

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee – 28 January 2016

**Subject:** Progress made in implementing the Care Act (2014) in Manchester.

**Report of:** Strategic Director, (Adults) Families Health and Wellbeing

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**Summary**

This report describes the progress made in the implementation of the Care Act (2014) by Manchester City Council since the Care Act came into force in April 2015. It also describes the link between the Care Act requirements and the Council's wider programme of Adult Social Care (ASC) reform and innovation within the context of health and social care integration.

In a report to the Health Scrutiny Committee in May 2015 regarding the Care Act implementation, it was explained that the Care Act places new responsibilities on local authorities which are outlined in the main section of this report. The Act was designed to be implemented in two stages, the first stage to be implemented in April 2015 and the second phase in April 2016.

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**Recommendations**

The Committee is asked to note the report

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**Wards Affected: All**

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**Contact Officers:**

Name: Caroline Byrt  
Position: Interim Head of Adult Social Work and Care Act Implementation  
Telephone: 0161 234 3162  
E-mail: c.byrt@manchester.gov.uk

**Background documents (available for public inspection)**

None

## 1. Introduction, Background and Context

1.1 On Thursday 28th May 2015, Health Scrutiny Committee received a report describing the implementation of the Care Act (2014) by Manchester City Council. This report provides an update of the Council's progress in implementing the Care Act, and the Government's decision to defer phase 2 of the Act which was originally planned to come into effect on the 1<sup>st</sup> April to 2020. The report concludes with a summary of work needed to ensure that the Act becomes fully embedded by the end of this financial year.

1.2 Alongside, the implementation of the Care Act, Adult Social Care in Manchester is being transformed. This work began last year when a Peer Review was commissioned and the transformation agenda is closely aligned to the integration of health and social care into place based local neighbourhood teams.

1.3 This Peer Review was undertaken in March 2015 and focused on the Council's delivery of adult social care and specifically focused on three aspects ASC delivery of:

- End to end delivery
- Adult safeguarding
- Social work practice

The outcome of the peer review was that whilst the council's ASC delivery was on the "right track" but there was a need to develop a more consistency approach in respect to all of the above three themes and streamline ASC processes.

In response to the peer review and what was already known about the delivery of ASC, a transforming adult social care programme (TASC) was set up in May 2015, to deliver the necessary ASC reforms. The TASC programme is set within the context of Health and social care integration and the formation of integrated place based services through the formation of integrated neighbourhood teams.

Integral to ASC reform is a redesigned model of assessment and support planning. This different approach concentrates primarily on what is important to people, what they want to do, and the strengths and nature of their social networks, underpinning wider Council priorities of building self reliance and strengthening communities.

The key principles are:

- Staff having "Different Conversations" to better understand individual assets, recognising strengths, gifts and talents using an ethnographic approach, rather than a deficit model
- Connecting people with local community solutions which may include a community hub, a social group or peer support
- Developing community capacity through co production, different relationships, asset transfer
- Developing new ways of working by liberating and enabling the workforce through giving permission and support to be innovative and creative, in return for a pledge to be positive, accountable and to embrace new ways of working

## 2. Care Act

### 2.1 Guiding principle of the Act

As previously reported in the Care Act Implementation update report of May 2015 to this Committee, Clause 1 of the Care Act introduces a new general duty for local authorities to “promote individual well-being”. The duty applies to all actions taken under the Act in relation to individual care and support. The degree to which a local authority’s actions promote well-being or undermine it is the acid test of the legitimacy of those actions. As a result the “promotion of individual well-being is the guiding principle of the Care Act and applied in equal measure to the cared for and those who are carers

### 2.2 Care Act Grant Funding 2015/16

2.2.1 The Government has made available revenue funding for the implementation of the Care Act through a number of specific grant and other funding arrangements as follows:

- New burdens grant funding (£285m nationally) paid by Department of Communities and Local Government to fund assessments under the new Care Act eligibility criteria, an updated carers’ offer and the new statutory requirement to offer a deferment of care costs scheme to people who meet prescribed criteria;
- Social Care in Prisons grant (£11m nationally) paid by Department of Health to fund assessments of individuals in prison who present with a social care need; and
- Better Care Fund (£135m nationally) paid by NHS England to Clinical Commissioning Groups and then ring fenced to local authorities within the Better Care Fund. Funding is intended to cover duties including advocacy, safeguarding, carers support and changes in care eligibility.

