



Report for:	Cabinet, 17th March 2015	Item Number:	
Title:	Care Act 2014, Implementation - Eligibility Criteria and Deferred Payment Arrangements		
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Ward(s) affected:	All	Report for:	Key Decisions

1. Describe the issue under consideration

1.1 This report presents for consideration and approval proposals for the implementation of Part 1 of the Care Act 2014, hereafter referred to as the “*Act*”, on 1st April 2015. These proposals will pay particular attention to new *eligibility criteria* and *deferred payments arrangements* with the intention of ensuring that the Council is fully compliant with its statutory duties under Part 1 of the Act relating, mainly, to care and support while also addressing the financial aspects of implementation. Cabinet is asked to note a series of changes the Act makes to the statutory responsibilities of the Council and to its delivery of adult social care.

2. Cabinet Member introduction

2.1 The Care Act and its good implementation requires the Council and its statutory and non-statutory sector partners to work together to place the *individual wellbeing* of local people at the centre of all we do. The Act’s significance is wider than simply adult social care, it impacts on the whole of the council and across Haringey’s health and social care economy

2.2 The Act also marks a decisive move away from defining people as service users, tenants, customers, and patients and towards treating their needs as a whole and as unique individuals. We will work with Haringey residents to help them prevent and delay the onset of needs by offering personalised services that enable people to take control of their lives and achieve their potential.



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2.3 However the challenges of implementing the Act should not be under-estimated. When the Act comes into force, on 1st April, 2015, it will be the biggest change to adult social care since the founding of the Welfare State in 1948. The statute imposes a raft of new responsibilities and statutory duties on local authorities while its financial implications must be carefully monitored and controlled.

2.4 Nevertheless, the Act represents an opportunity for the Council to put in place a system of adult social care for the 21st century. The Act places an emphasis on personal wellbeing; on person-centred provision; on prevention; on integration of services; on growing communities' solidarity and capacity to support one another; on increased support for carers; on improving the transition from children's to adults' services; and on providing a firm statutory footing for adult safeguarding.

3. Recommendations

3.1 It is recommended that Cabinet;

- a) approve the proposed use of three Care Act related revenue grants made for 2015/16 as set out in paragraph 5.21, below,
- b) adopt only the national minimum eligibility threshold for care;
- c) approve the proposed Deferred Payments Policy attached at Appendix 1;
- d) agree the maximum interest rate allowed on Deferred Payments to off-set the costs to the local authority of making these Payments;
- e) impose a cost neutral administration charge on Deferred Payment Agreements equivalent to the actual set-up, maintenance and wind-up costs of each such Agreement - standard charges are set out in Appendix 2;
- f) agree that carers' services be provided free of charge to reflect the Council's on-going support for carers and its recognition of the invaluable contribution they make to supporting some of the most vulnerable members of our community;
- g) approve Haringey's development of a new assessment and eligibility process which will ensure a fit with the requirements of the Care Act and involve ceasing the use of the current Resource Allocation System (RAS)
- h) note the '*highlights*' of the Act and their implications as listed and described in Table 1, below.

3.2 The Act and all the recommendations complement the Corporate Plan's priority of "*Empowering all adults to live healthy and fulfilling lives.*" All recommendations relating to charging will be kept under review to assure their sustainability.



4. Alternative options considered

4.1 Implementation of the Act is a statutory requirement, but within the margins of discretion allowed the following alternative options have been considered:

- a) Adopting eligibility criteria more generous than the national minimum threshold and levying charges and interest rates on deferred payments less than the allowed maximums: However, these options have unfunded cost implications.
- b) Charging for carers' services: This option could lead to the breakdown of caring relationships, thereby, imposing significant additional costs on the Council while signalling a lack of support for the efforts of carers. Only three London Boroughs, at the time of writing, are considering charging for carers' services. In comparison, 15 will not be charging while others are yet to announce their positions on this matter.

5. Background information

The Care Act

5.1 The Act came onto the statute books on 14th May 2014 and is a bold and historic piece of legislation. It is the most wide-ranging reform to adult social care in nearly 70 years. It modernises and consolidates, for the first time, adult care and support law in a single clear statute.

5.2 The Act is divided into five parts with eight schedules. Part 1 of the Act deals with the reform of adult social care and support legislation and is the part most relevant to Local Authorities. It is structured around an individual's journey through the reformed system (be they someone in need of care, or their carer). The Act will put a limit on the amount those receiving care will have to pay towards the costs of their care, with a cap on care costs beginning in April 2016. The remainder of Part 1 of the Act, such as national eligibility criteria and universal deferred payments, will come into force in April 2015.

5.3 Sections 1 to 7 of the Act place a number of general duties on local authorities. These are:

- a) Promoting individual well-being
- b) Preventing needs for care and support
- c) Promoting integration of care and support with health services etc.
- d) Providing information and advice
- e) Promoting diversity and quality in provision of services
- f) Co-operating generally
- g) Co-operating in specific cases

5.4. Unless otherwise indicated all references made to the Act in this report will be made to Part 1 of the Act as the other sections are more relevant to bodies other than Local Authorities (such as the NHS and the Care Regulator). However, the different provisions in Part 1 will not be considered in detail. Should Members wish to read a detailed summary of these key provisions, please consult the guidance produced by the Local Government Association, '*Get in on the Act: The Care Act 2014*'



The Wellbeing Duty and Principle

- 5.5 The Care Act imposes a *duty* on local authorities to promote *individual wellbeing* when carrying out *any* of their care and support functions in respect of a person. This duty is sometimes referred to as the “*wellbeing principle*” because it is the guiding principle of the Act. It puts individual wellbeing at the heart of care and support system.
- 5.6 The paramountcy of the wellbeing principle means it provides the *acid test* of the actions local authorities take when carrying out their care and support functions. The principle means that whenever a local authority makes a decision about an adult it *must* promote or seek to promote individual wellbeing.
- 5.7 The Act’s definition of wellbeing covers:
- a) personal dignity (including treatment of the individual with respect);
 - b) physical and mental health and emotional well-being;
 - c) protection from abuse and neglect;
 - d) control by the individual over day-to-day life (including over care and support, or support provided to the individual and the way in which it is provided);
 - e) participation in work, education, training or recreation;
 - f) social and economic well-being;
 - g) domestic, family and personal relationships;
 - h) suitability of living accommodation;
 - i) the individual’s opportunities to contribute to society.
- 5.8 The expansive nature of the definition of wellbeing means that the Care Act has *whole Council* implications (see Appendix 3). It *cannot* be regarded as being ‘*just*’ an Adult Social Care Act. The Act also establishes a *duty* of co-operation that requires an authority to ensure that all its departments co-operate in meeting the wellbeing duty.
- 5.9 Although the wellbeing principle applies when the local authority performs an activity or task, or makes a decision, in relation to a person, the principle should also be considered by the local authority when it undertakes broader, strategic functions, such as planning, which are not in relation to one individual.



Highlights of the Act

5.10 Table 1 lists some of the highlights of the Act which, unless stated, come into force on 1st April 2015. The listing is not all inclusive but, summarises how the statute will determine the Council’s statutory duties for Adult Social Care and its delivery of this important service.

Table 1. Highlights of the Act

Requirements
<p><i>Prevention</i> (New in law but not new in practice/policy)</p>
<p>A new <i>general duty</i> requiring local authorities to ensure the provision of preventative services. That is, services which help prevent or delay the development of care and support needs, or reduce care and support needs (including carers’ support needs).</p>
<p><i>Integration</i> (New in law but not new in practice/policy)</p>
<p>A new local authority <i>duty</i> to carry out their care and support functions with the aim of integrating services with those provided by the NHS or other health-related services. The duty’s emphasis on “<i>other health related services</i>”, whose definition encompasses housing, leisure services, education etc, means that the Council’s services have to work more closely together.</p>
<p><i>Information and advice</i> (Modernises existing law)</p>
<p>A new <i>general duty</i> to provide information and advice on social care, including independent generic and regulated financial advice, to all residents regardless of whether, or not, they have eligible care needs.</p>
<p><i>Diversity and quality of provision and market shaping</i> (New in law but not new in practice/policy)</p>
<p>A new <i>general duty</i> to promote diversity and quality in care and support provider market. Local authorities must act to ensure that there is a range of different providers of services available. These must offer a range of services shaped by the demands of individuals, families and carers, and be of a high quality, in order to meet the needs and preferences of people wanting to access services. Commissioners in Haringey have a track record of working with providers to ensure a vibrant and sustainable provider market. The publication of the Market Position Statement will help providers shape their businesses to meet future commissioning intentions.</p>
<p><i>Cooperation (generally)</i> (Modernises existing law)</p>
<p>A new <i>general duty</i> of mutual cooperation between local authorities and their relevant partners (see Appendix 4) in the exercise of their respective functions relating to; a) an adults with needs for care and support, and; b) carers. This duty provides a new ability to require cooperation from a relevant partner, in relation to an individual case. The duty makes clear that compliance with the Act requires excellent partnership working.</p>



<p><i>Cooperation (specific cases)</i> (New in law but not new in practice/policy)</p>
<p>Assessments: A new <i>duty</i> for a local authority to carry out an assessment, which is referred to as a ‘needs assessment’, where it appears that an adult may have needs for care or support. Assessments must be person centered with the person being assessed empowered to take a leading role in the assessment process.</p>
<p><i>Carers’ Assessments</i> (New in law but not new in practice/policy)</p>
<p>A new <i>duty</i> for local authorities to undertake a ‘carer's assessment', on the basis of the appearance of a need for support. This is a lower threshold for assessment than under the current law. It removes the existing requirement that the carer must be providing "a substantial amount of care on a regular basis". Work is being undertaken to identify the financial impact of this while Adult Social Care and Health Watch are collaborating to ensure that the voice of carers is heard with respect to carers’ rights under the Act.</p>
<p><i>Eligibility</i> (New in law and new in practice/policy)</p>
<p>A new <i>duty</i> to introduce a separate national minimum eligibility threshold (see Appendix 5) in place of the current Fair Access to Care Services (FACS) eligibility criteria where, until now, the level for accessing services, e.g. substantial and critical in Haringey, is set by the Council..</p>
<p><i>Personal Budgets:</i> (New in law but not new in practice/policy)</p>
<p>A new <i>duty</i> to offer everyone who is eligible for a service a personal budget with the expectation that the default form of provision will be a direct payment.</p>
<p><i>Deferred Payments</i> (New in law but not new in practice/policy)</p>
<p>The Care Act 2014 establishes a universal Deferred Payment Scheme, which means that from April 2015 people may not need to sell their home in their lifetime to pay for the costs of care. A Deferred Payment is a way of deferring the costs of care against a property which is the person’s main home. It is a loan against the value of the property. The loan is paid back at the time of the person’s death by the sale of their property. Haringey is unusual in so far as it, currently, has no Deferred Payments scheme or policy.</p>
<p><i>Independent advocacy</i> (New in law and new in practice/policy)</p>
<p>A new <i>duty</i> to arrange independent advocacy for people who need help to be involved in assessment, care planning, appeals or safeguarding and have no appropriate person who can represent their views. This duty reflects best practice and to ensure compliance with the Act Haringey let, in January 2015, a contract for independent advocacy to Voiceability.</p>
<p><i>Adult safeguarding</i> (New in law and new in practice/policy)</p>
<p>The Act sets out the local authority's responsibility for adult safeguarding for the first time in primary legislation. Local authorities <i>must</i> make enquiries if they believe an adult is, or is at risk of, being abused or neglected. They <i>must</i> also host and lead multi-agency <i>Safeguarding Adults Boards</i> (SABs) to maintain strategic oversight of safeguarding and carry out <i>Safeguarding Adults Reviews</i> when people die as a result of neglect or abuse and there’s a concern that the local authority, or its partners, could have done more. Haringey already has robust, mature safeguarding arrangement in place; including a SAB There is a high degree of confidence that these arrangements are compliant</p>



with the requirements of the Act.

