


Questions from Care Act Conference

No.	Question	Responses
Finance – Charging		
1.	What changes are there in relation to charging?	<p>As a result of the Care Act, <i>proposals</i> have been developed to charging in the following aspects:</p> <ul style="list-style-type: none"> • The Council's policy for offering Universal Deferred Payments, where a property owner wishes to delay payment of their residential care home fees during their lifetime, by entering into a loan agreement with the Council. • The Council's policy for charging self-funders for arranging their care at home, reflecting new duties in the Care Act to support self-funders. <p>The Consultation process will start early December 2014 and will conclude end January 2015.</p>
2.	People are concerned about the new rules re-funding? How are families going to go through this?	The majority of financial changes will apply from 2016 onwards. We will ensure our workforce and partner organisations receive training so that they are able to talk to families about care funding. We are also looking at what information and advice services may be needed locally to help people understand the care funding system.
3.	If LBRuT charge to arrange care and support for a self-funder what happens if the person goes directly to the provider (not via LBRuT) but then wants to buy the Quality Assurance service because things are going wrong? Will the Council charge for that?	There are no plans to provide the QA function separately to self-funders and charge for it.
4.	You were talking about the fact that more people will be eligible for care and support from April 2015. How is the Council managing the appeal process? (NB if people won't be eligible for care and support they will appeal).	The Department of Health intends to develop detailed proposals for a system of reviewing local authority decisions which will be set out in regulations. The detail will specify the scope of decisions which will be covered by the new proposals, including whether decisions made by local authorities on care planning and personal budgets will be eligible for appeal. It is envisaged that the appeals system would come into force in April 2016, in line with funding reform. In the interim we would expect any person wanting to appeal against an eligibility decision would initially do this directly with the relevant team manager and if not satisfied with the response would make a complaint.
Advocacy		
5.	Will there be a charge for advocacy	We will not charge for advocacy.

	services to the Service Users?	
6.	Provider responsibilities in engaging advocates – contractual requirements	We are reviewing our current advocacy services against the requirements within the Act and will then make a decision regarding whether to ‘vary’ our current contract or make alternative arrangements. This will be a short term approach up to November 2015 whilst we commission a new service with Kingston from November 2015.
7	In order to make existing services ‘fit’ the Care Act it’s simply about varying a contract – have LBRuT thought about the costs to this i.e. risks and consequences?	See above
8.	Who will be responsible for overseeing and monitoring quality of advocate provision	This will be the Quality Assurance team’s responsibility working to a contract manager.
9.	Not everyone is capable of making decisions in their own best interests – how will the system deal with that?	Local authorities must involve people in decisions made about them and their care and support; this requires helping people to understand how they can be involved, how they can contribute and take part and sometimes lead or direct the process. People should be active partners in the key care and support processes of assessment, care and support and support planning, review and any enquiries in relation to abuse or neglect. No matter how complex a person’s needs, local authorities are required to involve people, to help them express their wishes and feelings, to support them to weigh up options, and to make their own decisions
11.	The Care Act places great importance on independent advocacy. Assuming there will be great demand for independent advocates, how will they be trained?	All independent advocates need to be appropriately trained. Training may, for example, be training in advocacy (non-instructed and instructed) or dementia, or working with people with learning disabilities. All independent advocates should be expected to work towards the National Qualification in Independent Advocacy (level 3) within a year of being appointed, and to achieve it in a reasonable amount of time.
Information and advice		
12.	Will it be easier for SUs to find information on our website?	We recognise that the changes on the council website over the last year have made it harder to find information. We are currently in the process of reviewing what is on the council website, what is held elsewhere and what is going to be held on the new resource directory called Careplace. We will then make plans to change what we currently do so we can provide easy to find information to residents
Safeguarding		
13.	In terms of safeguarding, are there any immediate plans to make our processes better by working collaboratively with our colleagues in Kingston?	We are not developing joint safeguarding processes with Kingston but we are considering joining up our safeguarding arrangements.
Carers		
14.	Given the amount of money Carers save	There are no plans to introduce charges for service provided directly to carers.

	the Council, are there any plans to charge carers for services?	
15.	Re: carers. Care Act could not come soon enough! How will resources, training, culture affect changes required to fully recognise, involve, include, consult, service and support carers?	Cultural change is key to success of the Care Act. The work to be undertaken will involve a variety of Workforce Development strategies and training opportunities.
16.	Carers services – what will we offer?	The Council and its partners (e.g. voluntary sector, other providers) are currently developing what would be included in the Carers` offer.
Self-funders		
17.	Self-funders: capacity assessment – who does this	If a self-funder wishes for their care and support to be arranged by the Council and is unable to request an assessment or struggles to express their needs then the local authority must in these situations carry out supported decision making, helping the person to be as involved as possible in the assessment, and must carry out a capacity assessment. The requirements of the Mental Capacity Act and access to an Independent Mental Capacity Advocate apply for all those who may lack capacity.
Market shaping and Procurement		
18.	BCF – “shifts resources into social care...” From what?	The BCF is a pooled budget that shifts resources into social care and community health services from acute hospitals .
19.	Is procurement aware re: advocacy contract variation/tender with Kingston?	Yes Procurement are aware.
Social Care related questions		
20.	Will the Care Act affect Section 117, which is jointly funded?	Currently there is ongoing work undertaken by ADASS via a task and finish group to clarify all aspect relating to S117 within the Care Act.
21.	How much choice will people have given the majority of clients have learning/mental health or similar issues?	The Care Act builds upon personalisation agenda and promotes principles of choice and control for all Service User groups and their carers.
22.	How can we manage movements between boroughs? E.g. placements. & Can we have some perceived scenarios please?	Majority of transfers of care arrangements between boroughs will be the same as present. With regards to the portability of care cap the Guidance does not give us enough detail. This doesn't apply when we fund people in a care home, who then move between boroughs and they are still Richmond residents. The movement between boroughs is about community services. Case study:

		 Case Study cross borders placements.c
23.	What impact will the Care Act have on social workers' work?	We are in the process of establishing this and will be providing training courses in the new year.
24	How do we ensure we involve AEDT?	AEDT will be trained along with all other staff on new responsibilities.
Generic questions		
25.	Taking into account the increasing number of older people (which will possibly turn into future demand for Council's services) how do we work better jointly in order to ensure access to a wide range of resources?	We are aware that additional demand will lead to more resources being needed. Our vision is that people will be able to do more for themselves and that we have better awareness of what is being provided across the whole community to support people to live independently at home. Hence we are currently in the process of developing an Adult Preventative strategy which looks at all preventative services provided across the council and with local health partners. We want to ensure that we have a good, robust preventative offer for residents which will help delay them needing care & support services and will give them the ability to manage their care better themselves at home.
26.	Is there a list of legislative acts that will be repealed by the Care Act?	The repeals and revocations required can be found in Annex I of the Care and Support Statutory Guidance issued by the Department of Health under the Care Act 2014.
27.	Is there any initiative from the past that we would like to use or should we start fresh?	Yes – we are using work we have done previously in big change programmes to inform our approach and thinking. For example we are using some of the modelling work we did previously when we were considering the Integrated care Organisation and also looking back to work we did when we first set up SDS
28.	Does the Care Act apply to GP-registered population as opposed to resident population	The Care Act requirements apply to resident population. If services are provided jointly with Health they are also provided to the GP registered population