2.2.2 The funding allocations to Manchester City Council are shown in the table below.

Funding	£’m
Early assessments	0.651
Carers and Care Act	0.617
Deferred Payments Scheme	0.543
Sub-total	1.811
Social Care in prisons	0.162
Better Care Fund	1.451
<b>Total</b>	<b>3.424</b>

2.2.3 In addition, the Department of Health made £134m nationally available through the Social Care Capital Grant 2015/16. The funding is also part of the Better Care Fund. Manchester City Council has been allocated £1.485m and £0.554m has been allocated to be spent on ICT capital. This is a contribution towards the development of “Mosaic” and will allow for all elements of the Care Act to be reflected

in the ICT care system and in the emerging integrated health and social care arrangements.

### **2.3 Summary of Progress in Implementing the Care Act**

Set out below is an update of the progress made in implementing the Care Act, that has been achieved since the Care Act implementation report to Health Scrutiny Committee in May 2015. Each new responsibility is described below followed by progress summary of implementation delivery.

#### **2.3.1 There are more general responsibilities including promoting people's wellbeing and independence and providing clear information and advice and the application of national eligibility criteria**

##### **Updated Implementation Commentary**

**2.3.2** It was reported in the Care Act Implementation report considered by Health Scrutiny on the 28<sup>th</sup> May that Connect to Support (CtS) an interactive IT system has been upgraded to be Care Act Compliant. It will host a new pre-assessment questionnaire and the production of a Tailored Statement of Needs to help people self help and information and will provide a comprehensive information and advice portal to meet the Care Act requirements to provide information and advice to citizens encouraging independence, the digital strategy and help manage demand. Connect to Support was demonstrated at the Carers' event held in the Town Hall on the 11<sup>th</sup> June 2015 and received very positive feedback from carers who attended.

An officer has now been identified through care act funding to take this work forward with Connect to Support and progress is being made. Particularly in regard to the pre assessment, the tailored statement of needs and the self assessment of need. All of which are now in a test environment. There are however dependencies with regard to ICT arrangements and this has delayed implementation, as a launch of the system requires that the Council's system is upgraded to a new citrix environment. This upgrade is planned to be completed by the end of February 2016 when further progress can continue.

There is a further ICT dependency with regard to the migration of the social care database to the new operating model known as Mosaic. The link with CtS is established and embedded and all CTS requirements will be represented within the migration plan. This migration will not impact on phase 1 of CTS detailed above.

Further progress has been made with regard to Information and advice. Three information and advice directories previously in use throughout the Directorate have now been amalgamated into one directory and renamed Help and Support Manchester (HSM) this supports the production of a personalised statement. Further work is ongoing via a workshop approach to streamline the look and feel of HSM particularly around the categorising of its content and to ensure its consistency with the advice and information found on the council's web site [www.manchester.gov.uk](http://www.manchester.gov.uk)

There is a further ICT dependency with regard to the migration of the social care database to the new electronic case management record known as Mosaic. The link

between Mosaic and CtS is established and embedded and all CtS requirements will be represented within the migration plan.

These two new developments will ensure that residents will be able to manage their circumstances with a sense of self independence and choice. They will be able to purchase services through the electronic marketplace in CtS using their individual budgets, will be able to access their support plans online which they currently can't do and will be able to complete their own initial self assessment.

