ADULT SOCIAL CARE

POLICY
AND
LEGISLATION

CONTENTS

The Care Act

- Pulls together threads from about a dozen different acts into a single legislative framework for care and support.

- Now amended to enforce the pooling of health and social care budgets through the Better Care Fund (BCF). This will oblige councils and CCGs to bring together their funding to integrate care.

- The Act takes account of the Dilnot Commission on Funding for Care and Support, and the Francis Inquiry into the failings at Mid-Staffordshire Hospital.

- Introduces a new principle where the overall wellbeing of the individual is the most important thing in their care and support. Their needs, views, feelings and wishes should be considered in all aspects of their wellbeing. This to include dignity, respect, physical and mental health, employment, education, social and domestic needs, and accommodation. Assumes that the individual is the best person to judge their own wellbeing. Person-centred care should be at the heart of the process.

- The role of local authorities is widened from supporting those who have eligible needs to supporting the wider community too. Includes a requirement to prevent, delay and reduce people's needs. Also must work with local organisations to integrate services to promote wellbeing.

- A new duty on public organisations to cooperate in the planning and delivery of service users' care packages.

Key sections in the Act are:-

1. Improving information – local authorities will need to provide comprehensive information about services, facilities and resources to give the widest possible choice to the public. The aim is to improve individual wellbeing and give them more control and choice over their care. Authorities will need to write a 'market position statement' which identifies the services needed to support the population, so service providers can design appropriate solutions.

2. Entitlements to public care and support – the Act creates a new consistent way to assess eligibility for public care and support. It gives the same rights to carers. Assessments to be done by the local authority where the person usually lives. Local authority can be asked to arrange care regardless of who funds it.

3. Assessment of eligibility – The Act will give local authorities a duty to aseess everyone who appears to be in need of care and support, regardless of their financial situation. Assessment must look at needs, desired outcomes, capabilities, and support available. It must involve the individual and their carer or another nominated adult. Eligibility will be measured using national framework. The White Paper 'Caring for our Future – reforming care and support' made a commitment to introduce a minimum level of eligibility. This has yet to be decided and so is not in the draft law.

4. Personalisation – the Act will give a legal responsibility to provide a care and support plan to individuals and a support plan to carers. This must be worked out with the person and their carer. Will give a right to a Personal Budget, including full costs of their needs whether to be met by the local authority or not. Legal responsibility on local authority to review care plan to ensure needs and outcomes continue to be met.

5. Financial assessment – Following the eligibility assessment, a financial assessment will check if the client needs to contribute towards the costs of their care and support plan. There will be new regulations to ensure everyone has their finances assessed in the same way.

6. Capping costs – The Act will establish a cap on care costs around £72,000 from April 2016. The cap will be adjusted annually. Individuals will still be responsible for general living costs in care homes – around £12,000 a year. Personal budgets will show what the local authority would pay for a care and support package, and the rate at which people are approaching the cap limit. When the cap is reached the local authority will take over the full costs, but the individual will still pay the general living costs.

7. Deferred payment agreements – From April 2015 a new legal right to defer paying care home costs. The local authority will pay costs and reclaim them when the person's property is sold after their death. Local authority can charge interest on these costs.

8. Safeguarding – Formalises safeguarding arrangements. All areas must have a Safeguarding Adults Board that includes NHS, police and local authority. Must work with local people to develop plans to protect vulnerable adults. Must publish plans and review them annually. Local authorities will need to investigate if they think anyone with care and support needs is at risk, whether or not they are providing them with support. Safeguarding Adults Review must be organised where an adult has care and support needs and is suspected of experiencing abuse or neglect. No right to enter property without permission. If the Safeguarding Adults Board requests information from an individual or organisation there will be an obligation to provide what is requested.

9. Carers – For the first time carers will be given the same rights as the people they care for. Duty to provide carers with assessment of their own support needs. Eligibility assessed in the same way as for the person they care for. They will be entitled to support if: they have eligible needs, the person they care for lives in the local authority area, and there is a charge. Carer should have their own personal budget.

10. Moving areas – No-one's care should be interrupted if they move areas. The Act's guidelines for people who move between local authority areas include:- Current authority must send all relevant information to new local authority. New local authority will carry out needs assessment and carers assessment, new care and support plan should be ready on the day the person moves or, if not, need to meet needs previously established.