Self-funders

(New in law and new in practice/policy)

The Act introduces a range of *new duties* for people who fund their own care. This includes the provision of assessments, care plans and care accounts, service finding and providing self-funders with alternative provision in the case of provider failure. Local authorities will also become liable for the care costs of self-funders once they hit the 'cap' on care costs.

5.11 On 1st April 2016 a tranche of funding reforms (known as the Dilnot reforms) will come into force. These reforms, which will be the subjects of a later report, will put a limit on the amount those receiving care will have to pay towards the costs of their care, with a cap on care costs beginning in April 2016.

Assessing the Impact of the Care Act

5.12 When assessing the likely impact of the Act in Haringey it is useful to consider if its various sections are:

- a) new in law and practice/policy, or;
- b) new in law but not new in practice/policy, or;
- c) simply modernise existing law.

5.13 It has been suggested that as many sections of the Act are new in law but not in practice/policy the impact may be limited. – see Table 1 and LGA clause analysis at:

http://www.local.gov.uk/web/guest/care-support-reform/-/journal_content/56/10180/5761381/ARTICLE

5.14 However, this conclusion is misleading as it applies only in so far as existing practice standards meet those demanded by the Act and its statutory guidance. In assessing the Act's impact for the Haringey it is essential to understand the extent to which local practice, procedures and policies meet the new statutory requirements. Therefore, all relevant practice, procedures and policies are currently being reviewed to ensure that they are compliant with the Act.

5.15 Consideration must also be given to how the Care Act will impact on the demand for adult social care and to identifying any accompanying financial implications. It is accepted that the Act will increase demand and, as a consequence, costs. Increased demand for assessment for carers services and support for self-funders are likely to be those areas where increases in demand will be the greatest.

5.16 However, identifying the precise level of increase is extremely difficult.. It is something the Government and all local authorities are struggling with and work on this matter is being taken forward locally, on a pan-London basis and at national level.

Funding Implementation – The Care Act Implementation Grants

5.17 Changes made by the Act to determining eligibility for service provision, to enhancing the rights of carers to assessment, its provisions relating to local authorities' responsibilities for self funders and the introduction of the cap on care costs in 2016 all threaten to impose additional financial burdens on Councils. It is widely accepted that as a result of the Act they must expect the demand for assessments and services to increase. Theses demand side pressures will increase costs.



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- 5.18 The Government has committed to meet these additional costs in line with the New Burdens arrangements. Unfortunately calculating the financial impact of the Act is extremely difficult because of problems encountered in calculating the sizes of the carer and self-funder populations. Those estimates that do exist fail to provide a reliable basis on which to calculate future costs. They are based on partial knowledge (e.g. we know how many self-funders reside in Care Homes in Haringey, but not in the community) or on radically different approximations (e.g. the estimates of carers provided by Council sources, the DWP and Census diverge significantly). This means that although grant funding has been provided there is a risk that costs will exceed the allocation.
- 5.19 For 2015/16 the following grants have been received to fund Care Act implementation:
- a) Early Assessments Revenue Grant = £280,932
 - b) Deferred Payment Agreements Revenue Grant = £241,399
 - c) Care Act Implementation Revenue Grant = £265,522
- 5.20 These grants amount to £787,853 and are not ring-fenced. It has been indicated that there will be some level of follow-on funding 2016/17 but it has yet to be announced.
- 5.21 However it is proposed to use available funding to:
- a) ensure that sufficient capacity is in place to undertake the early assessment of, approximately 250 self-funders in the course of 2015/16;
 - b) pump-prime the provision of Deferred Payments Agreements. These Agreements will self-fund as they are repaid but there will be a lag of, about, 2 to 3 years between the launch of Haringey's Deferred Payments scheme and receipt of the first repayments, and;
 - c) develop additional sustainable services for carers at a cost of £185,500 (approximately) reserving £80,000 for ongoing Care Act implementation costs.

1. **Recommendation:** It is recommended that Cabinet endorse the use of the Care Act Implementation Revenue Grants to undertake the early assessment of self-funders, pump-prime Haringey's Deferred Payments scheme, expand and improve its offer to carers (on a sustainable basis) and fund ongoing Care Act implementation costs.



Haringey's approach to implementing the Care Act

- 5.22 Much work has taken place to ensure that Haringey will be compliant with those aspects of the Care Act which come into force on 1st April 2015. This is a large and complex undertaking that is being delivered through a programme management approach consisting of the following workstreams:
- a) Commissioning
 - b) Workforce planning
 - c) Assessment, eligibility and care planning
 - d) Advice and information
 - e) Deferred payments
 - f) Safeguarding
 - g) Financial reform
- 5.23 The workstreams reflect those identified by the Local Government Association as being critical to implementation and each is managed by a senior officer, with a relevant professional background, with the support of a dedicated programme team. The Interim Director of Adult Social Services acts as the sponsor of the implementation programme with governance provided through an Implementation Board and the Adult Social Services Departmental Management Team.
- 5.24 In addition, adult social care staff are being provided with a rolling programme of briefings about the Care Act and specialised legal training. As of 20th February 2015, 626 staff, carers, service users, Health colleagues, Third Sector partners and providers had attended meetings to find out more about the Act. Information about the Act has also been placed on the intranet and internet.
- 5.25 Cabinet is also asked to note that whilst the Care Act comes into force on 1st April 2015 a transitional period of will be allowed to help local authorities comply with the new statutory requirements. This, when combined with the robust approach Haringey is taking to implementation, allows confidence to be invested Council's state of readiness.
- 5.26 However, to implement the relevant aspects of the Act on 1st April Cabinet is asked to consider the recommendations specified below.
- a) ***Eligibility criteria:*** The regulations and statutory guidance to the Act specify a national minimum eligibility threshold for publically funded adult social care services, but allows local authorities the discretion to be more generous. However, austerity raises serious concerns about the affordability of a more generous approach. In addition, national research, showing that the adoption of the threshold is unlikely to make access to adult social care more restrictive, indicates that there is no need for Haringey to exceed the threshold. The threshold has been set at a level roughly equivalent to the "substantial level" in FACS – which is the level used by Haringey.
 2. ***Recommendation:*** It is recommended that Cabinet only adopt the national minimum eligibility threshold.
 - b) ***Deferred Payments Policy - see Appendix 1:*** The Act requires all local authorities to offer Deferred Payments, something that Haringey does not currently do. The proposed



policy complies with regulations and statutory guidance and remedies this situation by setting out the framework of Haringey Council's Deferred Payments Scheme which will become active on 1st April 2015. The policy ensures that:

- i) people who have been assessed as needing care may not need to sell their property to pay for care;
 - ii) individuals who can afford to pay a contribution towards care should do so;
 - iii) residents are fully informed about deferred payments and eligibility, and;
 - iv) the scheme is self-financing and sustainable.
- c) This policy covers residential and nursing care services, but consideration may be given, in due course, to extending Deferred Payments to people receiving other care services. Under the Act, a Deferred Payments may be offered to anyone who has eligible care needs which should be met through residential or nursing care and has capital of less than £23,250 (including savings and other non-housing assets, excluding the value of the person's main home) provided they have the mental capacity to enter into such an agreement.

3. **Recommendation:** It is recommended that Cabinet adopt the proposed Deferred Payments policy attached at Appendix 1.

- d) **Deferred Payments (Interest):** Regulations and guidance allow local authorities to levy a maximum rate of interest on Deferred Payments. Discretion is also allowed to levy a lower rate but this will have unfunded cost implications.

4. **Recommendation:** It is recommended that Cabinet agree to levy the maximum allowable interest on Deferred Payments to off-set the costs of lending to the local authority.

- e) **Deferred Payments (Administration Charges):** The Act allows local authorities to impose administration charges in respect of the costs they incur in setting-up a Deferred Payment Agreement. These charges, in total, must not exceed the actual set-up costs, but may be less if the responsible local authority so determines. The standard charges are set out in Appendix 2.

5. **Recommendation:** It is recommended that impose a cost neutral administration charge on Deferred Payment Agreements equivalent to the actual set-up, maintenance and wind-up costs of each such Agreement.

- f) The Deferred Payments Policy allows for the Council to obtain a Valuation and for the applicant to obtain an independent valuation in addition. There is a procedure for reaching agreement in the event of discrepancy. Strong legal advice has been received confirming that the Council should instruct an independent qualified RICS professional to provide its valuation. The cost is met by the applicant and the applicant is less likely to dispute the figure if it is sourced from an independent professional that they have paid for. The cost will on average be £300 (including Vat) on properties valued between £200,000 and £500,000 and will need to be added onto the Adult Services costs as a disbursement (if not already included).

- g) **Charging for carers' services:** The Act permits charging for carers' services. However, Haringey does not currently charge for these services and charging risks contributing to



the breakdown of caring relationships leading to more adults becoming dependent on expensive state funded care. Charging may also be regarded as inconsistent with the Council’s support of carers. Only three London Boroughs, at the time of writing are considering charging for carers’ services. In comparison, 15 have declared that they not be charging while other authorities are yet to announce their positions on this matter.

6. **Recommendation:** It is recommended that Haringey provide carers’ services free of charge. This reflects the high value the Council places on contribution carers to supporting of the most vulnerable local residents and the local authority’s ongoing supporting for carers in this demanding task. If endorsed, this recommendation will be kept under review to ensure its continuing affordability.

h) **Assessment and Eligibility and the Resource Allocation System:** The Act places firewalls between the assessment process, the determination of eligibility and the calculation of the individual personal budget. As each must be considered separately the introduction of the Act means that there is a need to move away from the current use of Resource Allocation System which blurs the distinction between these processes. In future we will price support packages on the basis of actual, as opposed to estimated, costs. As required by the Act, we are piloting approaches and tools to developing a diverse high quality provider market place and improved assessment practice that will make transparent the relationship between provision and costs.

7. **Recommendation:** It is recommended that Haringey develop a new assessment and eligibility process which will ensure a fit with the requirements of the Care Act and involve ceasing the current RAS.