There remains the traditional routes to access adult social care, as follows:

- By telephoning the Council's Contact Service (0161 234 5001) to speak to an adviser – here the trained operators specialise in children's and adult social care services, can look up individual records and can refer the person for either a routine or urgent assessment. This is currently the default offer for referrals – both citizens and professionals – and there are no plans to change this provision. However, over time, it is envisaged that carers will prefer a digital route to both find out more about adult social care provision for their relative/friend or make a referral
- Access via local social care teams – whilst this is not a heavily promoted method of access to locality teams, there remains a small number of individuals we support who prefer face to face meetings with their nominated case manager/assessor/social worker
- Key health professionals – such as GPs – can make referrals through a secure "Integrated Care Gateway" as this is also a high activity area

Data analysis over the past five years repeatedly shows that over 60% of referrals to adult social care are from key professionals such as health partners, the Police and other agencies. They are well aware of the Contact Centre service and continue to use this facility as necessary.

The improved ICT systems will enable new integrated streamlined integrated assessment systems to support the set up of integrated neighborhood teams

Staff will have state of the art electronic case management system which will enable them to work in the neighborhood hubs, integrated with community health services through the provision of mobile technology and electronic rostering, improving productivity and flexibility to respond to residents needs

#### **2.3.4 New national eligibility criteria**

##### **Updated implementation commentary**

The new national criteria are similar to the Fair Access to Care Services (FACS) and the new criteria have continued to be applied since 1<sup>st</sup> April 2015.

New assessment forms have been designed to ensure that the new assessment processes are care act compliant, these forms have been used since the 1<sup>st</sup> April and are currently being reviewed given they have now been in use for in excess of six

months, to ensure that these are fully care act compliant. All adult social care assessors have also received training and guidance on how to use the new assessment document through our dedicated MiCare Training Team.

### **2.3.5 New rights for carers who need support, in the same way as the people for whom they care**

#### **Updated Implementation Commentary**

It was reported in the previous Care Act implementation report to Health Scrutiny in May, that the Act contained new duties which require the Council to provide an assessment to all carers who request this, without the “appearance of need”.

The council has designed a new carer’s assessment based on the well-being principles. Also the Council’s carer’s offer is being reformed to build a wider menu of support options, the proposed redesign of the offer has now been out to consultation to carers, and carers support organisations and Members.

The outcome of the consultation was presented to Health Scrutiny on the 26<sup>th</sup> November 2015. The Support Offer is changing from an approach predicated upon the application of the resource allocation system (RAS) , to a greater focus upon an individuals need through a strength based assessment approach. A carer’s toolkit is being developed to help staff assist individuals to access support. The Council has been piloting a new carers assessment based upon the well-being principles within the Care Act. This assessment is being reviewed in light of the consultation and the questions are being tightened to become more strengths based.

Alongside the consultation, the Council, carers services, and partner organisations, have been co-producing a redesign of services. This was also presented to Health Scrutiny on the 26<sup>th</sup> November 2015. This redesign will result in a carers network and a carers coordinator role.

### **2.3.6 A legal right to a personal budget and direct payment.**

#### **Updated Implementation Commentary:**

In the Care Act implementation update report considered by this Committee on the 28th May, it was reported that the Act defines that an adult’s personal budget is “the cost to the local authority of meeting those of the adult’s needs which is required or decides to meet” The Act sets out a very similar direct payments regime which was in previous legislation.

In Manchester in recent years there has been a relatively low take up of cash personal budgets compared to our comparator local authority group. Currently in the region of 12% of people who have been assessed as having eligible needs for a service, receive a cash individual budget,

However, there are in the region of 308 people who have been assessed as having eligible needs, who receive their care and support needs by a council managed personal budget delivered through a commissioned service.

Currently we are developing a strategy to improve the take up of cash individual budgets payments which will be greatly informed by the current adult social care consultation we are undertaking (consultation went live 15/12/15 and ends 14/12/15). The consultation approach is:

- A Targeted Consultation with all current users of adult social care services
- Through a mails hot to approximately 5,200 users
- Encouraging recipients to attend a local event in January to find out more and participate
- Accessed through the Council website: [www.manchester.gov.uk/consultations](http://www.manchester.gov.uk/consultations)

We are seeking the views of people who use adult social care services on:

- What they think about cash personal budgets
- Their current experiences
- The concept of having a “Good Week” every week to meet their identified social care needs
- Their views of community assets, both in terms of what they know about them already in their local community but also what more ‘assets’ they would like to see being created going forward

Following the consultation, a strategy has been developed which is designed to improve the take up on cash personal budgets.

