



Derby City Council

COUNCIL CABINET
18 March 2015

ITEM 10

Report of the Cabinet Member for Adults and Health

Care Act 2014 Implementation

SUMMARY

- 1.1 The Care Act 2014 is the most significant reform of social care legislation in more than 60 years, putting people and their carers in control of their care and support. It replaces a patchwork of laws which have built up since the 1948 National Assistance Act. The Care Act has created a single, modern law relating to social care and support for adults and carers, safeguarding and care standards.
- 1.2 The Care Act is clear about the social care people should expect. It also promotes the integration of care and support with health services. The Care Act applies to all adults in the area who need care and support, whether arranged or funded by the Council, or by the individual themselves, or by a combination.
- 1.3 The primary objective of the act is to modernise the legal basis for adult care and support in England. This is intended to make the law easier to understand and apply, and bring greater clarity, consistency and equality of access to care and support. The intended effect is also to improve the outcomes and experience of care, and secure a more effective use of public and community resources by giving people more choice and control. This shall be reflected in the Councils "your life your choice" adult social strategy which is in co-production with a wide range of partners.
- 1.4 Most of the new duties and responsibilities of the Care Act 2014 are planned to take effect from April 2015. The most significant changes being introduced in 2015/16 are the improved legal rights and increased support for carers so that they can carry on caring and look after their own wellbeing. Appendix 2 details the work undertaken to date, to comply with the new requirements.
- 1.5 The Care Act is being introduced at a time of significant growing need and unprecedented pressure on public spending.
- 1.6 The Care Act links to the changes introduced in the Children and Families Act 2014 which includes a new system to help children with special educational needs and disabilities. This needs to be considered in relation to transitions from children's to adult services.
- 1.7 Major reforms to the way care is funded and paid for are planned to come into effect from April 2016. These changes will place a cap on the costs that people will have to pay for care, increase to the means testing level and introduce care accounts.

- 1.8 The Department of Health is currently seeking views on the draft regulations and guidance needed to introduce the cap on care costs and proposals for a new appeals system. Consultation closes on 30 March 2015. All costs are to be funded by central Government.

RECOMMENDATION

- 2.1 To note the revised and new duties on the Council of the Care Act 2014, as detailed throughout this report and at Appendix 3, effective from 1 April 2015 and 1 April 2016.
- 2.2 To approve the work undertaken thus far to comply with the new duties of the Council under the Care Act 2014 as detailed at Appendix 2, in readiness for 1 April 2015 implementation.
- 2.3 To approve further work as necessary by the Strategic Director of AHH in conjunction with the Cabinet Member for Adults and Health to comply with the Care Act 2014 changes to be introduced on 1 April 2016.
- 2.4 To approve a follow up review report to Cabinet six months post implementation.

REASONS FOR RECOMMENDATION

- 3.1 The Care Act 2014 places revised and new legal duties, powers and responsibilities for adult social care on all Councils.
- 3.2 Derby City Council will need to meet the legal obligations placed on it by the Act and regulations which come into effect in April 2015. Financial reforms will come into effect in April 2016.
- 3.3 Further work is required to comply with the financial reforms to be introduced by the Care Act from 1 April 2016.
- 3.4 Specific grant funding has been made available to the Council to support the implementation of the Care Act 2014.
- 3.5 It is important to monitor the impact of the Care Act 2014 on the Council and report this back to Cabinet.



SUPPORTING INFORMATION

- 4.1 Many areas of the Care Act are a consolidation and modernisation of the legal framework and do not represent a change in policy. These are:
- Promoting wellbeing
 - Preventing, reducing or delaying needs
 - Information and advice
 - Market shaping and commissioning of adult care and support
 - Charging and financial assessment (2015-16 only)
 - Personal Budgets
 - Direct payments
 - Integration, cooperation and partnerships
- 4.2 Areas of the Care Act which are substantial policy reforms and represent the most significant costs to local authorities are:
- Assessment and eligibility
 - Continuity of care
 - Assessment and provision of support for carers
 - Access to independent advocacy
 - Care and support for people in prison and approved premises
 - Safeguarding adults from abuse and neglect
 - Provisions relating to Deferred Payments
 - Provisions relating to oversight of the care and support provider market and responsibilities for continuity of care in the case of provider failure
 - Implementation

Reform of the funding system for care and support in 2016/17 introduces:

- extended means test
- capped charging system
- care accounts.

