

Care Act provider events: response to feedback

Advocacy

Capacity/ Resource

We agree that there is a resource/ capacity issue around the amount of advocacy that will be required. This has been brought to the attention of Senior Managers/ Politicians within the Council. The advocacy review being carried out will help to identify what resources/ capacity will be required in the future. There will be interim arrangements made prior to the implementation of the advocacy review.

Type of provision

The review being undertaken covers advocacy provision across the Council and all partners which will be finalised by March 2016 ready for implementation from April 2016. The review will include the type of provision, including specialist requirements and the pathways that people will be able to access for this support. This will also include how it will be monitored and regulated.

Contingency measures will be put in to place in the meantime. Please use the link www.cornwall.gov.uk/careact and contact address if you have any thoughts about what should be included in the provision for the future.

Governance

It will be up to each organisation providing advocacy services to ensure they have adequate insurance cover. The Council will need to be assured that appropriate steps are taken to indemnify the local authority of any action by the provider e.g. indemnity insurance.

Information & Advice

We agree that advocacy closely links to information and advice and we will need to ensure providers have clarity of how and when it is appropriate to refer individuals to advocacy services. This point is being included in the advocacy review.

Training

The commissioning of advocacy will stipulate the skills requirements including any professional qualifications. It will be important to ensure that there are sufficient people with the right skills set to carry out these essential functions.

Assessments

Capacity/Resource

As mentioned at the events we agree there is already a capacity issue for our frontline staff in carrying out assessment reviews. A full review is currently being undertaken as to the best way of carrying out these assessments etc. The potential requirement for additional capacity (e.g. staff) has been highlighted to senior management. Further work is being carried out to ascertain a firm position on this and any requests for increased staffing. We will need to be honest about any potential waiting times. We will also look at alternative ways of assessments being carried out as per some of the suggestions from these events.

We need to ensure that this allows for personalisation and that the person has the freedom to have a private discussion when necessary. We also need to ensure any out of county placements are essential and cannot be provided in Cornwall.

Personal Budgets

Personal Budgets were discussed. There will continue to be more emphasis on people managing their budgets where appropriate including forthcoming residential personal budgets.

Care At Home

We agree that helping people stay in their home is a key priority. Much work is being undertaken with our partners to ensure that there is support in place in order for this to happen where ever possible.

Self-funders

There was concern about capacity to carry our additional assessments and also the consequence of self-funders wanting to use Council rates. We believe that some people will still opt to have care privately and not request an assessment in order to meet the care cap. However we do recognise that these are issues that we need to resolve over the next year in order to be ready for Part 2 of the Care Act.

Self-Assessments

There were discussions around self-assessments/pre-assessments and the use of online tools. This is something that we are currently looking at as we believe that many potential users would want to utilise this prior to contacting social care and also it should help in the time utilisation of our staff by not having to ask for personal details.

Carers

The support of the carer is a key part of the Act. Cornwall will be taking these responsibilities very seriously. We are currently looking at different ways carers assessments might be undertaken and what support carers can be given. Please let us know if you have any further ideas.

Cornwall Council

Governance

Financial assessments will continue to be carried out by the Council for the foreseeable future. However, any full review will look at a variety of options as to how this work is carried out. However, we will provide information as to who provides independent financial advice. This will be especially important for those people who have property/ capital etc.

Safeguarding is an essential part of everyone's job within the Council and our partners. There is a review being carried out currently on how the directorate will manage safeguarding in the future.

The Council has strong governance around accountability especially as regarding decisions and whether they are for Members or for Officers.

It is recognised that there is room for improved partnership working and dialogue. This will be raised with the appropriate colleagues.

A number of confirmation/changes of policy are currently going through our political processes. This includes that carers should not be financially assessed. However if this is agreed it will be looked at again in the future. Self-top ups will be in the consultation part 2. We will forward information about this when we receive definite dates.

Information and advice out of necessity will need to be quality audited as it now is a duty.

Capacity/ Resource

We continue to advise Senior Managers and Members of the pressures within the directorate in being able to continue delivering care for adults. The potential impacts of the Care Act are now on the Corporate Risk Register.

We have representatives from NHS Kernow, Peninsula Community Health and Cornwall Foundation Trust on the Care Act Overview group to ensure partnership working.

Our modelling shows that there is likely to be an additional resource requirement for extra assessments and carers' assessments, and the associated support

planning based on current work practices. These are being looked in to and any changes will be factored in to any requests for additional support.