### **2.3.7 Deferred payment agreements will be available across England.**

#### **Updated Implementation Commentary:**

The Care Act has a requirement to offer a Deferred Payment Scheme (DPS) from 1 April 2015 to people with eligible care needs who meet certain criteria. A DPS is where a person can defer paying the costs of their residential care and support until a later date. The purpose of this is to ensure people are not forced to sell their home during their lifetime to pay for their residential or nursing care. Deferring payment can help people delay the need to sell their home and could provide peace of mind during a time that can be challenging or at a crisis point in their lives.

Manchester has had a discretionary scheme for a number of years, which was amended in March 2015 to reflect statutory requirements in the Care Act.

Local Authorities are required to follow new national guidance on the eligibility criteria with some discretion as to how schemes will be implemented locally. An online public consultation is running from December 2015 to February 2016 and targeted consultation with existing service users has also taken place. Depending on the consultation outcomes it is anticipated that any changes to the existing scheme would be implemented from 1<sup>st</sup> April 2016. £543k of ring fenced grant has been allocated to support the cost of implementing and managing the scheme and to assist with cash flow in respect of the amounts deferred. It is considered that the funding in 2015/16 will be sufficient to meet the implementation costs of the universal DPS and the short term costs of administering the scheme.

Similar to the adult social care consultation, finance are consulting the general public on the Deferred Payment Scheme and the consultation closes on 14/2/15 ([www.manchester.gov.uk/consultations](http://www.manchester.gov.uk/consultations)).

### **2.3.8 New responsibilities around transition and supporting people who move between local authority areas**

#### **Updated Implementation Commentary:**

In the Care Act implementation update report considered by Health Scrutiny on the 22<sup>nd</sup> May it was reported that appropriate arrangements had been put in place to meet these requirements.

### **2.3.9 The extension of local authority adult social care responsibility to include prisons**

#### **Updated Implementation Commentary:**

Since the new responsibility came into effect on the 1<sup>st</sup> April 2015 Manchester City Council (MCC) Officers have worked on establishing processes for Offender Referrals, Assessment and Advocacy pathways which are now fully in place for older and Disabled Offenders residing within HMP Manchester. Demand, thus far, for social care services and advocacy has been low and MCC Social Work & Assessment Officers have carried out 22 Social Care Assessments since the 1<sup>st</sup> April 2015. Where eligible needs have been identified, they have been predominantly addressed via the supply of specialist equipment from Manchester Equipment & Adaptations Partnership, as well as supported Social Care information and advice from established MCC sources. There are multi-agency arrangements and fora in place for the regular monitoring of performance and delivery which the Council actively contributes to and participates in.

It is recognised that the design of older Victorian prisons, such as HMP Manchester are unsuitable for the trend of an increasingly older prison population and their health and social care needs. HMP Manchester, for example, has approximately 14 prisoners who are wheelchair users. In response to these challenges, work is underway nationally, to better understand the future social care needs of prisoners and associated demand. RECOOP, a national Voluntary Sector Organisation who work with offenders, have recently been commissioned by NOMS (National Offender Management Service) to design a national older prisoner strategy and also to support Local Authorities to develop their Care Act responsibilities to prisoners.

Commissioners have made links with the RECOOP project lead for North West Prisons and are currently exploring ways to further refine and develop our delivery model within HMP Manchester, based on emerging practice and outcomes to date. Senior Lecturers in social work from Salford University have recently submitted a research proposal focusing on researching the design, delivery and outcomes of the Care Act within HMP Manchester as part of an academic contribution to this new field of social work. Commissioners are considering this proposal and will facilitate implementation with the Prison, if the necessary research and ethics approvals are granted.



**2.3.10 There is a specific responsibility to provide advocacy to those who require this, this equally applies to both the cared for and to those who are providing care**

**Updated Implementation Commentary:**

In anticipation of new Care Act requirements Manchester's advocacy services were reviewed and reconfigured within a single contract. The Manchester Advocacy Hub was designed to address statutory advocacy requirements arising from the Care Act, the Mental Capacity Act and the Mental Health Act.