See Appendix 3 for an overview of key areas in the Care Act.

Financial Impact

- 4.3 There is a commitment to form a common view jointly across the Association of Directors of Adult Social Services (ADASS), Department of Health and the Local Government Association of the national and local costs of implementing the Care Act reforms. National finance leads are currently developing a revised national model

which will be issued in due course.

4.4 Derby City Council has run the ADASS, Birmingham, Lincolnshire and Surrey Model to establish the cost parameters for implementing the Care Act reforms in the city. Members should note that financial cost forecasts may change as more accurate data becomes available and models continue to be refined.

4.5 The Council needs to make adequate provision for programme management and participate in the national Care Act implementation stock take assessment. Derby has received a grant relating to the Implementation of the Care Act in 2015/16 of £1.285m broken down below:

Early assessments revenue grant	Deferred Payment Agreement revenue grant	Carers and Care Act Implementation revenue grant
£632,123	£387,174	£265,607

4.6 Further costs associated with 2016/17 changes are anticipated to be fully funded by central Government and will be considered in future financial plans.

4.7 There is a need to understand local information in order to be able to plan. To inform the models, work has been carried out to estimate the number of self-funders with eligible needs who will come forward to register their spend on care with their local authority to start their care account in 2016/17. The estimated numbers are:

- 578 in Residential Care
- 540 receiving Home Care

The degree and speed at which the people contained in the above figures present will determine the cost to the authority.

Operational Impact

4.8 The Care Act will have a bearing on the costs of the delivery of social care in 2015/16:

- increased Assessment and Review costs due to increased volumes
- starting the assessment of self-funders in order for them to take advantage of the financial protection offered by the care cap being introduced in April 2016.

4.9 Because of all the work we have done to introduce self-directed support and personalisation, there are many areas in which the Council already meets the requirements of the Care Act or is largely compliant. Work streams were set up with identified leads to address any gaps and ensure any new or extended duties and responsibilities will be met.

4.10 Projects in the programme are clustered under the following themes:

- Information and Advice
- Prevention

- Assessment
- Care and Support Planning
- Finance and Systems
- Market Shaping
- Workforce
- Safeguarding

A brief outline of the work we have completed or is planned is attached at Appendix 2.

Furthermore, the impact of the Cheshire West judgement on Deprivation of Liberty authorisations is still having a significant impact on the operational assessment and support planning teams. We have experienced a circa tenfold increase in the number of requests, 55 in the whole of 2013/14 compared to 383 in the first 3 quarters of 2014/15. This level of demand is likely to be sustained into the foreseeable future. The service has had to invest in additional resource to meet this significant increase in demand.

Policy

- 4.11 The Care Act has implications for a number of areas which will require corporate policy to be reviewed to ensure the local authority is compliant with the Act and to make the requirements explicit in strategy documents:
- Duty to Co-operate between the local authority and other relevant authorities
 - Sharing of information
 - Charging for services
 - Recovery of charges
 - Delegation to a third party to carry out certain functions.

Governance

- 4.12 Progress is reported on a bi-monthly basis to the AHH Transformation Board and reports are also provided to the Health and Wellbeing Board.