11. Provider failure - A new responsibilities on local authorities if care providers fail. Responsibility to ensure care continues whether residential or in the person's home, and regardless of who pays. CQC oversight of the financial stability of the 50-60'most hard to replace' care providers. CQC can request information from any provider they think is likely to fail, and will share this with local authorities to ensure care continues.

12. Transition – gives young people and their carers a right to request an assessment before turning 18. If local authority does not agree to assess they must explain why in writing and give information to prevent or delay needs occurring. Young person and carer should be told if they are eligible for any benefits when the person is 18. Should be given advice on how eligible needs could be met and what support might be available to stop needs increasing. No-one reaching 18 will suddenly find themselves without the support they need. Local authorities must continue to provide children's services until adult care is in place to fill the gap.

Health and Social Care Act 2012

Key areas

- Established a politically independent NHS Board to allocate resources and provide commissioning guidance – taking over many responsibilities previously held by the Department of Heath. Since renamed NHS England.
- Increased GPs' powers to commission services on behalf of their patients
- Strengthened the role of the Care Quality Commission
- Developed Monitor, the body that currently regulates NHS foundation trusts, into an economic regulator to oversee aspects of access and competition in the NHS
- Cut the number of health bodies to help meet the Government's commitment to cut NHS administration costs by a third, including abolishing Primary Care Trusts and Strategic Health Authorities.
- Moved all NHS Trusts to foundation status
- Promoted integration of health and social care, firstly to reduce delayed discharges from hospital, and also to coordinate care so that so that people spend less time in and out of hospital and are able to get the care they need at home
- Encouraged new services to be developed in the community that give people with long-term conditions better overall control
- Better outcomes for public health. Public health covers a range of things that promote general good health, such as healthy eating and drinking campaigns, good hygiene and sanitation, clean air etc
- Promoted better NHS care by encouraging competition, in pricing and in providers

Health and Wellbeing Boards (within Health and Social Care Act 2012)

- Each Local Authority required to establish a health and wellbeing board in shadow form from April 2012. Boards took on their statutory functions from April 2013.
- Minimum membership to include: a local elected council member, the director of public health for the local authority, and representatives of the local Healthwatch organisation, local clinical commissioning group, director for adult social services, director for children's services and director of public health.

- Board members will collaborate to understand their local community’s needs, agree priorities and encourage commissioners to work in a more joined up way. This should result in more joined-up services from the NHS and local councils.
- Health and wellbeing boards will have strategic influence over commissioning decisions across health, public health and social care.
- Boards will strengthen democratic legitimacy by involving elected representatives and patient representatives in commissioning decisions alongside commissioners of health and social care. The boards will provide a forum for challenge, discussion, and the involvement of local people.

Joint Strategic Needs Assessments (JSNA)

- Health and Wellbeing Boards bring together partners from across the NHS, local government and the voluntary sector to develop a shared understanding of the current and future health and wellbeing needs of the community. They will undertake the Joint Strategic Needs Assessment and make a joint strategy to address these needs. This will include recommendations for joint commissioning and integrating services across health and care.
- Through the JSNA, the board will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.
- A joint strategic needs assessment analyses the needs of populations to inform and guide commissioning of health, well-being and social care services within a local authority area.
- Producing an annual JSNA has been a statutory requirement for the NHS and local authorities since 2007.The Health and Social Care Act 2011 proposes a central role for JSNAs so that health and well-being board partners jointly analyse current and future health needs of populations.
- Examples of products of JSNAs include population-level data for GPs, a priority-setting matrix and mapping the flow of money spent on priorities.

Think Local Act Personal 2011

Think Local Act Personal is a national, cross sector leadership partnership focused on driving forward work with personalised, community-based social care. It brings together people who use services and family carers with central and local government, major providers from the private, third and voluntary sector and other key groups.

