

Date: 4 March 2015
Our Ref:
Your Ref:

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Dear Councillor

**OVERVIEW AND SCRUTINY COMMITTEE (HEALTH AND SOCIAL CARE) - TUESDAY
3RD MARCH, 2015**

I refer to the agenda for the above meeting and now enclose the following documents which were unavailable when the agenda was printed.

Agenda No.	Item
6.	Public Health Annual Report (Pages 3 - 8) Report of the Director of Public Health.
7.	Care Act 2014 Update (Pages 9 - 42) Report of the Director of Older People.

Yours sincerely,

J. COULE

Head of Regulation and Compliance

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Sefton's Health 2014

Annual Report of Director of Public Health

www.sefton.gov.uk

Sefton Council 

Overview

- Focus on 0-5s
 - Giving children the best start in life
 - Commissioning of Healthy Child Programme for 0-5s becomes council responsibility from October 2015
- Comprehensive overview of Public Health Outcomes Framework and Child Health Profile



Since 2002

- Three years longer life expectancy
- Heart disease death rates halved
- Teenage pregnancy rates at their lowest
- Immunisation rates at their highest
- BUT
- Inequalities need a sustained concerted focus



Overview of report

- Health outcomes – focussing on children 0-5
- Sefton as a place to thrive
- School readiness
- Pregnancy
- Emotional wellbeing
- Protecting mothers and babies - screening and immunisation
- Healthy lifestyle choices – smoking in pregnancy and breastfeeding
- Keeping children safe
- Overview of PH Outcomes Framework and Child Health Profile



Key messages

- Healthy start critical to health throughout life
- Children need healthy families, communities and places to thrive
- Healthy Child Programme – universal services with additional support for those who need it
- National policy important – poverty, food, physical activity



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The Care Act 2014

Overview and Scrutiny Committee

March 2015



Overview

- What will change?
- Key areas of work: wellbeing and prevention; assessment and eligibility; charging and financial assessment; information and advice; carers services; safeguarding
- Funding and workforce development
- What are the risks?
- Focus on assessment and eligibility



The Care Act 2014 replaces many previous laws

- In May 2014, the Care Bill received Royal Assent and became the Care Act 2014. Some elements come into effect from 1st April 2015; others come into effect from April 2016.
- The Care Act aims to reform the care and support system into one that:
 - Focuses on people’s well-being and support to help them remain independent for as long as possible
 - Introduces greater national consistency in access to care and support
 - Provides better information to help people make choices about their care
 - Gives people more control over their care
 - Improves support for carers
 - Improves the quality of care and support
 - Improves the integration of different services

What will change from 2015?

- The changes coming into effect in April 2015 which impact directly on the Council include:
 - A duty to provide prevention, information and advice services
 - A national minimum threshold for eligibility for both service users and carers.
 - The entitlement for carers to assessment, support services and review equal to that of the service user
 - The right for people who pay for their own care to receive advice and support planning.
 - A universal system for deferred payments for residential care.

What will change from 2016?

- The changes coming into effect from April 2016 which impact directly on the Council include:
 - A cap on the costs that people have to pay to meet their eligible needs.
 - A ‘care account’ giving people with eligible social care needs an annual statement of their progress towards reaching the cap, whether their care is organised by the local authority or not.
 - Extending the financial support provided by the local authority by raising the means test threshold for people with eligible needs.