Programme Team

- 4.13 A small team, on fixed term contracts to 31 March 2015, is in place to work on the required changes:
- Programme Manager 1.0 FTE
 - Head of Service - Practice Transformation 1.0 FTE
 - Project Support Officer 1.0 FTE

Risks

- 4.14 The main risks are:
- The new eligibility framework is looser than the current 'substantial' criteria. Interpretation could lower the threshold and generate more demand on services.
 - Uncertainty about additional demand from self- funders

- Uncertainty about additional demand from carers
- Uncertainty about total implementation costs for 2015-16, 2016-17
- Capacity to implement Care Act alongside other significant changes - reduced staff, new IT system. This may impact on service quality.
- Lack of funding to commission or maintain preventative services.

Key legal provisions and statutory guidance to be replaced

4.15 A list of the key legal provisions and existing statutory guidance which are to be replaced by the Care Act 2014 is attached at appendix 4.

OTHER OPTIONS CONSIDERED

5.1 None

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Anita Barnett Toni Nash Liz Moore Steve Sprason IT – Nick O’Reilly Equalities – Ann Webster Health and Safety – Adrian Jeffs Environmental Sustainability – Andy Hills Risk – Chris Salt
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For more information contact: Background papers: List of appendices:	Perveez Sadiq 01332 642742 perveez.sadiq@derby.gov.uk None Appendix 1 – Implications Appendix 2 – Care Act Implementation Progress Appendix 3 – Care Act Overview Appendix 4 – Care Act Legislative Repeals and Revocations
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IMPLICATIONS

Financial and Value for Money

- 1.1 The Care Act 2014 introduces new duties from 1 April 2015. In order to meet the additional costs of these requirements the Council has allocated an additional £616k to the AHH budget 2015/16.

In addition £1.285m the Council has received £1.285m of one off funding for implementation.

The Care Act also reforms the way care is funded from 1 April 2016. The impacts of the funding reforms are currently being modelled nationally and are unknown. The financial implications have been modelled locally. The government has committed to funding the cost of these reforms.

Provisionally the Council has allocated additional funding of £2.637m in 2016/17 and a further £4.487m in 2017/18 to cover the funding reform aspects of the Care Act.

Legal

- 2.1 The Care Act 2014 consolidates existing legislation and introduces new duties and powers that place a statutory duty on the council to meet people's eligible needs. The Care Act puts carers on the same legal footing as those they care for. A new focus on preventing and delaying needs also applies to:
- those who do not have eligible needs
 - carers.

The Care Act 2014 also places adult safeguarding arrangements on a statutory footing. The Key legal provisions to be repealed as result of the Care Act 2014 are listed at Appendix 4.

- 2.2 The legal implications for the authority will be significant if the Care Act 2014 duties are not adhered to. This could lead to challenges in the High Court by way of judicial review together with challenges by way of the appeal process as set out in the Care Act, (when it is operative). This risk is significantly mitigated by the preparatory work detailed in this report.

Personnel

- 3.1 It is envisaged that additional resources will be required to cover a spike to undertake the increased volume of assessments, particularly from self-funders who will come forward to have their care needs assessed and reviewed to start a care account for 2016/17. The staffing implications will become clearer as further scoping work is carried out, and there may be implications for both the Adults Health and Housing Directorate and other services such as Business Support and Legal Services. The employee implications will be managed in line with Council policies and employment legislation.
- 3.2 Legal Services currently has one Adult Social Care Lawyer allocated to the implementation of the Care Act, the service is under increasing pressure as a result of the Cheshire West judgment on deprivation of liberty.

IT

- 4.1 The Care Act funding reforms for deferred payments and to increase the capital threshold for residential care will be accommodated within existing social care case management and finance systems.

Equalities Impact

- 5.1 Carers play a significant role in disabled people's lives and are protected under the Equality Act by association with disabled people. In addition older people are also protected by the Equality Act. The revised arrangements will have a positive impact on disabled people, older people and carers including young carers.

Health and Safety

- 6.1 There do not appear to be any health and safety issues arising directly from this report. However when the Safeguarding board is established there may be a resource impact on the Health and Safety team to meet the needs of investigating neglect or abuse.

Environmental Sustainability

- 7.1 There are no specific implications.

Asset Management

- 8.1 There are no specific implications.