6. The Risks of Care Act Implementation

6.1 Although, good progress has been made in preparation for 1st April there are areas of risk. The most significant risks are referenced in Table 2, below.

Table 2. The Risks of Implementation

Risks	Treatment
Government funding may not be sufficient to cover the actual costs of implementation	Lobby Government through national and regional forums e.g. LGA, ADASS, London Councils etc.
The Care Act will create additional demand side pressures from carers and people who self-fund their care and support. These pressures will have unknown cost implications.	Continue support local and regional work to produce impact assessments.
Uncertainty about how the introduction of the national minimum eligibility threshold will impact on the number of people who will qualify for publically funded adult social care.	<ul style="list-style-type: none"> • Monitor impact of national minimum eligibility. • Use information and advice services to redirect people to alternative community based provision.



	<ul style="list-style-type: none"> • Develop low cost preventative services.
The Care Act places a prevention duty on the Council but it is not clear how this duty is to be funded.	Implement draft Corporate Plan

7. Comments of the Chief Finance Officer and financial implications

- 7.1 The Care Act is a significant piece of legislation that extends Local Authorities’ responsibilities for the provision of care and support. It will therefore involve additional costs; this has been recognised by the Government who have promised some additional funding in line with the New Burdens Principle. In 2015-16, this funding is provided in the form of the three grants. These are:
- a) Early Assessments Revenue Grant = £280,932
 - b) Deferred Payment Agreements Revenue Grant = £241,399
 - c) Care Act Implementation Revenue Grant = £265,522
- 7.2 In addition, £884k of the Better Care Fund is earmarked to meet some of additional costs. Both this money and the grants will be allocated to the Adults budget to be spent as outlined in paragraph 5.21 above.
- 7.3 The main risks in 2015-16 arise from the uncertainty about the number of self funders who may present themselves for early assessment in advance of the care cap coming into effect in April 2016 and from the demand for carers services. Estimates for the impact vary widely and in the most pessimistic case outstrip the additional budget provision. Careful monitoring will therefore be required to flag up early any risks to service provision and the Council’s financial position, A consultation has recently been opened on the detailed working of the Care Cap. This will certainly involve very significant costs – although the full extent will not be apparent until the cap has been in place for several years (as people will take time to build up care costs.) Again the Government has promised to fund these costs but there is significant concern among local authorities that the figure may be underestimated. Further modelling and planning will take place over the next year and this will be fed into the MTFS process.

8. Comments of the Assistant Director of Corporate Governance and legal implications

- 8.1 Under the Care Act 2014, when an adult is found to have care and support needs following a needs assessment (or in the case of a carer, support needs following a carer’s assessment), the Local Authority must determine whether those needs are at a level sufficient to meet the “eligibility criteria” under the Act. The Local Authority has a duty to meet those adult’s needs for care and support and those carer’s needs for support which meet the eligibility criteria.
- 8.2 The new national eligibility criteria for adults and carers are set out in the draft Care and Support (Eligibility Criteria) Regulations 2014 (the ‘Eligibility Regulations’) which is currently laid before Parliament for approval. Regulation 2 sets out the eligibility criteria for adults who need care and support, and regulation 3 sets out the eligibility criteria for carers who need support. All local authorities must comply with these new minimum thresholds and there is no requirement to consult on them.



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- 8.3 The Care and Support Statutory Guidance October 2014 provides that, at Paragraph **6.101**, “authorities can also decide to meet needs that are not deemed to be eligible if they chose to do so”. Further, at Paragraphs 23.12, “Local authorities should determine whether and how to use their powers to meet needs beyond the level of the minimum threshold. Where local authorities have previously provided care and support to people with lower level needs, they should consider carefully any proposal to restrict local eligibility to only those needs described within the minimum threshold, and should consult with their local population before making such a change”. This means that where existing local eligibility criteria are set at a lower threshold to the new national criteria, there is an obligation to consult service users before limiting eligibility to the new national criteria.
- 8.4 Section 14 of the Act (*power of local authority to charge*) provides that a local authority may make a charge for meeting needs under sections 18 to 20 of the Act and Section 17 (*Assessment of financial resources*) provides for financial assessment for this purpose. The sections and supporting draft Regulation, Care and Support (Charging and Assessment of Resources) Regulations 2014 set out the statutory framework for the new charging regime. Under Section 14 (3), the Local Authority has discretion on whether to charge the carer for meeting a carer’s needs for support.
- 8.5 The guidance at Paragraph **23.14** provides that: “Local authorities should review the operation of their local charging framework, to ensure that this is consistent with the obligations set out by the Care Act and associated regulations, and the provisions set out in chapter 8. Where local authorities are satisfied that their approach to charging follows the detail required by the Act and regulations, they do not need to take further steps to review funding arrangements for individuals or to carry out new financial assessments, unless other circumstances have changed. Local authorities should consider the need to consult with their local population, but should not be expected to consult formally if their approach to charging has not changed as a result of the Act”. The implication is that authorities should consult locally if it proposes to change its current policy on charging.
- 8.6 Section 34 (*Deferred payment agreements and loans*) and the draft Care and Support (Deferred Payment Agreements) Regulations 2014 requires the Council to offer a deferred payment agreement (DPA) in respect of certain care fees to people who own their own home and who meet the qualifying criteria (see paragraph 4 of the proposed policy at page 19). The Council will not be able to recover from an eligible person any unpaid care fees incurred after 1/4/15 unless that person has been offered and rejected a DPA. By taking out a DPA, a person can defer or delay paying part of the costs of their care until a later date. The proposed policy provides for the “deferred” part to be secured by a legal charge against the person’s home. The Council will be permitted to charge interest on the amount deferred and associated administration and legal costs. . DPAs will not be suitable for everyone who meets the qualifying criteria and individuals should be encouraged to take independent legal and financial advice before entering into a binding contract with the Council.

9. Equalities and Community Cohesion Comments

- 9.1 In making this proposal, we have been mindful of our public sector equality duty to have due regard to the need to:
- a) eliminate discrimination;
 - b) advance equality of opportunity between different groups and;



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- c) foster good relations between groups in Haringey.
- 9.2 In addition we are committed to ensuring that we promote social inclusion in all council services making sure that they address the needs of those vulnerable residents who rely most heavily on them. The most socially excluded residents predominantly have the protected characteristics defined in the Equality Act 2010.
- 9.3 Therefore an Equality Impact Assessment (see Appendix 6) has been undertaken to:
- a) identify whether and to what extent this proposal: could produce disadvantage or enhance opportunity for any groups with the protected characteristic defined in the Equality Act 2010;
 - b) establish whether the potential disadvantage is significant enough to call for special measures to remove or reduce the disadvantage;
 - c) identify and set out the measures that will be taken to remove or reduce the disadvantage;
 - d) where mitigation measures are not possible, to set out and explain why;
 - e) to ensure that Members are fully aware of the implications the proposal may have for the Council's public sector equality duty before they decide on the proposal.
- 9.4 The Care Act actively seeks to maximise the wellbeing of all groups in society, especially those at risk of discrimination and social exclusion, and contains measures to this end. The Act's focus on individual wellbeing is fundamentally important as its unrelenting focus on ensuring that service are provided in person centred ways that offer individual service users and carers real choice and control over their provision. In so doing the statute transforms the traditional social care pre-occupation with needs and provision to concentrate on achieving the outcomes that matter most to individuals in ways that are acceptable to them. It is an approach that benefits members of all protected groups and other residents of Haringey.
- 9.5 The Equality Impact Assessment confirms that our expectation that the Care Act will enhance opportunities for all groups with protected characteristics and that, therefore, no special measures are called for to remove or reduce disadvantages

10. Head of Procurement Comments

- 10.1 The service has indicated that there are limited implications under the changes to the Care Act in relation to the market not being developed adequately for the range of services that maybe required, however the commissioning service with other London Council's are developing a market position statement which will be ready in due course. It is understood from the service that further reports will be presented to cabinet as work is undertaken in relation to any impacts that may result from the implementation. Procurement and Commissioning will continue to work together to mitigate any risks and issues.

11. Policy Implication

- 11.1 The Care Act 2014 is a major reform of adult social care law which imposes a range of new duties, detailed earlier in this report, for the Council that will have implications for its current policies, procedures and practices. Where key decisions are required with respect to this work subsequent Cabinet reports will be required.

12. Reasons for Decision



Haringey Council

12.1 To ensure the proper implementation of, and compliance with those sections of Part 1 of the Act which come into force on 1st April 2015.

13. Use of Appendices

13.1 Appendix 1. Proposed Haringey Deferred Payments Policy

13.2 Appendix 2. Deferred Payments: Schedule of Charges

13.3 Appendix 3. A Whole Council Act

13.3 Appendix 4. Relevant Partners

13.4 Appendix 5. National Minimum Eligibility Threshold

13.5 Appendix 6. Equality Impact Assessment



Haringey Council

14. Local Government (Access to Information) Act 1985

14.1 Public



Haringey Council

**APPENDIX 1. PROPOSED HARINGEY DEFERRED PAYMENTS
POLICY**



Haringey Council

Deferred Payment Scheme Policy

Adult Social Services

April 2015



Haringey Council

Haringey Council Deferred Payment Scheme

This report sets out the policy for Haringey Councils Deferred Payment Scheme from April 2015.

1. Background

- 1.1 The Care Act 2014 establishes a universal Deferred Payment Scheme, which means that from April 2015 people may not need to sell their home in their lifetime to pay for the costs of care. A deferred payment is a way of deferring some of the costs of care against a property which is the person's main home. It is a loan against the value of the property.
- 1.2 From April 2015, all Councils in England are required to provide the option of deferring payment of some of the cost of residential or nursing care to local residents who own their own home and have other assets below a prescribed amount. They must also have assessed care needs for residential or nursing care. The new scheme will have national eligibility. Local authorities are required to follow new national guidance on the eligibility criteria for a deferred payment.
- 1.3 The purpose of this policy is to set out the framework for Haringey Council's Deferred Payment Scheme from April 2015. This framework takes into account the main changes introduced by the Care Act 2014 and the statutory guidance published by the Department of Health (Oct 2014).
- 1.4 For further information about the Care Act and Deferred Payment Scheme please see:

www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

2. Universal Deferred Payments Scheme (April 2015)

- 2.1 Under Sections 34-36 of the Care Act 2014, all Councils will have a Deferred Payment Scheme which includes:
 - 2.1.1 A set of national eligibility criteria on entitlement
 - 2.1.2 Allows Councils to charge interest and administrative fees to offset the costs of the scheme
 - 2.1.3 Retains some local discretion, for example the amounts that can be deferred

3. Haringey Council's Deferred Payment Scheme (from April 2015)

- 3.1 Haringey Council's Deferred Payment Scheme is consistent with relevant legislation and statutory guidance. The principles underpinning the scheme are:
 - 3.1.1 To ensure that those who have been assessed as needing care may not need to sell their property to pay for care.