We agree that transport is a key area for many people in Cornwall. We have contacted our transport colleagues to ask them to incorporate the concerns raised into future strategies.

There were several suggestions around how providers/ voluntary services could maybe provide additional capacity in assessment/ support planning. These will be looked at for future ways of working and if taken up robust training would need to be in place. There were also concerns about increased workload for providers. While there is some potential for changes it is not envisaged that these would have a significant impact on workload. There were also concerns around losing focus on personalisation and potential changes in the Resource Allocation System (RAS) however the Care Act in itself is aiming to put the person at the centre of support planning.

A number of comments were made about the need for long term planning/strategy and sustainability. The Council is aware of this need and commissioning strategies are continuing to be adjusted for changing circumstances.

Forms

We received a number of suggestions around any forms that we introduce. These suggestions will help inform any design of forms.

Partnerships

It is agreed that the Council will have to form much stronger partnerships with key organisations. This will include integration in part with Health. As previously mentioned much closer working together with the voluntary sector and providers will be key to being able to facilitate the requirements of people who use care and support services.

Types of Provision

As mentioned above CFT are part of the governance arrangements of the Care Act and we have already met with their staff to ensure awareness of what is required.

How we work with our health colleagues e.g. in GP surgeries, is part of the review process of how we work in the future.

We agree that welfare rights support is very beneficial for some vulnerable people in Cornwall. It is unlikely that the Council will have any additional welfare rights officers itself. However, there are pieces of work being undertaken to ensure that we maximise the benefit from other commissioned arrangements with the voluntary sector.

We agree that respite is a key factor in helping to support carers and the people they care for and therefore continue to be part of their assessment process. We also agree that people need to have a clearer understanding of the meaning of wellbeing as per the Care Act. Part of the training plan will include this. It is also important that drugs and alcohol rehabilitation is not marginalised.

Assistive Technology will also be key in supporting people while minimising costs.

There were concerns about whether eligible care needs are being fully met. There were also concerns whether some people who would meet the eligibility criteria are not known to us. The Council will meet its obligations to facilitate the required care for people who meet the eligibility criteria. The emphasis on information and advice is in part to try and ensure that anybody requiring care is known about.

While there are considerable budget pressures we have no option but to implement the changes required by the Care Act. A priority list has been drawn up as to what we must do for April 2015 while other requirements will be carried out in the longer term. We believe despite the tight timetable we should be able to keep to our priority list. We will continue to be honest about the repercussions of the Care Act and the effects on Cornwall Council and the delivery of its duties.

Culture

We recognise that this is a key issue for ourselves, but also for our other partners including Health, independent providers and the voluntary sector.

Content

Stakeholders Information

All the suggested comments made at the provider events will be used to ensure that the communications that are sent to you are clear, understandable and easy to read. Following further comments from providers around the implementation of this, we will look to ensuring that we keep all stakeholders informed of the progress and if there have been any changes that may impact on how this is going to be delivered.

Public Information

As above all comments will be used to ensure that communications, and any leaflets that are created are clear and understandable, but also ensure that expectations are managed.

A plan is currently underway to review public messages and what other key pieces of information will be needed from the New Year. These will need to link with the Government's national campaign.

Eligibility

There was discussion around what the new criteria would mean and what changes would need to be in place. We will be starting training very soon as to the new eligibility criteria and what it means, and how to evaluate the criteria. There are different opinions as to how much the new criteria will affect the number of people eligible from little change to potentially 15% extra. It will be important in the assessment and eligibility decision making process that there is signposting to additional services.

The new eligibility criteria will mean that there will be some changes to some peoples' support packages and therefore could affect the value of the direct payment.

Finance

Capacity/Resource

There are concerns around the ability to fund the outcomes of the Care Act. These concerns have been highlighted to both executive and political leader of the Council. We will continue to keep this as a high priority and justify requests for additional resources. This will include extra assessments for self-funders, carers, advocacy, etc.

This obviously will reflect in the discussions and contracts for providing care to ensure that the Council gets value for money but at the same time ensuring a sturdy provider market.

Deferred Payments

There were some comments that people felt that deferred payments were a potentially complicated issue. Therefore we need to ensure that people thinking about taking this option are fully aware of what a deferred payment is and the associated costs of these such as interest rates and admin charges. There is also the need to be clear around what other options may also be available, such as renting, which allows for more choice and control around how people may want to fund their care and support in the future.