The contract was awarded to the Gaddum Centre and the new service arrangements which commenced on the 1<sup>st</sup> April 2015 are working well.

As of 31/12/15, the Hub has dealt promptly with 109 Care Act advocacy referrals alongside a significant increase in advocacy work related to the extension of the Mental Capacity Act to wider domestic/community settings. There has also been a steady growth in mental health advocacy demands.

The referral rate in respect of Care Act Advocacy has been lower than anticipated reflecting national trends. However, new statutory requirements and benefits provided by independent advocacy are now being absorbed into practice. Referral rates are rising across all service areas and advocacy duties will be reinforced through the on-going training and development programme. Demands on the service remain within service capacity but will continue to be closely monitored.

**2.3.11 Strengthens arrangements for Adult Safeguarding and puts Safeguarding Adults Boards on a statutory footing**

**Updated Implementation Commentary**

The requirements of the Care Act around Adult Safeguarding relate to placing Adult Safeguarding boards on a statutory footing and sets out "process" obligations to set up a safeguarding adults board and if there is one already in place to review the function of the board.

A review of the Manchester Safeguarding Adults Board has been undertaken to ensure the Board and Adult Safeguarding Activity is compliant. The Safeguarding Adults Board has strengthened its governance structure and its ability to oversee core activity within the health and social care networks. The Board has an Executive that oversees the work of sub groups. An independent MSAB chair took up post in July. The Chair attends regular meetings with the Manchester City Council Chief Executive and the Executive Member for Adults is a member of the Board. An Adult Safeguarding annual report is submitted to the Health and Well Being Board and this will also be provided to Health Scrutiny in February. Support structures for the Board have been reviewed and are currently subject to recruitment procedures.

There have been discussions with a range of community groups to establish a process of engagement with the Safeguarding Board.

New Safeguarding Adults policies and procedures that are Care Act compliant are being implemented across the Adult Services. Guidance has been produced to support the new procedures and briefing sessions have been delivered to all staff teams and all three Provider Forums. Safeguarding will be personal to each individual and be based around the outcomes that each person has identified. People will be supported in identifying ways to keep themselves safe where possible and there is a stronger focus recovery and ongoing support for people who have experienced abuse or neglect. Training to support the introduction of new procedures has been delivered during from November 2015 for managers and will continue during January and February for practitioners and care providers. Presentations to Provider Forums have been well received and Provider training, including opportunities for train the trainer sessions will be delivered during the next two months.

A Quality Assurance framework including practice standards and an audit tool is being implemented alongside the new procedures to ensure the embedding of the practice changes and provide an evidence base for good quality safeguarding practice. The QA process will have input at all levels of management and a QA and Improvement Board will provide governance and direction.

**2.3.12 Places a responsibility on a local authority to design, commission and deliver prevention services, this includes both primary prevention for those who currently have no care and support needs, secondary prevention aimed at those at risk of developing needs where a service may help slow down or reduce further deterioration and tertiary interventions to minimise the outcome of disability of people living with complex conditions**

#### **Updated implementation Commentary**

Preliminary work has started to explore how the Council's voluntary sector investments align with each other and the strategic priorities for Manchester in order to promote independence. People of all ages should have access to community facilities which support them to be healthy and engaged in the life of their place. This does not have to be just physical buildings or universal services, but residents should be able to readily find information to access to community initiatives either run by the voluntary sector or through individuals and groups of residents. This will be led through a connected front door via the contact centre, web offer (Connect to Support and Help & Support Manchester) and Community Connector roles to physically link information to people and services. The long standing work of Age Friendly Manchester forms the basis of this move towards recognising and supporting community assets across all ages.

**2.3.13 Requires councils to work in partnership with NHS partners and where appropriate integrate health and social care services**

#### **Updated Implementation Commentary**

It was reported in the Care Act update report that came to Health Scrutiny in May 2015 that the Living Longer Living Better programme (LLLBB) and its approach to Health and Social Care Integration met the requirements of this aspect of the Care Act.