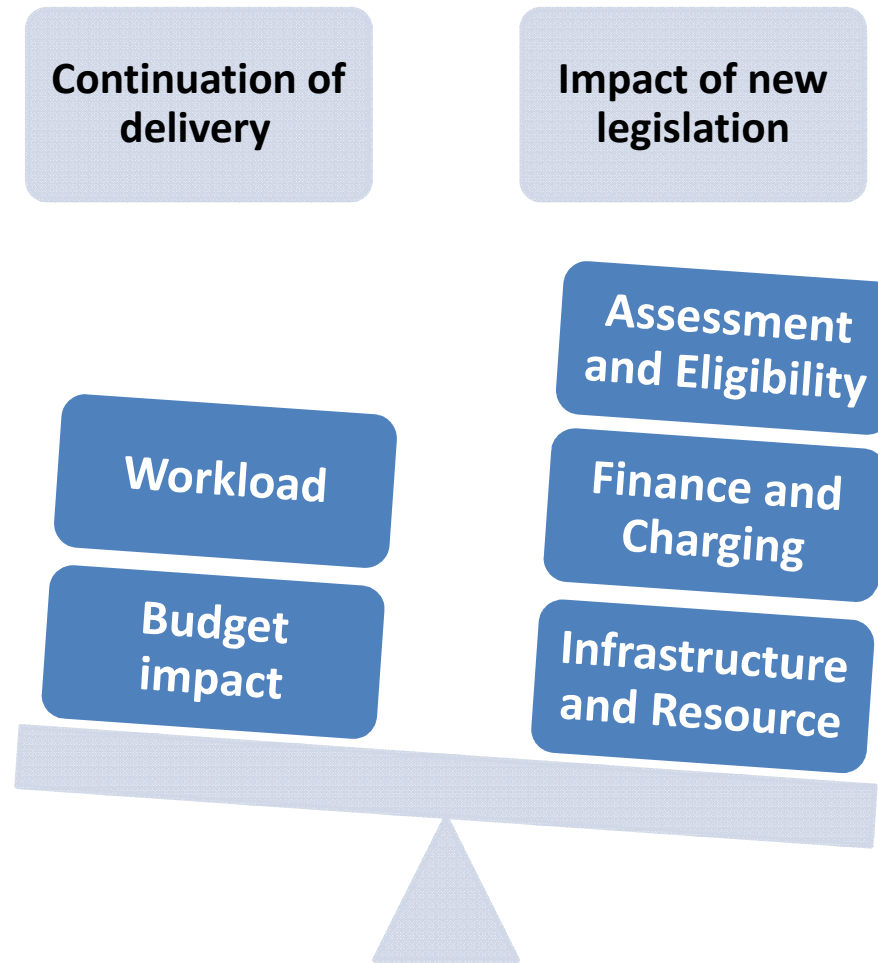


The significance of the Care Act should not be underestimated as it replaces much of the legislation that has governed Adult Social Care since 1948. In total it replaces 13 pieces of Primary legislation, 13 pieces of secondary legislation and 3 pieces of statutory guidance.

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The constant balancing act...



Wellbeing and Prevention

- Advocacy: A collaborative service design across Liverpool and Sefton for the provision of advocacy services - from 1 April 2015 there will be a new statutory requirement to have advocacy services in place.
- Market facilitation: refresh of early intervention and prevention strategy to support development of the market and information services, as well as working with colleagues in public health to ensure there is connectivity on various schemes and aligned to the BCF programme.
- Information services: there is a new statutory requirement to provide information services. Whilst we can utilise existing services to support this, the requirements to provide information are extensive and there is a duty to provide a range of materials to be made available.

Assessment and Eligibility

- There are a number of requirements for assessment and eligibility that need to be in place prior to full implementation in April 2015. We are currently specifically working on the development of Policy, Procedures and Practice in the following areas:
 - The total extent of current and future needs for care and support
 - What need is eligible for both adults and carers and how these can be met subject to a financial assessment
 - Care and support planning with active involvement from the service user
 - Changes required in the reassessment process
 - Processes in relation to transition to adult care and support for children, young carers and child's carers.
- The new requirements to meet the prevention and wellbeing agenda mean this will generate significant numbers of new clients to assess. In addition there is a new statutory requirement for reviews within 12 months and this will generate significant additional pressures within the system.



Charging and Financial Assessment

- Deferred payments process will change and will require additional work and resource. There will be a requirement for a refreshed policy.
- There are changes to the financial assessment for people who have a property; work is underway to estimate the numbers of people affected by this.
- Sefton information systems are being reconfigured in line with the Care Act and new elements will undergo significant testing by the ASC workforce and this will also lead to refreshed guidance.