It is likely that the Council will use the Government's interest rate as well as having an administration fee that covers the cost of providing the deferred payment. There is some potential for delays in receiving a deferred payment in some situations. Some information about the change in deferred payment has just been circulated. Once a deferred payment is set up, providers should then get paid on regular monthly basis. Information will need to be in plain English and easy read will also be available.

Risks

There is a financial risk with the introduction of the Care Act, which has been added to the Corporate Risk Register. However, the Department of Health have stated that they will fund all new burdens under the Care Act, which should help negate the financial implications.

It does also need to be recognised that for many people currently accessing care and support, regardless of how their support is funded, will mean that for many they will not need to use all of their savings and income to pay towards the cost of their support packages.

There also is a risk that people do not receive adequate advice around finances. We will be highlighting a need to seek independent financial advice and signposting to accredited organisations that can provide this.

Government

There was a concern over whether the Government was planning to allocate any extra monies to local authorities for the Care Act. The Government will be allocating extra monies and have said they will cover all new burdens. However at the moment there is a significant disparity between what the Local Government Association (LGA) believes what is required and what the national Government believes is required.

We have made local councillors and politicians aware of the implications of the Care Act, and the leader of the Council has written directly to local MPs and key members in the Government about our concerns re having sufficient finances. Where necessary we will be involving Government departments in the provision of information and advice for Cornwall.

Information and Advice

Self-funders, Carers, and Deferred Payments

It was highlighted that there needs to be specific information for self-funders, carers, and deferred payments. It is planned that there will be separate fact sheets for these items. There is information on the Council website about paying for care and as mentioned previously there will signposting to independent financial advice. People will be advised of deferred payments when their financial assessment is carried out.

Governance

There were comments about needing to keep the necessary records about what information and advice had been given. The Council is planning to keep a record of the information and advice that Adult Care has provided. It will be up to other organisations as to what records they would want to keep. There was some concern about limited choice for people due to people wanting to use

Council rates. Any care provision will be fully discussed with the person/their carer to ensure that they have significant input to the decision making.

Financial

We are currently looking at how to be able to ensure that we can signpost people to the appropriate financial provider in order for them to receive independent financial advice.

Information and Advice

There was a lot of comments and discussion around the importance of all information and advice. This is recognised by the Council but will be a long term piece of work to ensure that information and advice is seen as a countywide responsibility owned by not only by the Council but also by all key partners. Through the Care Act we will continue to put pressure for this work to be undertaken.

It was suggested that information and advice need to be in a variety of formats so it is accessible to all people in Cornwall. This is agreed and currently looking at the best way of carrying this out. Specific information/advice is already available for a number of suggestions made. These will be reviewed and updated, and any gaps will be considered.

Prevention

Capacity/Resource

There were a number of comments around reduction of funding for preventative services and if services were able to help people with lower level needs. The current preventative services commissioned by Adult Care are being reviewed in order to inform a prevention strategy aimed at preventing, reducing and delaying needs for care and support. This will be followed by a procurement plan and other commissioning activities to ensure that the market is able to meet needs. We will be working with partners within Health and the Council to ensure we maximise the benefits from resources put into prevention. Contract management for all prevention provision will ensure that benefits are measured.

Information and Advice

The point was raised that it was critical that people are aware of what prevention services are available. This includes staff, stakeholders, and the people of Cornwall. This links in with the information and advice strategies that need to be put in place and are seen as critical over the next few years for Cornwall.

Partnerships

As mentioned previously, partnership working is key to maximising the resources we will have for prevention. We will also need to look at innovative

ways of utilising community and voluntary resources. Therefore learning from the Pioneer Project will be a key element of this.

Types of Provision

The provision of prevention services will need to cover a wide range of peoples' needs. This will vary from low level needs where we can help somebody remain independent to more complicated needs where it helps slow down deterioration of conditions. Prevention needs to link into information and advice, advocacy, and provide provision to ensure a holistic approach is taken.

Safeguarding

There were a few comments about the importance of safeguarding. Safeguarding is part of everyone's responsibility and any potential issues need to be raised as a matter of urgency. There is a review currently being carried out that is aimed to ensure safeguarding is embedded into all the relevant authorities, processes, training, and culture.

Training

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Frontline staff within Education, Health and Social Care, are starting to have their briefings on the Care Act at their team meetings through December and mid-January. This is to provide them with an overview prior to any communications going out to the public and to also give them a general understanding before the training commences from January 2015.