Haringey Council

3.1.2 That those who can afford to pay a contribution towards care should do so.

3.1.3 To ensure that residents are fully informed about deferred payments and eligibility.

3.1.4 That the scheme is self-financing and sustainable.

4. Eligibility Criteria for a Deferred Payment Scheme

4.1 Haringey Council must offer a Deferred Payment Scheme to people who own their own home and meet the eligibility criteria set out below:

4.1.1 Anyone whose needs are to be met by the provision of care in a care home or nursing home; and

4.1.2 Who has less than (or equal to) the prescribed amount (currently £23,250) in assets excluding the value of their home (i.e. in savings and other investments); and

4.1.3 Whose home is not disregarded, for example it is not occupied by a spouse or dependent relative (i.e. someone whose home is taken into account in the local authority financial assessment and so might need to be sold).

4.2 Additionally:

4.2.1 The person must have a beneficial interest in the property.

4.2.2 There should be no outstanding mortgage on the property.

4.2.3 The adult or their lawful representative must consent to the agreement.

4.2.4 The Deferred Payment Agreement must be signed by a person with capacity to make the decision or their lawful representative, i.e. someone acting under a Power of Attorney or a Financial Deputy appointed by the Court of Protection.

5. Refusal of a Deferred Payment Agreement

4.1 Cases where the Council will refuse:

The Care Act 2014 gives the Council the discretion to refuse a Deferred Payment Agreement in certain circumstances. It is the policy of Haringey Council to refuse a Deferred Payment Agreement where:

4.1.1 The Council is unable to secure a first charge on the person's property (i.e. there is an outstanding mortgage or charge secured against the property);

4.1.2 The Applicant fails to properly complete the Council's designated application form and disclose and produce full information and evidence about their circumstances and finances;

4.1.3 Where the applicant does not agree to the terms and conditions of the Council's Deferred Payment Agreement ;



4.1.4 In the case of jointly owned property, not all of the owners agree to the terms and conditions of and consent to enter into the Council's Deferred Payment Agreement.

6. How much can be deferred

6.1 The Council will defer actual residential or nursing care costs; the amount will be determined in accordance with statutory guidance. This would normally include the actual cost of residential or nursing care less any financially assessed contribution. The Council will consider any reasonable top-ups providing there is enough equity available.

6.2 Where a property is used as security for a Deferred Payment Agreement the Council must not allow any amount to be deferred beyond the upper limit of the equity limit and must refuse to defer care costs beyond this (see section 17 entitled 'Discontinuance'). However, interest can still accrue beyond this point, and administrative charges can still be deferred.

6.3 The equity limit must be set at the value of the property minus 10%, minus the prescribed amount of the lower capital limit (currently £14,250 for financial year 2015/16).

6.4 The 'upper limit' means the point at which the applicant has deferred 90% of the value of the equity limit in the property.

6.5 When someone is approaching or reaches the point at which they have deferred 70% of the value of the equity limit in the property the Council will review the cost of their care and discuss if the person might be eligible for any means tested support.

7. Applying for a Deferred Payment Agreement

7.1 All applicants for a deferred payment must complete Haringey Council's designated application form and disclose and produce full information and evidence about their circumstances and finances.

8. Obtaining Security

8.1 Haringey Council is required to ensure that adequate security is available when deciding whether a person is entitled to a Deferred Payment Agreement. It is the responsibility of the applicant or their lawful representative to produce evidence that they are able to give the Council adequate security in the form of a legal charge on the property. In cases of jointly owned property the Council require all of the owners to agree to the charge being registered against the property.

9. Administration fees and interest charges

9.1 Haringey Council will charge an administration fee for arranging the deferred payment. There will also be an on-going administration fee which becomes payable during the course



Haringey Council

of the Deferred Payment Agreement. These fees can also be deferred. Administration fees are the actual costs of providing and maintaining a Deferred Payment Agreement including (but are not limited to) the costs incurred by the Council of:

- a) Registering a charge with the Land Registry, including any Land Registry searches.
- b) Costs of valuation and any re-valuation of the property.
- c) The Councils staffing, management and legal costs.
- d) The cost of removal/ redemption of the registered charge.

9.2 The Care Act allows and it is the policy of the Council to charge interest on the deferred payment amount in accordance with the National Maximum Interest Rate. The rate changes every six months on 1st January and 1st July to track the market gilts rate specified in the Economic and Fiscal Outlook. The interest rate is a rate that does not exceed the relevant rate for the relevant period plus 0.15%.

9.3 All charges and fees will be clearly set out within the Deferred Payment Agreement. Fees and charges will be set at a level to ensure that they only cover the actual cost to the Council. A schedule of deferred payment fees and charges will be publicly available. This will enable the person applying for a deferred payment full transparency on the costs of the scheme and to enable the person or their carer to plan for the costs of care.

10. Property valuation

10.1 Haringey Council will arrange for a valuation of the property at the expense of the applicant. The applicant may also request an independent valuation in addition to the Councils valuation. If there is a substantial difference the Council and applicant must agree an appropriate valuation before proceeding. If agreement cannot be reached the dispute will be dealt with under the Council's Review and Appeals Procedure. If a Deferred Payment Agreement is approved the costs of valuation can be rolled up into and deferred as part of the Deferred Payment Agreement.

10.2 The valuation of the property will be reassessed once the amount deferred exceeds 50% of the initial valuation. Thereafter it will reviewed periodically to ensure that the upper limit is not exceeded and in any other circumstance where the value of the property will affect the sustainability of the Deferred Payment Agreement.

11. The Deferred Payment Agreement

11.1 Successful applicants will be required to enter into a Deferred Payment Agreement with the Council. This is a formal legal agreement giving the Council the right to secure the deferred fees against the property by means of a legal charge. The agreement must be signed by the



Haringey Council

applicant or his lawful representative (Attorney or Deputy) and any joint owner of the property

- 11.2 The Deferred Payment Agreement shall only take effect upon being signed by the applicant or lawful representative and any joint owner and being sealed by the Council.
- 11.3 The applicant and his lawful representative and any joint owner must produce satisfactory evidence of identity before signing.
- 11.4 If the applicant or any joint owner has capacity but the agreement is being signed by the lawful representative the Council will also require sight of an original Power of Attorney or a copy certified by solicitor.
- 11.5 If the applicant or any joint owner lacks capacity the agreement must be signed on their behalf by a person authorised by an Enduring Power of Attorney that has been registered with Court of Protection; or a Lasting Power of Attorney for Financial Affairs that has been registered with the Court of Protection; or by a Financial Deputy appointed by the Court of Protection under the Mental Capacity Act 2005 and evidence of such authority in the form of a sealed or certified copy must be produced prior to signing.
- 11.6 The Deferred Payment Agreement will set out the following terms:
 - 11.6.1 Interest rates and how interest will be worked out against the deferred payment.
 - 11.6.2 How the agreement can be terminated.
 - 11.6.3 Circumstances on which the Council can refuse to pay any more care fees.
 - 11.6.4 Details of the property charge or any other form of security.
 - 11.6.5 Information on the effects of taking out a Deferred Payment Agreement.
 - 11.6.6 Restrictions on what the deferred amount can be spent on.
 - 11.6.7 How problems should be resolved if either party feels the terms of the agreement have been broken.

12. The 12 week property disregard

- 12.1 Where a person has been assessed as having eligible needs for residential or nursing care and owns a property, the capital value of the main property is disregarded during the first 12 weeks stay in residential accommodation.
- 12.2 After 12 weeks, unless there is statutory disregard of the property, the property is taken into account as a capital resource. A statutory disregard will apply where, for example, the



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property is occupied by a spouse, partner, or close relative who is incapacitated or aged 60 or over.

- 12.3 During this 12 week period the Council will provide advice and information about deferred payments. Advice and information will include, as appropriate, signposting the person or their carer for independent financial advice. Advice and information about deferred payments will be available in a variety of mediums, for example: leaflets; the Council's website.

13. Conditions of entering into a Deferred Payment Agreement

- 13.1 The person entering into the Deferred Payment Agreement will also be required to abide by a number of conditions:

- 13.1.1 That the property is maintained in reasonable standard of repair and condition.
- 13.1.2 All outgoings associated with the property (e.g. Council tax, service charges and ground rent) are paid.
- 13.1.3 The property is fully insured for the full cost of rebuilding. If the property is to be left empty for any period of time, the person will need to ensure that this is disclosed to the insurance company and that any terms required by the insurer are met.
- 13.1.4 Any net rental income derived from letting the property during the period of the scheme will be assessed in accordance with Department of Health statutory guidance.
- 13.1.5 That the person receiving care and/or their representative acknowledges that they have received the Council's advice that they should seek independent legal and financial advice before committing themselves to this agreement.
- 13.1.6 That the applicant makes a full application on the Council's designated application form, and provides any evidence required by the Council in support of the application.
- 13.1.7 Where the property is jointly owned, the co-owners as well as the applicant must agree to and be a party to the agreement.
- 13.1.8 That the applicant or his lawful representative notifies the Council of any change in circumstances which could affect the value of property or the sustainability of the Deferred Payment Agreement. This includes but is not limited to circumstances including changes in the need for the care and support, changes in the occupation of the property, changes in financial circumstances and changes in the insured risk.

14. Financial Assessment of contributions

- 14.1 Applicants entitled to a Deferred Payment Agreement will be assessed to make a financial contribution towards the costs of care from their assessable income and capital (for example, savings and investments).



15. Annual reviews and Deferred Payment statements

- 15.1 The Deferred Payment Agreement will be reviewed at least annually to assess the value of the property and ensure that there is adequate security to protect the Council's legal charge on the property and/or any other asset accepted as security. The frequency of this review will be decided on a case by case basis.
- 15.2 In addition to reviewing the deferred payment an annual statement will be sent to the person entitled to the deferred payment and/or their lawful representative. The annual statement will set out: the amount of fees deferred; interest and administrative charges to date; total amount due and equity available in the property. The statement will record the amounts deferred and progress towards the deferred payment upper limit.

16 Terminating the Deferred Payment Agreement

- 16.1 The Deferred Payment Agreement can be terminated in a number of ways:
- 16.1.1 Voluntarily by the person receiving care or someone acting on their behalf redeeming the charge by paying the full amount that is due.
- 16.1.2 When the property is sold.
- 16.1.3 When the person receiving care dies.
- 16.2 Where the agreement is voluntarily terminated the Council will require written notice of termination (the full terms under which the agreement can be terminated will be set out in the Deferred Payment Agreement).
- 16.3 On termination the full amount due (care charges, interest accrued, administrative and legal fees) will be paid to the Council.
- 16.4 If the person decides to sell the property they must notify the Council. They will be required to pay the Council from the proceeds of the sale.
- 16.5 The deferred payment will automatically come to an end on a person's death. The debt can either be paid from a person's estate or by a third party, for example a family member may choose to settle the debt rather than sell the deceased's property. If the agreement is terminated through a person's death the total amount due becomes payable within 90 days after the person dies.