Information and Advice

- Sefton will need to provide a comprehensive universal information and advice service that includes the wider aspects of care and support.
- Sefton will provide an independent advocate to help the person taking part in the planning and review process, if that person would otherwise have substantial difficulty in doing so.
- Sefton is likely to encounter a rise in queries from the general public arising from the ongoing national campaigning. To balance this against the local response we need to ensure that this area is prepared and appropriate information and signposting is place.



Carers Services

- The Act gives us a responsibility to assess a carer's needs for support. This replaces the existing law, which says that the carer must be providing "a substantial amount of care on a regular basis" in order to qualify for an assessment. This will mean more carers are able to have an assessment, comparable to the right of the people they care for.
- Work is underway to ensure Sefton adequately provides care and support to carers.



Safeguarding

- A comprehensive work plan has been developed to give support and guidance for the Adults Safeguarding Board in relation to the Care Act. The risk areas are:
 - Review the Sefton Safeguarding Adults Board Serious Case Review (Safeguarding Adult Review) Policy to ensure that it incorporates all relevant requirements from the Care Act and guidance
 - Develop and implement an engagement plan to ensure agencies are robustly engaged, supported and able to respond to their responsibilities to take part in Safeguarding Adult Reviews
 - Review the mechanism and effectiveness of agencies implementation of recommendations from Safeguarding Adult Review
 - Require all agencies that will have a statutory duty under the Care Act to report against their contribution to the Board and the delivery of the plan for the Annual Report
 - Develop and implement a multi-agency communications strategy in relation to safeguarding

New Burdens Funding

- To introduce new procedures, processes and to meet our statutory obligations Sefton has received a total of **£1,936,754** in funds to support the implementation of the Care Act 2014.
- This will be allocated across a range of functional areas including deferred payment agreements, workforce development, assessment and eligibility.



Sefton Progress

- Good progress overall in all areas, however focus on assessment, eligibility, carers and workforce development are priorities
- Recently submitted third stocktake to LGA showing our progress, overall we are confident ahead of 1 April
- Significant progress in areas of deferred payment agreements, safeguarding and advocacy

Workforce Development

- Comprehensive workforce development programme underway – this session is part of that programme
- Over the coming months more sessions and briefings will focus on specific teams depending on the impact
- Training plans on a regional, sub regional and local level have been developed and funding is attached to this
- The development process will continue throughout 2015 and into 2016



Risks

- Significant risk exists around workforce development and the need for learning and development activities in the transition to the new legal framework to continue.
- Timing is essential and the ability to agree new policies, processes and procedures quickly and efficiently to meet the Councils new duties is vital.
- The areas of development identified cross cut against savings areas. We will need to explore and examine this with HR.
- Each of the project leads are also identifying and report potential risks of implementation of the Care Act through the ASC Change Programme Board.



Focus on assessment and eligibility

- The Care Act 2014 introduces a national eligibility threshold, which consists of three criteria, all of which must be met for a person's needs to be eligible. The eligibility threshold is based on identifying:
 - whether a person's needs are due to a physical or mental impairment or illness
 - to what extent a person's needs affect their ability to achieve two or more specified outcomes
 - and whether and to what extent this impacts on their wellbeing.

National eligibility threshold

- Firstly, in considering whether a person's needs are eligible for care and support, we must consider whether the person's needs are due to a **physical or mental impairment or illness**. This includes conditions such as physical, mental, sensory, learning or cognitive disabilities or illnesses, brain injuries and substance misuse.

If they do have needs caused by physical or mental impairment or illness....

- We must then consider whether the effect of the adult's needs is that they are unable to achieve two or more of the following specified **outcomes**:
 - a) Managing and maintaining nutrition
 - b) Maintaining personal hygiene
 - c) Managing toilet needs
 - d) Being appropriately clothed
 - e) Being able to make use of the adult's home safely
 - f) Maintaining a habitable home environment
 - g) Developing and maintaining family or other personal relationships
 - h) Accessing and engaging in work, training, education or volunteering
 - i) Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
 - j) Carrying out any caring responsibilities the adult has for a child

‘being **unable to achieve**’ specified outcomes includes circumstances where the person:

- is unable to achieve the outcome without assistance.
- is able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety.
- is able to achieve the outcome without assistance, but doing so endangers or is likely to endanger the health or safety of the adult, or of others.
- is able to achieve the outcome without assistance but takes significantly longer than would normally be expected.