Risk Management

- 9.1 The implementation of the Care Act is being managed as a programme which follows risk management principles. A Risk Register has been established and strategic risks escalated. Main risks are identified in Supporting Information at 4.24.

Corporate Objectives and Priorities for Change

- 10.1 The Care Act supports the Council's overall objective to promote the health and wellbeing of its citizens.

Revised guidance

New local guidance has been produced for the following areas:

- Wellbeing
- Assessment
- New national eligibility criteria
- Care and support planning
- Reviews.

These will support staff in implementing the Care Act in Derby and also form the basis for information for the public in accessible formats.

Further policies and guidance will be produced for:

- Independent Advocacy
- Ordinary Residence
- Appeals.

Information and Advice

The provision of good quality information and advice underpins the reforms. The provision of financial information and advice is even more important given the funding reforms which are being introduced in 2016.

In order to meet the requirements of the Care Act, we have developed;

- a comprehensive universal information and advice service that includes the wider aspects of care and support
- an online information and advice service
- signposting to independent financial advice to help people plan their future care and support
- information and advice to meet the specific requirements of Carers.

A new corporate Information and Advice strategy is being produced which will reflect national good practice around information and advice for people with care and support needs.

We are developing on-line services which will enable people to carry out self-assessments on line, if that is appropriate for their circumstances and suits their needs. They will also be able to access their records, information about their personal budget or care account. We are reviewing the information we currently provide throughout the customer journey, on our website and through the Your Life Your Choice portal.

There are also interfaces with the Derby Integrated Advice Partnership – DIAP - and the Information and Advice Forum, led by the voluntary sector.

Prevention

Preventing, reducing and delaying needs are key principles of the Care Act. Initial meetings have been held to start to identify what services, facilities and resources are already available and how these might help local people. Mapping the breadth and coverage of preventative services is underway. We are carrying out gap analysis of preventative services for customer groups, services and ward areas. This information will be used to support future grant rounds and commissioning of preventative services.

Housing is seen as a key contributor to a person's wellbeing and it is proposed to work with housing partners to support prevention and deliver better outcomes.

Assessment and eligibility

While the focus on wellbeing is a fundamental change in approach, it is considered that the new national minimum eligibility threshold is equivalent to the 'substantial' Fair Access to Care Services level, at which level Derby currently provides care.

Carers

A new contract for Carers services has been awarded. We are working with the provider to develop the support and assessment for Carers.

A specification for an independent integrated advocacy service has been issued. This will provide a single point of entry for anybody requiring and who is eligible for, statutory advocacy support in Derby City and also specialist advocacy for vulnerable adults and carers who would have substantial difficulty in being fully involved in their assessment, care planning and review.

Transition from children's services to adult care and support

We are working with colleagues in Children and Young People to co-ordinate activities to achieve the strategic and operational changes required by the Children and Families Act 2014 and Care Act 2014. This includes developing policies, procedures and guidance to support assessment of young people, likely to have care and support needs, from Year 9.

Finance and systems

The Care Act sets out new powers that local authorities have in relation to charging including:

- The cost of arranging and care and support for self- funders
- Administrative fees incurred in Deferred Payment Agreements
- Administrative fees in relation to protecting property of adults being care for away from home

A report outlining proposed charges was agreed at the Council Cabinet meeting in February 2015.

The council has procured a new case management system to meet the requirements of the Care Act and also provide new features to deliver elements of the customer journey electronically in line with the corporate e-services policy. It was intended this would be implemented in April 2015, however due to problems with synchronising customer and financial data, it has been agreed to delay implementation until July 2015. A temporary measure will be put in place to collect any Care Act information that we need to report on from 1 April 2015 so that we can submit statutory returns in 2016.

Market development

Local authorities must facilitate a diverse, vibrant and sustainable market for care and support services that benefit the whole population. Commissioning will be required to focus on wellbeing and ensure choice. This should be done through supporting providers and good contracting mechanisms. To support this area we are:

- Reviewing and updating Derby's Market Position Statement
- Developing a process to assess and maintain an overview of provider viability and potential provider failure.