17. Discontinuance

- 17.1 There may also be circumstances when the Council decides not to continue with a Deferred Payment Agreement, for example:



- 17.1.1 When a person becomes eligible for public funding support to pay for their care.
- 17.1.2 Where a person no longer has need for care in a care home (or where appropriate supported living accommodation).
- 17.1.3 If a person breaches certain predefined terms of their contract (which must be clearly set out in the contract) and the Council's attempts to resolve the breach are unsuccessful and the contract has specified that the Council will stop making further payments in such a case.
- 17.1.4 Where a spouse or dependent relative has moved into the property after the agreement has been made, where this means the person is eligible for Council support in paying for care and no longer requires a Deferred Payment Agreement.
- 17.1.5 Where a relative who was living in the property at the time of the agreement subsequently becomes a dependent relative. The Council may cease further deferrals at this point.
- 17.1.6 If the property is subsequently disregarded (and the person qualifies for local authority support as a consequence) then the deferred payment is frozen and interest will continue to accrue.

18. Reassessments following repayment to the Council

- 18.1 If a Deferred Payment Agreement is terminated other than by death, the Council shall undertake a reassessment of the persons social care needs and finances.

19. Refusing an application

- 19.1 If the Council refuses a request for deferred payment, the decision will be notified in writing to the applicant and/or their lawful representative. The decision letter will set out the grounds for refusal and provide for appeal rights.

20. Review and Appeals procedure

- 20.1 The decision on the outcome of the application for a deferred payment can be reviewed. The grounds for review could include but are not limited to:
 - 20.1.1 The decision to refuse the application failed to take into account any new information which would have led to a revision of the decision.
 - 20.1.2 There are eligible care costs which the Council have failed to take into account.
- 20.2 Requests for a review should be made within 20 working days of being notified of the outcome of the application for a Deferred Payment Agreement. This period can be extended if there are exceptional circumstances.



- 20.3 If the person is dissatisfied with the outcome of the review, they can then appeal within 20 working days of being notified of the outcome of the review. This period can be extended if there are exceptional circumstances..
- 20.4 If the person remains dissatisfied with the outcome of the appeal then they can request that this matter is dealt with under Haringey Council's Adults Social Care Complaints procedure.

21. Information and advice

- 21.1 The Council will provide advice and information about deferred payments through a variety of channels; for example, on the Council's web site and in leaflets. Information and advice will be provided during the 12 week property disregard period and at other stages during the care and financial assessment process.
- 21.2 Advice and information also includes financial advice and under the Care Act all local authorities are required to ensure that people have access to independent financial advice. If the person considers seeking advice from an independent financial advisor who has specialist knowledge of long term care funding and can discuss the most appropriate options for their situation, they can find an independent advisor on the following website:

<http://societyoflaterlifeadvisers.co.uk/find-an-adviser/>

22. Discretionary provisions

This policy cannot cover every eventuality. In special cases with exceptional needs the Director of Adult Services has discretionary power to permit and approve a Deferred Payment Agreement which does not meet the Council's standard criteria.



APPENDIX 2. DEFERRED PAYMENTS: SCHEDULE OF CHARGES

Schedule of Fees	Cost	Management	Council Overheads	Totals
Agreement Set up costs	200.40	20.04	22.04	242.48
Valuation of Property (Incl VAT)	300.00		0.00	300.00
Legal Set up costs	330.00	33.00	36.30	399.30
Legal Disbursements (Land Registry)*	86.00		0.00	86.00
Annual Administration Charge	81.16	8.12	8.93	98.21
Agreement Redemption Costs	81.79	8.18	9.00	98.97
Legal Redemption Costs	200.00	20.00	22.00	242.00

10% management

10% overheads

*Assuming property value between 200k and 500k

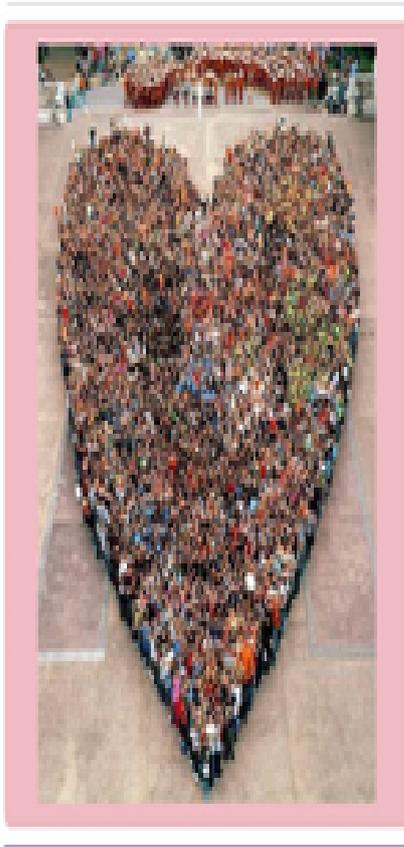
Note: Where Council officers are required to undertake tasks that the DPA designates as a client responsibility, the hourly charge will be equivalent to the cost of the officer undertaking the work plus 10% for management and 10% for council overheads.

For a DPA officer, this is currently calculated at

£22.83 per hour



APPENDIX 3. A WHOLE COUNCIL ACT



The breadth of the definition of *wellbeing* makes *wellbeing* everyone's business.

Wellbeing/Welfare services are wide in scope.

Staff working in regeneration, housing, schools and learning, planning and other areas all have a part to play in delivering *wellbeing* and a responsibility to do so.

The breadth of the definition of *wellbeing* makes *wellbeing* everyone's business.

Wellbeing/Welfare services are wide in scope.

Staff working in regeneration, housing, schools and learning, planning and other areas all have a part to play in delivering *wellbeing* and a responsibility to do so.



Mr and Mrs A are an elderly couple. Mr A recently suffered a fall which has left him with a left-side weakness and little self-confidence. As a Mr A is very dependent on his wife, Mrs A, who is his carer. The couple have become socially isolated but want to mix with others in setting they find safe.

Unfortunately, Mr and Mrs A also struggle with their accommodation which is not suited their needs since Mr A's fall.

In addition, Mr and Mrs A are not coping financially and have no idea about how the Council can assist them.

Without help there is a real risk that the caring relationship will breakdown and Mr A will go into long-term residential care.

- **Immediate service responses include:**
 - A housing needs assessment
 - Advice and information on benefits
 - Benefits provision
 - Leisure opportunities
 - Support from Adult Social Services
 - Occupational Therapy assessment
 - Personal budgets and care accounts for Mr and Mrs A
- **Longer-term service responses:**
 - Neighbourhood development and communities for life
- The above responses involve Adult Social Care, Leisure Services, Customer Services, Finance, IT, Revenue and Benefits
- **Mr and Mrs A wellbeing cannot be supported by one Department working alone. The Act is everyone's business**



APPENDIX 4. RELEVANT PARTNERS

“The local authority must co-operate with each of its relevant partners, and the partners must also co-operate with the local authority, in relation to relevant functions. The Act specifies the “relevant partners” who have a reciprocal responsibility to co-operate. These are:

- *other local authorities within the area (i.e. in multi-tier authority areas, this will be a district council);*
- *any other local authority which would be appropriate to co-operate with in a particular set of circumstances (for example, another authority which is arranging care for a person in*
- *the home area);*
- *NHS bodies in the authority’s area (including the primary care, CCGs, any hospital trusts and NHS England, where it commissions health care locally;*
- *local offices of the Department for Work and Pensions (such as Job Centre Plus);*
- *police services in the local authority areas and prisons and probation services in the local area.*

In addition, there may be other persons or bodies with whom a local authority should co-operate if it considers this appropriate when exercising care and support functions, in particular independent or private sector organisations. Examples include, but are not limited to, care and support providers, NHS primary health providers, independent hospitals and private registered providers of social housing, the Care Quality Commission and regulators of health and social care professionals. In these cases, the local authority should consider what degree of co-operation is required, and what mechanisms it may have in place to ensure mutual co-operation (for example, via contractual means)”.

Care Act, Statutory Guidance, paragraphs 15.21 – 15.22



APPENDIX 5. A ROUGH GUIDE TO ELIGIBILITY UNDER THE CARE ACT 2014

1. INTRODUCTION

This rough guide clarifies the approach the Care Act takes to determining the eligibility. The starting point of this undertaking is to state, as clearly as possible, that the *FACS eligibility criteria will cease to exist on 1st April 2015* and be replaced by the new *national minimum eligibility threshold*.

This marks a radical change with respect to the determination of eligibility with social carer's pre-occupation about levels of need (critical, substantial, moderate and low) being replaced by a much sharper focus on the *outcomes* people want to achieve when determining eligibility. The introduction of the national minimum eligibility threshold marks a decisive shift from needs dominated thinking and assessment to a concentration on outcomes.

To help colleagues come to grips with the new criteria and the accompanying shift to outcomes a few basic steps will be described that are based on the statutory guidance accompanying the Care Act. In so doing a distinction will be made between the differing approaches the Act takes to determining the eligibility of adults needing care and support and that of their carers¹.