The wellbeing principle

- Finally, and crucially, local authorities must consider whether, as a consequence of the person being unable to achieve two or more of the specified outcomes there is, or is likely to be, a **significant impact** on the person's **wellbeing**. Local authorities should determine whether:
 - the adult's needs impact on an area of wellbeing in a significant way; or,
 - the cumulative effect of the impact on a number of the areas of wellbeing mean that they have a significant impact on the adult's overall wellbeing.

Case Study 1

Initial presentation

- Doris is 84yrs old and lives alone in an owner occupied 3 bedroom house with stairs up to her bathroom facilities. She suffers with arthritis in her hands and a large hernia causing her stomach to be pronounced. She walks independently around the house slowly, using the furniture to steady her when she feels unsteady or tired. Her knees are swollen and at times painful to be on her feet for too long or go up and down the stairs. She has been struggling mainly with her meal preparation, shopping and keeping her home tidy and changing her bed sheets. She can wash and dress herself albeit slowly, and go up and down the stairs slowly using the stair rail in place. She has not reported any falls.
- She states that she has no family; most of her long term friends have died or in care homes, but has a good neighbour who is also around her age but more independent and has a car. This neighbour will sometimes take her shopping or will pick up her shopping for her, but she feels guilty in burdening him with this and wishes to be more independent. She doesn't go out any more and is mostly housebound. She mainly buys ready meals but struggles bending to get them in and out of the oven, and then carrying the meal to a table to eat it. She has dropped a few hot meals on the floor whilst getting them out of the oven. When it gets too much she will make a sandwich or light meal. At present she has to eat at the kitchen worktop as she can't carry the plate, which is difficult as she needs to sit down after a while as cannot stand for long periods. She has no microwave and doesn't trust them. She is able to do some light dusting but not able to vacuum up due to her hands not being able to grip the handle, and the mess in the room distresses her.
- Doris would like to be more independent and is feeling more depressed with not being able to do things herself and by her growing physical health problems. She would like help with these tasks.



Initial Assessment

- The initial assessment by the contact team, indicates that Doris does not appear to have any aids for her mobility and to aid performance of her kitchen and home tasks, and therefore before an social care assessment is undertaken, Doris should be referred for an occupational therapy team to assess whether any aids could improve her ability to perform some of these tasks.
- Whilst this is taking place, it does not appear that Doris has urgent needs to be met.

Outcome of Occupational Therapy assessment.

- Doris has been issued with a walking aid, a kitchen trolley and a high kitchen chair. Her furniture has been moved around her living areas to enable her to move around freely. She has been given some devices to help her hold cups and open doors as well as an additional stair-rail fitted to maximise safety on the stairs. Doris agreed to purchase a microwave and has been shown how to use it, and she feels able to operate it without assistance.

Social Care assessment - Eligibility test

Do the needs arise from a physical or mental health impairment or illness? Yes

Difficulties arise from her Arthritis and hernia/enlarged stomach.

Do those needs mean they are unable to achieve 2 or more of the specified outcomes? Yes

Unable trigger: Yes

Is able to achieve the outcome without assistance but takes significantly longer than normally expected.

Specified outcomes trigger: Yes

- Making use of necessary facilities or services in the local community.
- Being able to make use of the adult's home safely

As a consequence there is or is likely to be a significant impact on the person's wellbeing? No

- Doris does not have a cognitive impairment which means that she is able to make choices and assess her own risks. Though Doris has mobility difficulties and arthritis affecting her hands that has an impact on her ability to undertake some of her home care tasks and accessing the community in a conventional way without support, she is able to access by using a taxi service to take her to and from the shops and the home is sufficiently clean to be safe for her. She is now able to make a hot meal and do so more safely with aids that have been provided.
- The aids to mobility has improved her ability to undertake more tasks safely and therefore her inability to meet some of her outcomes does not evidence a significant impact.

Local Authority next steps

- To provide her information and advice on local services available for shopping and housework, and activities. A welfare benefits check to ensure her income is maximised.