Workforce

A portfolio of training opportunities has been prepared to support implementation of the Care Act. This includes tailored briefings for teams, e-learning sessions and signposting to a suite of learning materials. There is approximately 400 staff in DCC Adult Social Care who will require an overview and approximately 100 Team Managers, Social Workers and professional staff who will require more in depth training.

Social care employers in the independent and voluntary sector also need to consider the impact of the reforms on their workforce. All training courses delivered by DCC are being reviewed in the light of the Care Act so providers are aware of the new duties and requirements.

Safeguarding

Work has already started on reviewing our safeguarding arrangements to respond to the Care Act which puts adult safeguarding on a statutory footing for the first time. We already comply in nearly all areas but we are working with our partners on refreshing joint policies and consulting on these through the Safeguarding Adults Board.

Integration

Derby is well placed in that key partners for delivering the Care Act – social care, health and housing - are covered by one department in the council. The Care Act and the Better Care Fund provides a framework for co-operation and integration with health, housing and other health related services including:

- strategic commissioning and planning
- access, assessment and planning for care and support including integrated personal health budgets
- joined up service delivery.

Self- Funders

The Care Act fundamentally changes who and how people pay for their care. From April 2016, the financial reforms propose extending the means tested threshold of £23,250 for residential care to £118,000 and introduces a cap on lifetime costs of £72,000 - excluding living costs of £12,000 per year. During 2015/16 it is anticipated that there will be a demand for assessments from self-funders so they can start their care account. National and local surveys have been carried out to estimate the number of self- funders who may require an assessment.

Communications

The Care Act has considerable implications for customers, carers and people who fund their own care. A national communications campaign will run from January – March 2015 including newspaper, magazine and radio features, supported by targeted postcode mailing and distribution of leaflets to GPs.

Presentations have been provided to key fora - including independent and voluntary sector providers and DCC's diversity fora - to provide an overview of the changes coming in the Care Act and encourage wider partners' thinking about what this means for their organisation.

A local campaign has been developed using national template letters and leaflets which can be co-branded with the City Council logo.

Promoting Wellbeing

Central to the Care Act is the concept of wellbeing. Local authorities will now have a duty to consider the physical, mental and emotional wellbeing of the individual needing care. In exercising the promotion of individual wellbeing a local authority must have regard to factors such as an assumption that the individual is best placed to judge their own wellbeing, the importance of participation, regard to all an individual's circumstances, and the importance of achieving balance between the individual's wellbeing and that of any friends or relatives involved in their care.

Preventing, reducing or delaying needs

The Care Act creates a new focus on preventing and delaying needs for care and support, rather than only intervening at crisis point. Local authorities will have a new duty to provide preventative services to maintain people's health and prevent, reduce and delay the need for care and support. This applies to people who have eligible needs, those who do not have eligible needs and carers.

Information and Advice

Local authorities will have to offer information and advice to help everyone understand what support they will need to help them plan for the future. Local authorities will need to ensure that information is provided so that the public can:

- know how the care and support system works
- access services that help prevent their care needs from becoming more serious
- access good information to help them make informed choices about their care and support
- have a range of good care providers to choose from
- know how to access independent financial advice
- know how to raise concerns over the safety or wellbeing of someone with care needs.

Market shaping and commissioning

Local authorities will be required to promote the diversity and quality of local services, so that there is a range of high quality providers in all areas. This includes local authorities fostering an effective care and support workforce.

Local authorities will have their responsibilities around market provision strengthened and they will need to ensure and oversee the financial stability of a number of care providers who are the most important and the most difficult to replace. There will also be new responsibilities in place if care providers should fail where local authorities will have temporary responsibility to ensure both residential care and domiciliary care continues if a provider fails, regardless of who pays for the care.