DETERMINING ELIGIBILITY FOR ADULTS WITH CARE AND SUPPORT NEEDS

2. OVERVIEW

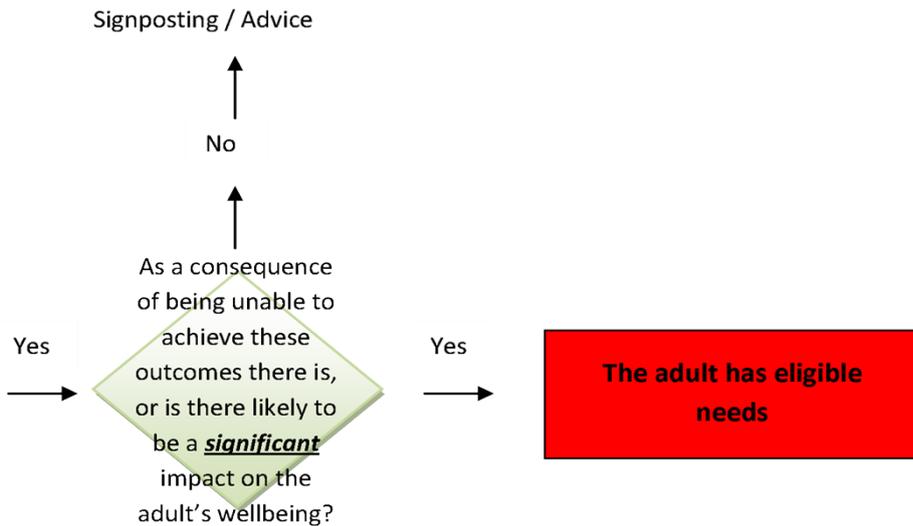
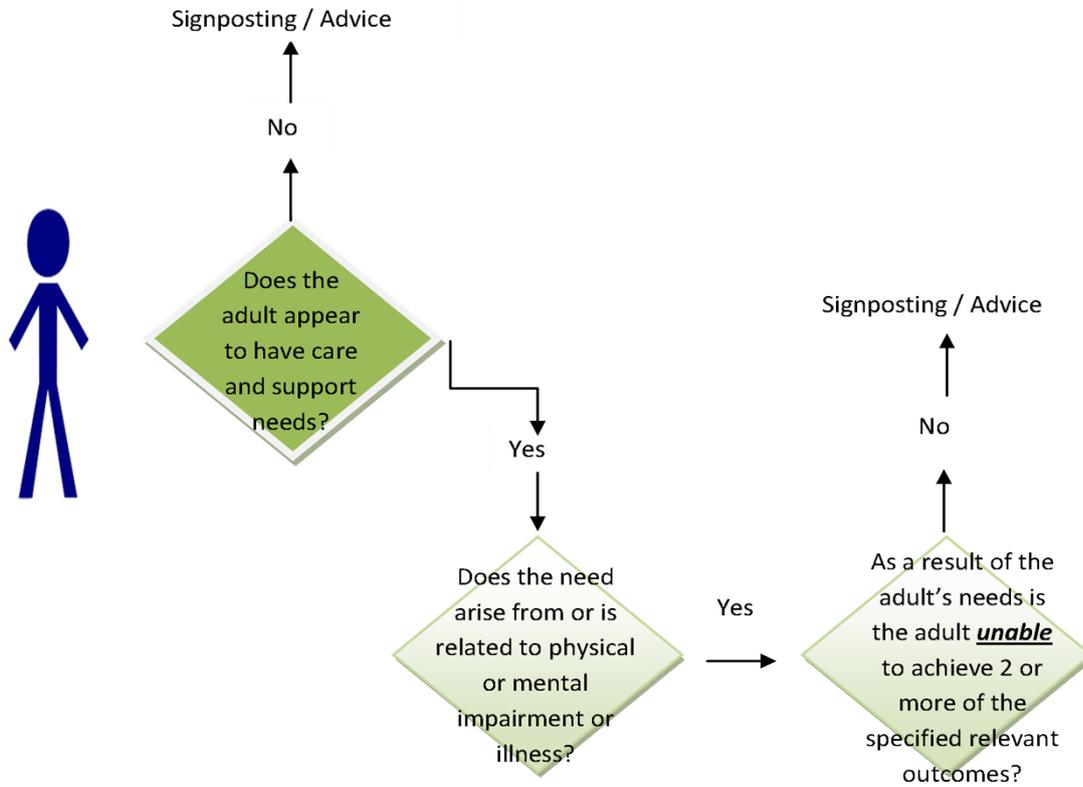
Chart 1, immediately below, outlines the process to be followed when determining whether, or not, an adult has eligible needs. It shows the conditions, in the form of responses to three key questions, that **must** be met for a determination of eligibility to be made. The chart also shows the order in which these conditions **must** be considered.

It should be noted, that even when someone fails to meet the test imposed by the conditions and, thereby, fails to meet the national minimum eligibility threshold the Council still has a statutory responsibility to offer signposting and advice under its general duty to provide advice and information, including independent financial advice, to the local population.

The next section unpacks this process in more details for adults in need of care and support.

Chart 1. Determining Eligibility For Adults With Need Care and Support – An Overview

¹ A carer is defined as someone who does not provide care for payment or as a volunteer.



Condition of eligibility = 



3. DETERMINING ELIGIBILITY FOR ADULTS NEEDING CARE AND SUPPORT: THE STEPS

Step 1. Being clear about what is the National Eligibility Threshold

The Care Act's approach to eligibility is simple and hinges, as shown in Chart 1, on the response to the following questions:

1. Do the adult's needs arise from or are related to a physical or mental impairment or illness?
2. As a result of the adult's needs is the adult unable to achieve **two or more of the specified outcomes** (see Step 3, below)?
3. As a consequence of being unable to achieve these outcomes there is, or there is likely to be, **a significant impact** on the adult's wellbeing?

These three questions are the **conditions** that must be satisfied for someone to be deemed eligible. **To be eligible each question being answered, 'yes'.**

However, to determine eligibility it is important that a uniform, methodical approach is taken to interpreting the above questions and seeking answers to them. This matter is considered in the remaining steps contained within this section.

Step 2. Do the adult's needs arise from or are related to a physical or mental impairment or illness?

Local authorities **must** be satisfied that the adult's needs for care and support are due to a physical or mental impairment or illness and that they are not caused by other circumstantial factors. Local authorities **must** consider at this stage if the adult has a condition as a result of either physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. Authorities should base their judgment on the assessment of the adult - a formal diagnosis of the condition should **not** be required.

Step 3. As a result of the adult's needs is the adult **unable** to achieve **two or more of the specified relevant outcomes**?

When considering the answer to this question/condition two things have to be considered.

First, what does '**unable**' mean? Second, what are the '**specified relevant outcomes**'? The statutory guidance is helpful with respect to both these matters and makes clear that '**unable**' means:

1. is unable to achieve the outcome without assistance;
2. is able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety;
3. 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;
4. is able to achieve the outcome without assistance but takes significantly longer than would normally be expected.



The specified relevant outcomes are:

1. **Managing nutrition:** For example, has the adult access to food and drink and can they prepare and consume food and drink.
2. **Maintaining personal hygiene:** - For example, the ability wash and launder clothes.
3. **Managing toilet needs:** For example, the adult is able to access and use a toilet and manage their toilet needs.
4. **Being appropriately clothed:** For example, the adult is able to dress and do so appropriately to maintain their health.
5. **Able to make use of the home safely:** For example, the adult is able to move around the home and its immediate environment safely.
6. **Maintaining a habitual home environment:** For example, the condition of the adult's home is sufficiently clean and maintained to be safe. A habitual home is safe and has essential amenities.
7. **Developing and maintaining family or other personal relationships:** For example, is the adult isolated or lonely because their needs prevent them from maintaining personal relationships or developing new relationships.
8. **Accessing and engaging in work, training, education or volunteering:** For example, the ability to contribute to society through work, training, education, education or volunteering.
9. **Making use of necessary facilities or services in the local community including public transport and recreational facilities or services:** For example, consider the adult's ability to get around in the community safely and consider their ability to use such facilities as public transport, shops or recreational facilities when considering the impact on their wellbeing.
10. **Carrying out any caring responsibilities the adult has for a child:** Local authorities should consider any parenting or other caring responsibilities the person has. The adult may for example be a step-parent with caring responsibilities for their partner's children.

Step 4. Determining significant impact on wellbeing

If:

1. an adult has care and support needs that arise from or are related to a physical or mental impairment or illness, and;
2. unable (as defined, above) to;
3. achieve 2 or more of the ten outcomes, then;
4. the last stage of determining eligibility consists of determining whether, or not, the failure to achieve these outcomes has a significant impact on the adult's wellbeing



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Although 'wellbeing' is defined in section 1 of the Care Act, the word 'significant' is **not defined** in the Act or in statutory guidance and regulations. Therefore, it must be understood to have its everyday meaning. Local authorities have to make a judgement (a determination) about whether the adult's needs and their consequent inability to achieve relevant outcomes will have an important effect on their daily lives, independence and wellbeing.

In making this judgment, local authorities should look to understand the adult's needs in the context of what is important to him or her. Needs may affect different people differently, because what is important to the individual's wellbeing may not be the same in all cases. Circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another.

DETERMINING ELIGIBILITY FOR CARERS WITH SUPPORT NEEDS

“Carers can be eligible for support whether or not the adult for whom they care has eligible needs. The eligibility determination must be made based on the carer's needs and how these impact on their wellbeing. The determination should be made without consideration of whether or not the adult the carer cares for, has eligible needs”.

Statutory Guidance, paragraph 6.123

5. OVERVIEW

The flow chart on the next page depicts the process to be followed when determining if a carer meets the national minimum eligibility threshold. While it similar to that described in Chart 1 there are some important difference. First the basic conditions to be met when determining eligibility are different for carers. There is an emphasis on needs arising as a result of providing 'necessary care' while there are only eight relevant outcomes for carers (compared with ten for adults in need of care and support). To be eligible carers only have to be unable to achieve one, compared with two for the adults they care for, of these outcomes.

Second, the relevant conditions for carers are different from those specified for adults while the definition of 'unable' is also different/

Third, the language used in the Care Act and statutory guidance to describe to situations of carers and cared for people differs. While the former are referred to as having support needs the latter are described as having care needs.

4. DETERMINING ELIGIBILITY FOR CARERS: THE STEPS

Step 1. Being clear about what is the National Eligibility Threshold

The Care Act's approach to eligibility for carers is described in Chart 2 and is determined by the answers to the following questions:

1. Do the carers needs arise as a consequence of providing necessary care for an adult?
2. Do the effects of the carer's mean that the adult is unable to achieve any of the specified outcomes²?
3. As a consequence is, or there is likely to be, a significant impact on the carer's wellbeing?

