESTION 5

QUESTION

We welcome views on how funding reform and increased transparency will affect the shape of local markets for types of care and support, and evidence to understand how the demands on local authorities to arrange care on behalf of people who arrange their own care and support may change

ANSWER

We feel that there may be some shift away from residential care as evidence does show that currently some self funders may place themselves into residential care before the LA would feel that it is appropriate. There is also a financial incentive for the client to enter into an extra care housing type placement in much of the country due to the national accommodation cost that will be considered in when in residential care.

As informal carers are made aware of the availability of care, there may be an increase in the demand for domiciliary care and this may put a strain on the domiciliary providers.