Assessment

Assessments must be outcome focused and the duty to assess applies "regardless of the adult's financial resources". A needs assessment must be carried out, involving the individual, carer and any other person they choose, where it appears that an adult may have needs for care and support. It will include:

- whether the individual has care and support needs

- what those needs may be, and their impact on wellbeing and outcomes
- whether other factors, including the person's own resources and networks, could play a role in their achieving the outcomes they want
- whether the needs are eligible, such as to place a duty on the local authority to meet them
- what information on community services will help meet their needs
- whether preventive interventions might reduce, delay or remove needs.

Eligibility

If the eligibility criteria are met, there is a duty to meet needs where a person's financial resources are below a set limit; if they request the authority to make arrangements (even if they don't qualify on financial grounds) or if, regardless of finances, they don't have the capacity to make the arrangements they need and no one else can do it on their behalf. Eligibility for care must be identified using the new national framework for eligibility to care and support which will be consistent across England.

Independent Advocacy

There is a right to independent advocacy for those needing most support to engage with key processes such as assessment.

Carers

The Care Act gives carers new rights to support that put them on the same footing as the people they care for. All carers will be entitled to an assessment. If a carer is eligible for support for particular needs, they will have a legal right to receive support for those needs, just like the people they care for.

Charging and Financial Assessment

The Care Act sets out a clear approach to charging and will help people to understand what they have to contribute towards their care and support costs. After an assessment and if the individual does not have to contribute the full cost of a package of care, but does have to contribute towards costs, the accompanying regulations to the Act will state how much funds an individual must have after the local authority has charged.

Deferred Payment Agreements

Every local authority will have to offer a deferred payment scheme, meaning no one should be forced to sell their home during their lifetime in order to pay for their residential care. There will be a duty for the local authority to pay care home costs before reclaiming the costs through the sale of a property after the individual has passed away. Local authorities will be able to charge interest to cover their costs.

Care and support planning

The local authority must prepare a care and support plan (or a support plan in the case of a carer) that sets out the detail of how the person's needs will be met. This will link back to the outcomes that the adult wishes to achieve in day-to-day life as identified in the assessment process. This process is central to the provision of person-centred care and support that provides people with choice and control over how to meet their needs.

Personal Budgets and Direct Payments

The Care Act puts personal budgets on a legislative footing for the first time, which people will be able to receive as a direct payment if they wish. The Care Act places a duty on the local authority to provide all individuals and carers with a support or care plan.

Safeguarding

The Care Act makes the safeguarding enquiry function a statutory responsibility of the council. Local Authorities will have a legal requirement to put in place a multi-organisational Safeguarding Adults Board – SAB. The SAB must publish a plan and review it annually. The local authority must investigate, or arrange an investigation, where they believe anyone is at risk of neglect or abuse regardless of whether care or support is provided.

Integration, co-operation and partnerships

The Care Act promotes integration between Adult Social Care, health and housing services to improve outcomes for people and communities. It supports a commitment to make joined-up health and care the norm by 2018. There is a duty on local authorities 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, such as housing

Transitions

The Care Act allows for ‘transition assessments’ to take place in advance of a young person’s 18th birthday. The intention is to provide young people and their families with information and advice so that they know what to expect in the future and can prepare for adulthood. The Act also puts into place a duty for any services in place prior to age 18 to be continued to be funded without a gap until adult services are in place.

Continuity of care

There is a new guarantee to ensure continuity of care when people move between areas, to remove the fear that people will be left without the care they need. Guidelines will be provided to ensure that there is an appropriate and clear process for anyone receiving care who wishes to move between local authority areas. There will be a duty for authorities to ensure that care provision for eligible people is equitable. There are new protections to ensure that no one goes without care if their providers fail, regardless of who pays for their care.

Reforms to the funding system – 2016/17

The Care Act introduces a cap on the costs that people will have to pay for care, based on the Government's response to the report of the Dilnot Commission. On top of this the means testing level will increase so that government help starts far earlier than before, meaning people with modest wealth will be eligible for state help towards that cap. Where the individual has reached the cap on care costs, the local authority may not charge towards the cost of meeting the care and support needs. People will still be required to contribute to their general living costs.