In the intervening time between the Care Act implementation update report being considered by the Health Scrutiny Board in May, significant progress has been achieved in the formation of the one team approach and the design of neighborhood teams. It is anticipated that the formation of neighborhood teams will commence from April 2016 which will provide for an integrated health and social care offer to MCC citizens.

A Practitioner Design Team (PDT) has been implemented which comprises of secondees from the following organisations:-

- Central Manchester Foundation Trust
- University Hospitals of South Manchester
- Pennine Acute Hospitals
- Manchester City Council
- Manchester Mental Health and Social Care Trust

There are also two secondees on the team from the Voluntary Community Sector.

The PDT have been developing the design models for the following services:-

- Intermediate Care and Reablement
- Integrated Neighbourhood Teams – assessment and care management
- Integrated Access

The first designs are scheduled to be complete in draft in February and March this year and implementation will commence in the spring. The services will support the integration of community health and social care services which is the start of development of One Team. Further integration will comprise of community mental health and primary care.

The current design work is closely aligned to the work outlined in this paper to implement the Care Act, particularly with regards to ensuring that the core assessment design is Care Act Compliant and that enhancing community assets and close working with the voluntary sector is at the heart of the service designs.

### **2.3.14 Requires local authorities to undertake market shaping and take action to manage risk of provider breakdown**

#### **Updated Implementation Commentary**

Market shaping and managing potential provider market failure is intrinsic to the council's approach to commissioning and procurement and therefore this aspect of the care act is part of our standard operating procedures. There is an annual Market Position Statement which provides information to providers regarding commissioning intentions.

The Strategic Director of Adults, Manchester City Council has the lead for the North West ADASS Market Shapers Network and is therefore working to priorities which provide benefit to the City and to the wider region. The three key areas of transformation that the Network is focusing on are:

- Residential care
- New models of home care
- Nursing care

For each of these the Network will look to identify real collaboration and consider key lines of enquiries

## **2.4 Postponement of Reforms originally scheduled to come into force in April 2016**

The Government originally planned to implement the Act in two phases. Phase 1, the updated statutory framework for adult social care, came into force in April 2015 as anticipated. However, Phase 2 of the Act, which related to a proposed "cap" on the charges payable for care, was scheduled to have been implemented in April 2016.

However there has widespread concern among Councils and national commentators concerning the feasibility of implementing the "cap", because this additional reform substantially extended the responsibilities of local authorities. In July the Government announced that, taking account of representations from the Local Government Association, they would be deferring phase 2 of the implementation to 2020.

## **3 Conclusion**

There remain a number of key areas where close scrutiny is required to ensure that momentum is maintained. These are;

- **Information, Advice and Guidance** – The Council has not yet fully implemented Connect to Support nor produced the Information and Advice Strategy which is mandated in the Act. Work is underway to expedite these areas
- **Prison Partnership, Assessments and Finance** – work continues to be embedded around joint working with HMP Manchester. This includes ensuring the obligations set out in the s75 agreement are complied with as well as ensuring that detailed financial monitoring on numbers of prisoners with care needs are tracked. In addition, this is a new area of social care activity so there is a heightened interest in better understanding the needs of older and disabled prisoners who meet the new national eligibility criteria and how their needs are being met (e.g. outcomes delivered)
- **Carers** – Whilst the assessment of carers was fully compliant from 1 April 2015, the need to consult with carers has resulted in the new offer still being in the implementation phase. As this consultation has now concluded, work to fast track the offer for carers is underway
- **Supporting Manchester Mental Health & Social Care Trust (MMHSCT)** to achieve full Care Act compliancy. In effect, MCC has delegated responsibility for all mental health social care assessments to be carried out by the Trust. Accordingly, this means that key senior managers from the Trust have been involved in all aspects of the Care Act Implementation Programme. Typical activities include changes to eligibility criteria, assessment documentation as well as the Trust's

computerised adult social care record (AMIGOS). Through monthly contract monitoring meetings, key senior managers from MCC (commissioners and lead for the Care Act) have met with the Trust to discuss and ensure Care Act changes have been implemented as required. Progress remains on a par with MCC adult social care.