Case Study 2

Initial presentation

- James is a 50yrs of age with a mild learning disability, who lived with and was cared for by his mother until she died suddenly at home. James had a breakdown, and was sectioned under the Mental Health Act.
- James had not been previously known to mental health or learning disability health services prior to this hospital admission and therefore nothing was known about James's life and needs, other than from his GP records and close family friends.
- During his hospital admission the nursing staff noticed that James needed a lot of prompting and support to not only wash and dress but what to wear. He responded well to set routines and would become distressed without it. He would not make any drinks for himself and always wait for the nurse or ask someone to do things for him.
- He was assessed by both learning disability and mental health consultants as having a mild learning disability with some obsessive compulsive behaviours and depressive personality disorder. James is able to make his needs known and understood what was happening with him, he was able to make decisions, but he stated that his mother did everything for him, he couldn't cook, use a cooker, microwave, launder, manage his money or bills. He would help his mum with the shopping as long as she gave him a list, and he was able to travel on public transport on his own.
- Though James is still dealing with the loss of his mother and his mental health is stable, this may change once returning home when faced with the reality of being alone.

The ward referred to the social work team for an assessment as they believed that James would struggle to live on his own in the family home upon discharge.

Social Care assessment - Eligibility test

Do the needs arise from a physical or mental health impairment or illness? Yes

Do those needs mean they are unable to achieve 2 or more of the specified outcomes? Yes

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Maintaining a habitable home environment
- Accessing and engaging in work, training, volunteering

Unable trigger: Yes

Is unable to achieve the outcomes without assistance as requiring prompting.

As a consequence there is or is likely to be a significant impact on the person's wellbeing? Yes

- Significant impact on mental health and emotional wellbeing.
- Protection from abuse and neglect – as he is vulnerable to abuse due to inability to manage money and keeping himself safe.
- Social and economical wellbeing – earning and managing money and meeting necessary needs.
- Suitability of living accommodation. – without support to maintain his home and utilities, he may not be able to live at home and need council accommodation support or supported tenancy.



Local Authority next steps

- The social worker has to recognise the major change in James's social and economical circumstance and family life, and may need a phased discharge from hospital to determine what level of support he is likely to need if he returned home or if he requires a more supported environment. He has little in the way of life skills or even the confidence living alone; however he has the ability to learn these skills and become independent but will need support to do this. He therefore has eligible needs for care and support.
- The social worker would then need to explore how those needs and risks can be met in the short term initially and then long term.

Case Study 3 - Carer

Initial presentation

- Bernie is 78yrs old, who lives with and cares for his brother John who is 82yrs old with a severe level of dementia. John needs support and supervision day and night and cannot be left alone safely, due to his short term memory and the actions he takes that can put himself and Bernie at risk.
- Bernie has been feeling more and more down and extremely tired due to the caring responsibility he has to his brother and to keeping his brother safe. He is mainly independent, however suffers with diabetes where he has to monitor his blood sugar levels and have daily injections, but recently has been losing weight and diagnosed as having depression by his GP who has prescribed him anti-depressants to take. His brother John, needs constant supervision whilst in the kitchen for example as he does not understand that he can't cook like he used to, and will switch the cooker on and then leave it. John wanders all over the house constantly looking for something but does not know what. He will constantly ask Bernie where his late wife is, as he's forgotten that she passed away 20yrs ago. During the night, John will get up 3 to 4 times to use the toilet, but forgets where it is and comes into Bernie's bedroom waking him up asking where the toilet is.
- John already has care and support being provided funded by the local authority to help him with to wash and dress in the mornings, however Bernie does everything else. He orders his shopping online, and on the occasions he has to step out of the house, he asks his regular cleaner who knows his brother well, to stay with him which he pays her to do.
- Bernie would like a break from the caring role, but also would like time to pursue his own interests. He hasn't played a round of golf in 3 years nor had contact with his regular friends or had a normal conversation with anyone since his brother's dementia began to deteriorate. He is unable to even talk for long on the phone as his brother will demand his attention.
- He wants to keep his brother at home with him for as long as he can but it is getting harder for him to do so without some life of his own, a regular break even and in order to do this, someone will need to be with John.