Self- funders

These changes to the way social care is funded, aimed at reducing uncertainty about the total cost of care that an individual will incur, will for the first time require local authorities to establish a closer relationship with people who self-fund their care.

There are three main reasons for this:

- the legal obligation to promote the health and wellbeing of the entire population
- if self-funders are not well informed about preventative support services and care options this may result in the earlier loss of independence
- once the funding reforms are introduced, self-funders who are eligible for support will want to register their spend on care with their local authority to start their care account.

The following summarises the key legal provisions and existing statutory guidance which are to be replaced by the Care Act 2014 and the associated regulations and guidance. Where existing provisions relate to jurisdictions other than England, the provisions will be disapplied so that they no longer relate to English local authorities. Where provisions relate to children as well as adults, they will be disapplied in relation to adults but will remain in force in relation to children. The repeals and revocations required will be provided for by Orders under the Care Act. The final detail of which precise provisions are to be replaced is to be confirmed during the consultation process.

Primary legislation to be repealed or disapplied

Title of legislation to be repealed, in whole or in part

National Assistance Act 1948

Health Services and Public Health Act 1968

Local Authority Social Services Act 1970

Chronically Sick and Disabled Persons Act 1970

Health and Social Services and Social Security Adjudications Act 1983

Disabled Persons (Services, Consultation and Representation) Act 1986

National Health Service and Community Care Act 1990

Carers (Recognition and Services) Act 1995

Carers and Disabled Children Act 2000

Health and Social Care Act 2001

Community Care (Delayed Discharges etc.) Act 2003

Carers (Equal Opportunities) Act 2004

National Health Service Act 2006

Secondary legislation to be revoked

Title of instruments to be revoked, in whole or in part

Approvals and directions under S.21 (1) NAA 1948 (LAC(93)10)

National Assistance (Assessment of Resources) Regulations 1992

National Assistance Act 1948 (Choice of Accommodation) Directions 1992

National Assistance (Residential Accommodation) (Relevant Contributions) Regulations 2001

National Assistance (Residential Accommodation) (Additional Payments and Assessment of Resources) Regulations 2001

Delayed Discharges (Mental Health Care) (England) Order 2003

Delayed Discharges (England) Regulations 2003

National Assistance (Sums for Personal Requirements) Regulations 2003

Community Care (Delayed Discharges etc.) Act (Qualifying Services) Regulations 2003

Community Care Assessment Directions 2004

Community Care, Services for Carers and Children's Services (Direct Payments) (England) Regulations 2009

NHS Continuing Healthcare (Responsibilities) Directions 2009

Ordinary Residence Disputes (National Assistance Act 1948 Directions 2010

Statutory guidance to be cancelled

Title of guidance to be cancelled

Prioritising need in the context of Putting People First: a whole system approach to eligibility for social care (2010)

Fairer Charging Policies for Home Care and other non-residential Social Services (2013) and LAC (2001)32

Charging for residential accommodation guidance (CRAG) (2014)

Guidance on direct payments for community care, services for carers and children's services (2009)

The Personal Care at Home Act 2010 and Charging for Reablement (LAC (2010)6)

Identifying the ordinary residence of people in need of community care services (2013)

Transforming Adult Social Care (LAC (2009)1)

Guidance on National Assistance Act 1948 (Choice of Accommodation) Directions 1992 and National Assistance (Residential Accommodation) (Additional Payments) Regulations 2001 (LAC (2004)20)

The Community Care (Delayed Discharges etc.) Act 2003 guidance for implementation (LAC (2003)21)

Fair Access to Care Services (FACS); Guidance on eligibility criteria for adult social care (2002)

Carers and people with parental responsibility for disabled children (2001)

No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000)

Caring for people: community care in the next decade and beyond (1990)