The training for frontline staff has been broken down in to the different elements, including, eligibility criteria, information and advice, financial assessments and charging etc. and is now available online for them to book on. This is in preparation for April 2015, but training opportunities will still be available after April 2015 to ensure that all frontline staff have the updated skills and training necessary to meet the duties of the Act.

Content

As mentioned above the training being delivered has been separated to include all the different elements of the Act. This should help in ensuring that the training is focussed and that the same messages are being relayed to all attendees.

There is unlikely to be any e-learning packages due to the very nature of the complexities of the Care Act. However, our Learning and Development Team are already reviewing existing e-learning packages to ensure that these are Care Act compliant.

Skills for Care have materials that are accessible to all, which can be used as an e-learning format, and can be accessed via [Skills for Care Link](#).

Learning and Development have also included some additional information and can be accessed on this <http://www.cornwall.gov.uk/health-and-social-care/adult-social-care/care-act/>

Stakeholders

All the training that is available to frontline staff is also available for all people working the health and social care sector and can be accessed at <https://db.cornwall.gov.uk/sdms/>

As with Council frontline staff, briefings are also being delivered to staff working in health, including GPs , CFT staff, staff in CHC teams and discharge teams. There is also representation from KCCG, PCH, and CFT on the Care Act Overview group to ensure that there is consistency in the implementation of the Care Act.

As mentioned above, the Learning and Development Team are reviewing current e- learning packages to ensure that they meet the requirements of the Care Act, and this includes the training around Safeguarding.

The Learning and Development Team already have a newsletter going out across all sectors informing provider of the training opportunities available, and this includes training on the Care Act.

There is a need to ensure that independent advocates are appropriately trained, and this will form part of the advocacy review.

User Information

As part of this process, we will be reviewing what information leaflets will be needed, and this is likely to include the assessment process, to help people to prepare and understand the system.

Ways to Reach

Cornwall Council

We recognise that it would be of benefit to have some key contacts that are able to provide further information on what the changes on the Care Act will bring for people and providers. Due to the re- structure of the directorate it is still unclear as to how this will be managed. However, there will be contact information included, and this will include an email address and main telephone number that people can leave messages on which will get checked and actioned daily.

The Care Act applies to all adults, including those who are moving from children's in to adults services. It is at the stage where it is recognised that

someone will still need support, that information and advice needs to be given to ensure that they are aware of what is available to them, but to also manage any expectations in terms of what they receive now to what they may receive in the future.

Content

We are in the process of reviewing current information leaflets that are already supplied to ensure that they are up to date and reflect the Care Act requirements, as well as thinking about and creating any other leaflets that may be of benefit. It is recognised that there needs to be many formats, including easy read, and that website based approaches are not the only source of information as for many this is not easily accessible. These leaflets will include aspects such as deferred payments, advocacy, assessments etc.

There have been many suggestions about using other ways of getting the messages out to the public. We will be reviewing the messaging that is going out from January, and will contact Shared Services to see if this is something that can be arranged.

Data Protection

There is a concern around the data protection of people who are funding their own care and being known to us for information purposes. Under the Care Act, we need to show that we have reached all who may need to be aware of their rights under the Act. We are reliant on different networks, e.g. voluntary sector, providers to be able to pass our information on, so that they are able to make an informed decision as to whether they would like to contact us for further information. We don't need to know who they are at this stage, but having an idea of how many people are currently funding their own care and are likely to contact us may help us to plan for the future and to meet any potential demand.

Provision of Information

We had many suggestions on how information may be provided. There will be a variety of leaflet, packs, etc. for providers, people who use our services, the voluntary sector etc. We will also be broadening this to include places like GP surgeries, pharmacies, one stop shops etc. These messages will be in a variety of formats and channels. The use of local media has yet to be decided as we will want to see the effectiveness of the national coverage e.g. on classic FM, Heart etc. It is planned that we will be available to do interviews, etc. on local media.

There were also a number of very good suggestions that we are unlikely to follow up mainly through lack of resource/capacity and timescale. These include message going out with Council tax bill, supermarket, etc. It is also unlikely that we will be able to carry out many more events such as the recent provider events due to the lack of capacity.

The majority of information and advice in the first instance will come from the Council, but this will initially be around navigating the system. There will be other aspects of information and advice that will need to be sourced, but this is something that is currently being reviewed.

We will also ensure our staff are briefed and have the knowledge to talk to people who use our services – carers etc. and hand out appropriate literature. We will also be establishing how they link into the new advocacy requirements which we will also extend to providers.