² Specified in the Eligibility Regulations

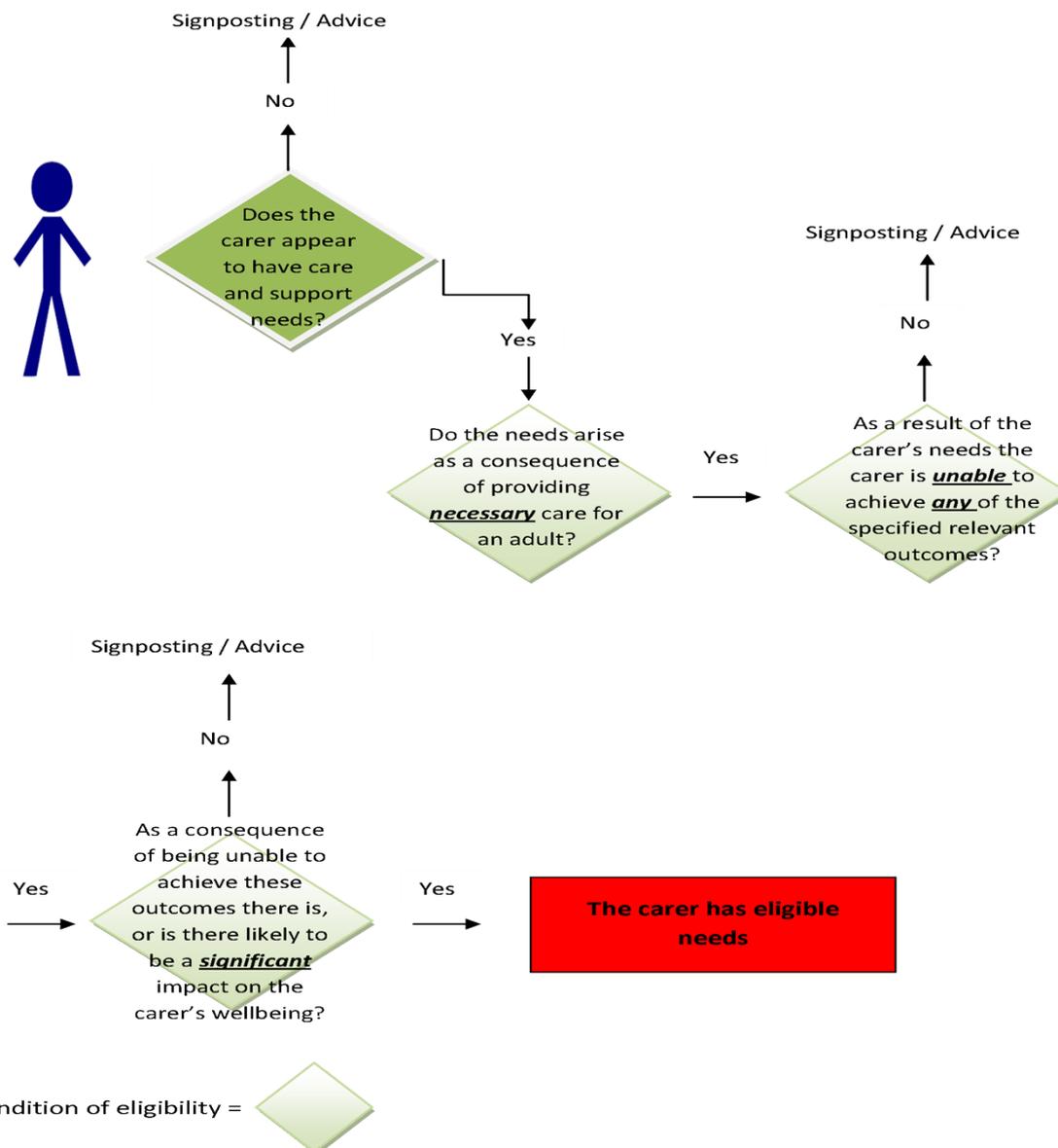


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As before, all three questions are the *conditions* that must be satisfied for someone to be deemed eligible. To be eligible, the answer to each question must be 'yes'.

At this point the rough guides returns to the task of interpreting the above questions and seeking answers to them. This matter is considered in the remaining steps contained within this section.

Chart 2. Determining Eligibility For Carers With Support Needs– An Overview



Step 2. Do the carer's needs arise as a consequence of providing necessary care for an adult?



The carer must also be providing *necessary* care. If the carer is providing care and support for needs which the adult is capable of meeting themselves, the carer may not be providing necessary support. In such cases, the local authority should provide information and advice to the adult and carer about how the adult can use their own strengths or services available in the community to meet their needs.

Step 3. As a result of the adult’s needs is the adult unable to achieve any of the specified relevant outcomes?

When considering this step it is useful to compare the overlapping, but different definition of the word *‘unable’* in the guidance to the Care Act:

<u>‘Unable’</u> with respect to carers means...	<u>‘Unable’</u> with respect to cared for adults means...
<ol style="list-style-type: none"> 1. is unable to achieve the outcome without assistance; 2. is able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety; 3. 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. 	<ol style="list-style-type: none"> 1. is unable to achieve the outcome without assistance; 2. is able to achieve the outcome without assistance but doing so causes the adult significant pain, distress or anxiety; 3. 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; 4. is able to achieve the outcome without assistance but takes significantly longer than would normally be expected.

The specified relevant outcomes for carers are:

Local authorities ***must*** consider whether a carer is able to achieve these outcomes or if due to nature of their needs they are unable to achieve any of the outcomes.

To be eligible, a carer ***must*** be unable to achieve any of the following outcomes:

1. ***Carrying out any caring responsibilities the carer has for a child:*** For example, the carer might be a grandparent with caring responsibilities for a grandchild while the child’s parent are at work.
2. ***Providing care to other persons for whom the carer provides care:*** For example, a carer may also have caring responsibilities for a parent in addition to caring for the adult with care and support needs.



3. ***Maintaining a habitable home environment:*** For example, does the condition of the carer's home provide a safe and appropriate environment to live in and does it presents a significant risk to the carer's wellbeing.
4. ***Managing and maintaining nutrition:*** For example, has the carer the time to do essential shopping and to prepare meals for themselves and their family.
5. ***Developing and maintaining family or other significant personal relationships:*** For example, is the caring role is preventing a carer them from maintaining key relationships with family and friends or from developing new relationships.
6. ***Engaging in work, training, education or volunteering:*** For example, consider whether the carer can continue in their job, and contribute to society, apply themselves in education, volunteer to support civil society or have the opportunity to get a job, if they are not in employment.
7. ***Making use of necessary facilities or services in the local community:*** For example, consider whether the carer has an opportunity to make use of the local community's services and facilities e.g. the time to use recreational facilities such as gyms or swimming pools.
8. ***Engaging in recreational activities:*** For example, has the carer leisure time.

Step 4. Determining significant impact on wellbeing

The third condition that must be met is that local authorities must consider whether the carer's needs and their inability to achieve the outcomes above present a *significant* impact on the carer's wellbeing. However, as with cared for adults, this word is not defined and it must be understood in its everyday sense. As previously stated, local authorities have to make a judgement (a determination) about whether the adult's needs and their consequent inability to achieve relevant outcomes will have an important effect on their daily lives, independence and wellbeing. *In making this judgment, a carer's support needs must be understood in the context of what is important to them and it remembered that what has a significant on the wellbeing of one individual may not have the same effect on another.*



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APPENDIX 6. EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment (EqIA)

Name of Project	Care Act 2014: Implementation	Cabinet meeting date <i>If applicable</i>	17 th March 2015
Service area responsible	Adult Social Services		
Name of completing officer	David Cowell	Date EqIA created	10 th December 2014
Approved by Director / Assistant Director	Beverley Tarka	Date of approval	

The Equality Act 2010 places a ‘General Duty’ on all public bodies to have ‘due regard’ to:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

In addition the Council complies with the Marriage (same sex couples) Act 2013.

Haringey Council also has a ‘Specific Duty’ to publish information about people affected by our policies and practices.

All assessments must be published on the Haringey equalities web pages. All Cabinet papers MUST include a link to the web page where this assessment will be published.

This Equality Impact Assessment provides evidence for meeting the Council’s commitment to equality and the responsibilities outlined above, for more information about the Councils commitment to equality; please visit the Council’s website.



Stage 1 – Names of those involved in preparing the EqIA	
1. Project Lead + David Cowell	5.
2. Equalities / HR Cynthia Scott-Carnegie	6.
3. Legal Advisor Stephen Lawrence-Orumwense	7.
4. Trade union	8.

Stage 2 - Description of proposal including the relevance of the proposal to the general equality duties and protected groups
<p>The proposal concerns the implementation of the Care Act 2014, as required by law (hereafter referred to as the “Act”).</p> <p>The Act comes in to force in two phases – on the 1st April 2015 (Care and Support reforms) and on 1st April 2016 (the Dilnot finance reforms) – and is the most wide-ranging and substantial reforms to adult social care in nearly 70 years. For the first time adult care and support law is placed in a single clear statute which enshrines the principle of “<i>individual wellbeing</i>” at the heart of adult social care. This principle provides the acid test of all actions local authorities take with respect to the provision of these important services by imposing on the authorities a duty to promote individual wellbeing and to support greater equality and consistency of access to assessment and provision of support, and for people with caring responsibilities. Reforming the law is to support equality of access, and ensure that all people can be fully involved in the key processes to which their input is essential – including safeguarding enquiries, needs assessment, care and support and care planning and any subsequent review of their care and support needs. The intended effect is to improve the outcomes and experience of care, and secure a more effective use of public and community resources by improving the personalisation of services, giving people more choice and control over how their desired outcomes are achieved.</p> <p>The Act’s expansive definition of wellbeing (see Appendix 5(A)) means that the statute has <i>whole Council implications</i> and cannot be regarded as being ‘<i>just</i>’ an adult social care Act.</p> <p>Other key aspects of the Act include:</p> <ul style="list-style-type: none">a) a shift from the duty to provide services to meeting needs that avoid a ‘<i>one size fits all</i>’ approach by putting the person at the centre of the social care offer;b) a focus on preventing or delaying the need for support;



- c) additional entitlements for carers to support them to maintain their caring roles for longer;
- d) a new general duty to provide information and advice on social care, including independent generic and regulated financial advice;
- e) a duty to facilitate a diverse, vibrant and sustainable market for care and support services that benefit the whole population;
- f) a duty to promote integration with the NHS and other key partners, including partners within the Council;
- g) a duty to introduce a new national minimum eligibility threshold (see Appendix B) in place of the current FACS eligibility criteria;
- h) a duty to offer everyone who is eligible for a service a personal budget with the expectation that the default form of provision will be a deferred payment;
- i) a duty to introduce universal Deferred Payments schemes to ensure that people will be protected from having to sell their homes and lose their assets in order to pay for care during their lifetimes;
- j) a duty to arrange independent advocacy for people who need help to be involved in assessment, planning, appeals or safeguarding, and;
- k) an adult safeguarding duty which, for the first time, is spelt out in law. Local authorities must make enquiries if they believe an adult is, or is at risk of, being abused or neglected. They must also host and lead multi-agency Safeguarding Adults Boards (SABs) to maintain strategic oversight of safeguarding and carry out Safeguarding Adults Reviews when people die as a result of neglect or abuse and there's a concern that the local authority, or its partners, could have done more.

The scope of the Act, as shown above, is very wide. Its implementation and the approach to this task will have a direct impact on the general duty to “*eliminate discrimination, harassment and victimisation; advance equality of opportunity and; foster good relations between groups in society*” (Section 149, Equalities Act 2010), on all protected groups and on all other local residents.

Relevance of the proposal to the general equality duties and protected groups

Appendix 5(B) provides breakdown, by protected characteristics, of unique service users of adult social care between April 2014 and January 2015 for whom the implementation of the Act is of particular significance through its paramount emphasis on the promotion of individual wellbeing. The statute actively seeks to maximise the wellbeing of all groups in society, especially those at risk of discrimination and social exclusion, and contains measures to this end. For example, it imposes a series of new general duties on the Council (e.g. advice and information, prevention and integration) to improve people’s experiences of services provision and the results achieved for them. Moreover, the Act enhances the rights of carers to service provision while making people’s entitlement to services much clearer.



Stage 3 – Scoping Exercise - Employee data used in this Equality Impact Assessment
 Identify the main sources of the evidence, both quantitative and qualitative, that supports your analysis. This could include for example, data on the Council’s workforce, equalities profile of service users, recent surveys, research, results of recent relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national.

Data Source (include link where published)	What does this data include?
Implementation of the Act has no immediate deleterious implications for the employment of staff or their terms and conditions. Should these arise at a later date they will be subject to separate EQIA.	N/A

Stage 4 – Scoping Exercise - Service data used in this Equality Impact Assessment
 This section to be completed where there is a change to the service provided

Data Source (include link where published)	What does this data include?
Implementation of the Care Act will not cause any changes to service provision.	



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Currently, not all protected groups are adequately monitored. This is something we are determined to address and will take steps to address this when restructuring the assessment process.