Social Care assessment - Eligibility test

Is Bernie providing necessary care to John? Yes

Is Bernie's mental or physical health deteriorating or at risk of deteriorating? Yes

Is Bernie's deteriorating mental health and or physical health having a significant impact on his wellbeing? Yes

Rationale

- It appears that Bernie's caring responsibilities is preventing him from being able to engage in recreational activities and maintaining personal relationships and as a consequence it is having a significant impact on his wellbeing, which is evident due to his recent diagnosis and treatment for depression. As he suffers from diabetes it is important that he maintains a good healthy diet and with recent weight loss, there is a potential for his physical health to also deteriorate.
- For Bernie, having more time to socialise with his peers and take part in a much loved activity is important to him, and without which it will impact on his caring role.
- Bernie therefore has an eligible need, and the next steps for the Local Authority is to offer him a direct payment so that he can pay a carer to come and sit with John, or take John out once a week to enable Bernie to have time to pursue friends and leisure.

Case Study 4 - Carer

- Mavis 56 yrs old and is an informal carer for her husband Fred who is 60yrs old with Parkinson's disease. Fred was diagnosed last year and has some difficulties with his mobility and memory due to his Parkinsons Disease.
- Mavis left her job as a school teacher in order to care for her husband full time, who also had to retire early as a plumber. They have a daughter who is at University in Edinburgh. She has to administer medication to her husband in the form of an injection in the morning, this enables her husband's limbs to be less stiff and help him walk independently. Once he has this injection he is able to wash and dress himself, but needs her help to get in and out of the bath to have a shower. With the aid of a walking stick he can make himself a drink, but Mavis makes all the meals and tends to the other household tasks.
- Prior to Fred's illness, they were both very active with the Church, which is important to them both, but this has now lessened.
- Mavis drives, so she is able to go shopping and Fred is still able to get in and out of the car with support, but finds it painful to be sat down for too long due to the stiffness in his limbs.
- Mavis is not receiving any help from the Local Authority to help care for her husband as she feels she is able to do this, but her daughter is due to graduate from University and would like to go to the ceremony, and have a long weekend with her. Due to her husbands' needs, she feels that she cannot leave him and he would not be able to do the Journey to Scotland so she has approached the Local Authority for a carers assessment. Fred also since his diagnoses is anxious being left alone without her as he can't administer his own injections and in case he falls. Her GP advised her that the Local Authority can provide respite and assistance to care for her husband in her absence and would feel more comfortable if he had 24hr care. The Church have a care home near their home and would like her husband to go there but they cannot afford this and her trip.
- Mavis doesn't have any health problems other than low blood pressure which she takes medication for.

Social Care assessment - Eligibility test

Is Mavis's needs for support caused by providing necessary care to Fred? Yes

Is Mavis's mental or physical health deteriorating or at risk of deteriorating? No evidence to suggest this

OR

Is Mavis's needs for support means she is unable to achieve a specified outcome? Yes

- Engaging in work, training, education or volunteering (even though this is not specified by Mavis. It is clear she unable to engage in these due to her caring role).
- Is there likely to be a significant impact on the carer's wellbeing? No.
- Mavis feels it is important that she is there to support her daughter on her big day and would be very upset not be able to see her only child graduate, and is torn between the needs of her husband and daughter.
- Mavis engages with the local community and the Church albeit not as fully as she would like, but as her husband can be left alone in the day and she is able to drive and make her own arrangements, this is not having a significant impact on the wellbeing outcomes of emotional wellbeing and family relationships.

Local Authority's next action

- Though Mavis does not have eligible carer needs, both Mavis and Fred should be supported to realise what is important to them. Fred should be assessed in his own right to determine any eligible needs. This would advise the social worker as to what Fred's needs are and what care and support could be needed if Mavis is in Scotland.
- The social worker could also liaise with the GP and other health services as to a possible solution to enable Fred to travel with his wife to see his daughter. Whether through medication management or aids/equipment to assist with travel, either by car, train or plane.
- The social worker could explore the current networks in the Church as to what support they could provide.



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