The Care Act 2014 and Dementia

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About

Alzheimer’s Society

• **Local Support**
  • Alzheimer’s Society delivers over 2,000 services across England, Wales and Northern Ireland
    – Day care and home care for people with dementia
    – Support and befriending services to help partners and families
    – From Dementia Cafés, Singing for the Brain sessions to memory-book projects and group outings

• **Telephone and online services** – National Dementia Helpline: **0300 222 1122**.
  – From understanding diagnosis and assessment to dealing with financial challenges
  – Over a hundred factsheets and other publications
About Alzheimer’s Society

• **Training and Development services**
  – We provide training for health and care professionals and publish a wide range of training materials and books.

• **Research**
  – We aim to increase our investment in our research programme to around £10 million a year by 2017.

• **Campaigning and Raising Awareness**
  – The Society demands a better future for everyone affected by all forms of dementia.
  – We campaign for the rights of people with dementia and those who care for them.
  – Including the **Dementia Friends Campaign** – 862,386 on 8th January 2015 - [www.dementiafriends.org.uk](http://www.dementiafriends.org.uk)
The Care Act 2014

• The Care Act 2014 aims to create a single, modern law
• It is the biggest change to the system in over sixty years
• It is being introduced in two parts.
• The Act introduces new duties on local authorities that will have a major impact on people living with dementia and their carers as primary users of social care services.
• Implementation of Part 1 of the Act from April 2015.
• Consultation process on Part 2 from February 2015, coming into force in April 2016.
What is the Care Act 2014 - 1

• The Care Act has created a single, modern law that makes it clear what kind of care people should expect and what they will receive.

• It introduces:
  – A national minimum eligibility threshold for social care. This will set the minimum criteria for when local authorities have to provide support to people. Currently this is set locally.
  – A limit on the amount anyone will have to pay towards the costs of their care.
  – The amount of the cap, to be introduced in April 2016, is to be confirmed.
What is the Care Act 2014 - 2

• An increase in the upper means test level for people in residential care – amount to be confirmed.

• Safeguarding and Personal Budgets will be on a statutory footing

• A duty to provide preventative services.

• New powers for the chief inspector of social care

• Councils must now offer deferred payment schemes so that individuals do not have to sell their homes to pay for residential care in their lifetime.

• New rights for Carers including the right to an assessment of their needs
The Care Act and Dementia

• The Care Act introduces new responsibilities for Local Authorities in managing the social care needs of their local population.

• **The Act is of most relevance for people with dementia and their carers in these areas:**
  – General responsibilities of local authorities
  – Determining who is entitled to care and support
  – Charging for care and financial assessment – personal budgets
  – Integration and partnership working between health, social care and housing
  – Information Advice and Advocacy
  – Adult safeguarding
1. Promoting Wellbeing

- Using the principles of the Mental Capacity Act, assume that a person with dementia knows themselves and their own wellbeing better than anybody else.
- **must not make assumptions** about a person with dementia
- Look at intervention strategies to **prevent or delay the progression** of needs of a person with dementia.
- People with dementia **must be involved in decisions** about their own care.
- The wellbeing needs of family members and/or carers must be considered alongside the needs of the person with dementia.
- People with dementia will have the **opportunity to request a direct payment** to buy their own care and support which meets their wellbeing needs.
S 2. Preventing, Reducing or Delaying Needs

• Valuable for people with dementia in preventing needs from escalating and reaching crisis point.

• Prevention can include activities that reduce social isolation and help people with dementia feel part of their community.

• The prevention duty also applies to most adults including people without care needs, carers and soon-to-be carers.
S 3. Information and Advice

• People with dementia and carers should have access to information and advice about the types of services provided locally and how to access them.
• A diagnosis of dementia should trigger access to information.
• People with dementia and carers should be able to access financial advice with regards to paying for care and support.
• Carers should have access to specific information recognising they may have separate needs from the person they care for.
• Any person should have information on how to raise concerns about the wellbeing of a person with dementia or their carer.
S 4. Commissioning of Adult Care and Support

- Commissioners **should consider the outcomes** of people with dementia and carers when commissioning services.
- People with dementia should **no longer receive 15 minute visits** for their care needs at home, **unless** they specifically request it.
- People with dementia and carers **should be able to choose from an appropriate choice of services**, this includes **younger people** with dementia being able to choose services for their age group.
S 6. Assessment and Eligibility

• **Assessments are now a critical intervention in their own right**, not a gateway to services as in the past.

• **Assessments must be ‘appropriate and proportionate’** to ensure they are **effective and comprehensive** for ensuring people with dementia and their carers receive timely and appropriate support. – chapter 6 of the Statutory Guidance.

• The Assessment should help people to understand their situation and the needs they have, to **reduce or delay the onset of greater needs**, and to access support when they require it.

• **Advocacy** must be provided for those who need it.
S 7. Independent Advocacy

• This is an essential duty which will support people with dementia to **engage in decisions about their care and support.**

• LAs have a duty to provide an independent advocate to help the person taking part **if that person would otherwise have substantial difficulty in engaging with the process fully.**

• Local Authorities must consider capacity and all aspects of the Mental Capacity Act. This will support people without capacity to be treated in their best interests.
S 8. Charging, Top Ups, Deferred Payments, Disregards

- There will be provision for deferred payments. These come into force from April 2015. Section 9 of the Statutory Guidance goes into great detail – a complex new system. This is where advocacy will be very important.
- The other proposals in this area are within Part 2 of the Act and are being consulted upon. They do not come into force until April 2016.
- People with dementia still have to pay for their care, and until April 2016 this will still be subject to the same means testing as currently.
- There will be guidance on what is and is not included in the financial assessment – including that a pre-paid funeral plan will not be considered an asset.
S 11. Care and Support Planning, Personal Budgets and Direct Payments

• This continues the move towards personalisation and establishes in law many elements of personalisation.

• It provides an outline on how Local Authorities should be acting, explaining a process for care planning, personal budgets and direct payments.
S 14. Safeguarding

• All people with dementia and carers to be **protected** against abuse and neglect.

• Individuals should be **supported to make choices** and have control over their own lives.

• **Carers protected from abuse** by a person with dementia who may show behaviour perceived as challenging.
**S 19. Moving between Local Authority Areas**

- People with dementia **may move between local authority areas** – for example to be closer to family.

- The **transition in their care is as smooth as possible** during this time, even where local authorities dispute whether they should be responsible for a person.

- It establishes that the local authority who should be responsible for the person is the one where the person has their ‘**ordinary residence**’.
We provide many frontline services including advice and support.

We would like to work with every Local Authority and CCG to deliver consistent and cost effective pan London services for people affected by dementia.

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