**Stage 5a – Considering the above information, what impact will this proposal have on the following groups in terms of impact on residents and service delivery:
Positive and negative impacts identified will need to form part of your action plan.**

	Positive	Negative	Details	None – why?
Sex	✓		The Act’s emphasis on the promotion of individual wellbeing, insistence on person centred approaches to service delivery and maximising the control people have over their provision, including the use of independent advocacy where needed, enhances the rights of the members of <i>all</i> protected groups with care and/or support needs	
Gender Reassignment	✓		As above	
Age	✓		As above	
Disability	✓		As above	
Race & Ethnicity	✓		As above	
Sexual Orientation	✓		As above	
Religion or Belief (or No Belief)	✓		As above	
Pregnancy & Maternity	✓		As above	



Marriage and Civil Partnership	✓		As above	
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**Stage 5b – For your employees and considering the above information, what impact will this proposal have on the following groups:
Positive and negative impacts identified will need to form part of your action plan.**

	Positive	Negative	Details	None – why?
Sex	✓		<p>The Care Act, of itself, will not affect the terms and conditions of any of the Council’s employees. As indicated above, the Act’s emphasis on the promotion of individual wellbeing of all citizens ensures and enhances the rights of <u>all</u> employees who may have care and support needs.</p> <p>In addition the Act will require employees, irrespective of the protected groups to which they might belong, to work in ways that empower the Council’s customers resulting in personalised</p>	



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			services that people will be delighted with.	
Gender Reassignment	✓		As above	
Age	✓		As above	
Disability	✓		As above	
Race & Ethnicity	✓		As above	
Sexual Orientation	✓		As above	
Religion or Belief (or No Belief)	✓		As above	
Pregnancy & Maternity	✓		As above	
Marriage and Civil Partnership	✓		As above	

Stage 6 - Initial Impact analysis	Actions to mitigate, advance equality or fill gaps in information
<p>A number of key points (in underlined italics) emerge from the impact analysis.</p> <p><u><i>A possibility of direct or indirect discrimination:</i></u> No direct or indirect discrimination is anticipated. The Act and Haringey’s make clear the rights of individuals with care or support needs to assistance and the Council’s responsibilities in this regard. Implementation has followed closely the requirements of statutory guidance which codifies best practice and resonates to the Equalities Act 2010. For example:</p> <p><i>“As required under the Equality Act 2010, reasonable adjustments should be made to ensure that disabled people have equal access to information and advice services. Reasonable adjustments could include the provision of information in accessible formats or with communication support”.</i> (Statutory Guidance, para. 3.28)</p>	<p>NA</p>



“When arranging services themselves, local authorities must ensure their commissioning practices and the services delivered on their behalf comply with the requirements of the Equality Act 2010, and do not discriminate against people with protected characteristics, this should include monitoring delivery against the requirements of that Act. When shaping markets for services, local authorities should work to ensure compliance with this Act for services provided in their area that are not arranged and/or paid for by them. Local authorities should consider care and support services for their appropriateness for people from different communities, cultures and beliefs.” (Statutory Guidance, para. 4.25)

The Act goes on to say:

“Local authorities must encourage a range of different types of service provider organisations to ensure people have a genuine choice of different types of service. This will include independent private providers, third sector, voluntary and community based organisations, including user-led organisations, mutual and small businesses. This should recognise that the different underpinning philosophies, cultural sensitivity and style of service of these organisations may be more suited to some people with care and support needs.” (Statutory Guidance, para. 4.38)

Particular disadvantages faced by some groups of people more than others: The Act will not confront some protected groups particular disadvantages. However, it is recognised that some members of all groups may be ‘hard to reach’ and, therefore, be at



risk of failing to benefit from the Act

Different needs of persons who share relevant protected

characteristic: The Act insists that provision and professional practice are ‘*personalised*’ (i.e. tailored to the specific needs of unique individuals). For example, it states that when determining the significance of a person’s needs;

“local authorities should look to understand the adult’s needs in the context of what is important to him or her. Needs may affect different people differently, because what is important to the individual’s wellbeing may not be the same in all cases.

Circumstances which create a significant impact on the wellbeing of one individual may not have the same effect on another”.

(Statutory Guidance, para. 6.111)

As a result it is concluded that implementation of the Act will both protect and respect the different needs of persons who share relevant protected characteristics

Under representation by certain groups: The implementation of the Act will not exacerbate the problem of under representation. On the contrary, the communications activity surrounding this activity and the introduction of the advice and information, integration and prevention duties will ameliorate this potential problem.

Is there an opportunity to improve relations and promote

understanding? Yes. The approach to Care Act implementation is built on an ongoing programme of engagement which has, at the time of writing, involved 580 people including carers, service users,

To ensure that as many people as possible, from protected groups, with care and support benefit from implementation of the Act we will:

- Promote the Act, in line with the national communications strategy and campaign.
- Build the capacity of local communities to care for their members.
- Take an integrated approach to service provision
- Refocus services on prevention.

The last three actions listed above all reflect important themes in the draft Corporate Plan.

NA



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<p>community organisations, partners, providers and the Council’s own staff.</p> <p>Clauses in the Act make clear its insistence that the planning and delivery of adult social care is predicated on engagement. For example:</p> <p><i>“Local authorities should ensure that active engagement and consultation with local people is built into the development and review of their strategies for market shaping and commissioning, and is demonstrated to support local accountability”.</i> (Statutory Guidance, para. 4.65)</p>	<p>NA</p> <p>NA</p>
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Stage 7 - Consultation and follow up data from actions set above	
Data Source (include link where published)	What does this data include?
<p>As previously stated a wide ranging and ongoing programme of engagement has been central to activity undertaken to implement the Act. These stakeholders have included, as at 5th February 2015:</p> <ul style="list-style-type: none"> • 24 service users with learning disabilities • 107 carers of people with different types of disabilities and of the vulnerable elderly • 79 representatives of community organisations and third sector providers. 	<p>The outcomes of engagements are summarised as follows:</p> <ul style="list-style-type: none"> • General support for the Act’s endorsement support of carers’ rights and its provisions relating to assessment, eligibility and care planning. • Concern that the Council’s financial position means that the ambitions of the Act might not be realised,



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Collectively, the stakeholders listed above reflected the diverse communities and faiths of Haringey.

The process has focused on providing key stakeholders, with information about the Act and the receipt of feedback, As a result, little hard statistical data has been generated. The outcomes of engagement are encapsulated in the views expressed by participants.

Stage 8 - Final impact analysis: Summary and Conclusion

Q. Who will be impacted?

A. All residents of Haringey

Q. How many people will be impacted?

A. 254,900

Q. The nature of the impact should the proposal be implemented

A. Haringey will be compliant with the requirements of the Act.

As previously noted, the statute actively seeks to maximise the wellbeing of all groups in society, especially those at risk of discrimination and social exclusion, and contains measures to this end. The Act's focus on individual wellbeing is fundamentally important as its unrelenting focus on ensuring that service are provided in person centred ways that offer individual service users and carers real choice and control over their provision. In so doing the statute transforms the traditional social care pre-occupation with needs and provision to concentrate on achieving the outcomes that matter most to individuals in ways that are acceptable to them. It is an approach that benefits members of all protected groups and other residents of Haringey.



Stage 9 - Equality Impact Assessment Review Log

Review approved by Director / Assistant Director	N/A	Date of review	31 st August 2015
Review approved by Director	Beverley Tarka	Date of review	31 st August 2015

Stage 10 – Publication

Ensure the completed EqIA is published in accordance with the Council’s policy.

APPENDIX 5(A): Equalities Impact Assessment: Break Down By protected Characteristics of Unique Service Users of Adult Social Care - April 2014 to Jan 2015

Table 4.1 Disability by age

Count of Client ID	Column Labels			Grand Total
	18-64	65+	N/A	
Carer		3	1	4
(blank)		3	1	4
Learning Disability Support		661	58	719
(blank)		661	58	719



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Mental Health Support	400	71		471
(blank)	400	71		471
Physical Support	798	2137	24	2959
Personal Care support	500	1404	15	1919
(blank)	43	81	1	125
Access and Mobility only	255	652	8	915
Sensory Support	123	131		254
Support for Hearing Impairment	50	51		101
(blank)	2	3		5
Support for Visual Impairment	34	44		78
Support for Dual Impairment	37	33		70
Social Support	53	40	1	94
(blank)	36	39		75
Substance Misuse support	17	1	1	19
Support with Memory and Cognition	6	375		381
(blank)	6	375		381
Grand Total	2044	2813	25	4882

Table 4.2 Gender by age

Count of Client ID	Column Labels			Grand Total
	18-64	65+	N/A	
Female	967	1800	14	2781
Male	1077	1013	11	2101
Grand Total	2044	2813	25	4882

Table 4.3 Race and Ethnicity by age



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Count of Client ID Row Labels	Column Labels			Grand Total
	18-64	65+	N/A	
Asian / Asian British	151	183	1	335
Black / African / Caribbean / Black British	685	772	3	1460
Mixed / multiple	54	22		76
No data	53	62	10	125
Other Ethnic Group	90	58		148
White	1011	1716	11	2738
Grand Total	2044	2813	25	4882

Note: data is not available with respect to gender reassignment, pregnancy and maternity, religion and marriage and civil partnerships



APPENDIX 5(A): Definition of Wellbeing

Promoting individual well-being

- (1) The general duty of a local authority, in exercising a function under this Part in the case of an individual, is to promote that individual's well-being.
- (2) *“Well-being”, in relation to an individual, means that individual's well-being so far as relating to any of the following —*
 - (a) personal dignity (including treatment of the individual with respect);*
 - (b) physical and mental health and emotional well-being;*
 - (c) protection from abuse and neglect;*
 - (d) control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);*
 - (e) participation in work, education, training or recreation;*
 - (f) social and economic well-being;*
 - (g) domestic, family and personal relationships;*
 - (h) suitability of living accommodation;*
 - (i) the individual's contribution to society”*

Care Act 2014, Section 1.



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APPENDIX 5(B): EQUALITIES IMPACT ASSESSMENT: BREAK DOWN BY PROTECTED CHARACTERISTICS OF UNIQUE SERVICE USERS OF ADULT SOCIAL CARE - APRIL 2014 TO JAN 2015

Table 4.1 Disability by age

Count of Client ID Row Labels	Column Labels			Grand Total	
	18-64	65+	N/A		
Carer		3	1	4	
(blank)		3	1	4	
Learning Disability Support		661	58	719	
(blank)		661	58	719	
Mental Health Support		400	71	471	
(blank)		400	71	471	
Physical Support		798	2137	24	2959
Personal Care support		500	1404	15	1919
(blank)		43	81	1	125
Access and Mobility only		255	652	8	915
Sensory Support		123	131		254
Support for Hearing Impairment		50	51		101
(blank)		2	3		5
Support for Visual Impairment		34	44		78
Support for Dual Impairment		37	33		70
Social Support		53	40	1	94
(blank)		36	39		75
Substance Misuse support		17	1	1	19
Support with Memory and Cognition		6	375		381
(blank)		6	375		381
Grand Total		2044	2813	25	4882



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