We will need to make sure that there is a clear pathway for people to access authority rates e.g. fees. It would be difficult for us to influence the Department of Health where it holds its consultation events. This is why it is important that the Council continues to engage with the various stakeholders in Cornwall.

Stakeholders

Again there were many suggestions on the role of stakeholders. It is important that we provide key stakeholders, voluntary sector etc. with the necessary communication tools not only for their information but also for them to pass on to the people they provide care and support. It is important that we also make sure that multi agency events continue to take place. There was a lot of comment on how Health (including Discharge Liaison) should be involved and we agree that this is a crucial to the success of the Care Act. We also will take up on ideas such as utilising Wiltshire Foods, housing providers, Pioneer Project etc. to help with the communications. Any Care Act information letters that are going out to people that use the service - families etc. will be also forwarded to the relevant provider.

Events

Unfortunately it is unlikely that we will be able to undertake many more Care Act events due to potential capacity issues. We will make sure that suggestions on how we can work more as partners in the future are passed to our commissioning colleagues. There will however be future engagement and consultation events to inform commissioning intentions and service development.

Unfortunately it is unlikely we will be able to hold Care Act events for people that use our services, carers etc. However we will support our staff and representative groups to be fully informed so that they can pass on information. We will need a contact point(s) for further information especially around financial advice.

We agree that information and advice, and guidance have to be Cornwall wide and not just a Council responsibility. We are meeting with other key organisations including yourselves to ensure that this is the case.

Stakeholders

As you will see this theme runs through many of the other themes. Stakeholder involvement, capacity, creative thinking are key to the success of Cornwall providing for the needs of its people.

Capacity/resource

This is a key concern of many providers and also for the Council. This will be a key theme of the commissioning strategies being developed. We agreed with the statement that we should focus on success as well as provider failure. However it was pointed that Cornwall has a lot of small providers and therefore the risk of provider failure might be higher.

We will be working with our partners to ensure that we utilise resources in an efficient way. Whilst everyone should be paid the correct wage for their job all partners/stakeholders will also know that the passion/commitment that staff have is key to the service that people receive.

Financial

The concerns mentioned above also raise the issue of financial viability for some providers. As mentioned previously the Council is looking into the potential repercussions of the Care Act on providers specifically residential. Further information will be distributed at provider forums and other communication channels when known.

Information and Advice

There were some concerns about the provider's role in communicating with self-funders about the Care Act. The Council will be providing fact sheets that can be given and discussed to people using our services. We already have information around the split between health funded and Council funded residential care.

Partnerships

Good partnership working was one of the key messages that came out the events. There were a number of suggestions of what this meant and how it can be improved. Working together from the very start of an initiative/project was thought to be one of the best ways to embed partnership working. This is a key lesson for the Council as often it has initiated projects and brought in the stakeholders later on in its lifecycle.

The way the Council and especially EHSC and Health work together is seen as crucial for Cornwall and its people. There needs to be a more integrated approach to this. Currently there is work being undertaken by the Council and Health to have a more joined up approach; however the different organisational types and cultures do present challenges. It is also important that different

directorates in the Council and their services (e.g. Housing) all link into this partnership working.

Many of the suggestions made were very positive and would lead to a more holistic approach being taken. We will try to ensure these ideas are taken on board by the appropriate people.

Included in partnership working are people who use our services and their carers. It will be important to engage with them throughout any changes.

Types of Provision

There were some comments made around the fact that residential care might be a good option to some people and should not always be seen as the last option. There could also be higher expectations of provision of care with self-funders utilising the Council's provision. It will therefore be important that Council's frontline staff ensure people receive the appropriate care but at the same time manage expectations. There were suggestions around memory clinics being in residential care and emphasis should be on people being as independent and empowered as possible. It will be important that the Council and its partners look at a whole system approach and is centred around the person and what they require. There were further suggestions around efficiencies to be made out of using technology wisely.

Wellbeing

There were comments around the meaning of wellbeing. Some people thought it was easy to understand for the individual however thought it would be more difficult to apply this to eligibility criteria. There were comments about how it should be outcome focussed and that it should be not about 'easy fixes' but about helping people to cope with and manage their situation. It was also commented that one of its components was of quality of life and this would include things such as social interaction, maintaining independence, and practical things such as diet. These thoughts will be considered by our Learning and Development colleagues as to whether to include them in their training sessions.