It aims for a personalised community-based approach for everyone. Achieving this will involve:-

- Integrating health and social care commissioning around agreed outcomes.
- Integrating health and social care processes, systems and resources.
- Working closely with private and social housing providers
- Engaging with local networks and community associations.
- Making and sustaining evidence=based investments.
- Developing and facilitating workforce skills.
- Making public information accessible and fully available

There is a need to build community capacity. A good supply and good choice of quality provision is also needed for those needing support. This needs to include:-

- Better ways of gathering and using market intelligence.
- A changing offer from providers.
- Full involvement of people using services, carers and families in commissioning and service development.
- Outcome-based approaches to commissioning.
- Local partners proactively managing their risks

Personalisation

- Usually via personal budgets and direct payments

Choice, Control, Efficiency – need to consider:-

- Supporting prevention and avoiding high cost admissions.
- The potential for self-directed support to deliver efficiencies in council processes.
- Provision of support planning and advice services that make more use of user-led, independent and voluntary resources.
- Encouraging greater exploration of price and affordability in the market
- Promoting the delivery of a broader range of housing / accommodation

- Supporting community capacity
- Mobilising people’s own resources, skills and assets to meet their care and support needs.

Council operating systems

- Personal budgets not taken as a direct payment should be offered as a managed account.
- Councils and providers need to demonstrate they are making a difference.
- Personal budget holders need reasonable discretion in using the money.
- Help to plan and organise support arrangements.
- Carers should benefit
- Self-directed support should be available where people live, including in residential and nursing homes.
- Younger disabled people can be enabled to use self-directed support during transition into adulthood.
- Councils and providers can actively promote individuals’ mental health as well as their physical well-being.
- Risk management and protection / safeguarding should be addressed in a balanced way across the whole community.

Workforce

- Support professional development and equip staff to play their part in the shift to personalisation.
- Support the development of new types of workers, and remove barriers to informal support.
- Help all providers to recruit and train staff – including people who employ personal assistants.
- Focus council care management and social work on areas that legally need local authority involvement.
- Develop the health and care workforce to work in multi-disciplinary teams.
- Facilitate the sharing of information.

Measure and support progress

- Benchmarks created that local partners can use to check progress from April 2011.

Making It Real: Marking progress towards personalised community based support 2011

Making it Real is part of the Think Local Act Personal initiative. It is a tool to check how good personalisation is in an area or organisation.

Making it Real is a set of statements from people who use care and support saying what they would expect, see and experience if personalisation is real and working well in an organisation.

These are "markers" that will help show how well an organisation is doing in transforming adult social care through personalisation and community-based support.

This is a new phase in using citizen-led information to judge success in implementing personalisation.

The “I” statements are in 6 sections as follows:-

1) Information and Advice: having the information I need, when I need it

- "I have the information and support I need in order to remain as independent as possible."
- "I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date."
- "I can speak to people who know something about care and support and can make things happen."
- "I have help to make informed choices if I need and want it."
- "I know where to get information about what is going on in my community."

2) Active and supportive communities: keeping friends, family and place

- "I have access to a range of support that helps me to live the life I want
- and remain a contributing member of my community."
- "I have a network of people who support me – carers, family, friends, community and if needed paid support staff."
- "I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities."
- "I feel welcomed and included in my local community."
- "I feel valued for the contribution that I can make to my community."

3) Flexible integrated care and support: my support, my own way

- "I am in control of planning my care and support."

- "I have care and support that is directed by me and responsive to my needs."
- "My support is coordinated, co-operative and works well together and
- I know who to contact to get things changed."
- "I have a clear line of communication, action and follow up."

4) Workforce: my support staff

- "I have good information and advice on the range of options for choosing my support staff."
- "I have considerate support delivered by competent people."
- "I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers."
- "I am supported by people who help me to make links in my local community."

5) Risk enablement: feeling in control and safe

- "I can plan ahead and keep control in a crisis."
- "I feel safe, I can live the life I want and I am supported to manage any risks."
- "I feel that my community is a safe place to live and local people look out for me and each other."
- "I have systems in place so that I can get help at an early stage to avoid a crisis."

6) Personal budgets and self-funding: my money

- "I can decide the kind of support I need and when, where and how to receive it"
- "I know the amount of money available to me for care and support needs, and I can determine how this is used (whether its my own money, direct payment, or a council managed personal budget)."
- " I can get access to the money quickly without having to go through over-complicated procedures."
- "I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this."

Personalisation through Person Centred Planning - the new Person Centred Planning Guidance 2010

The guidance is one main document and 4 workbooks.

Quick Summary

Person centred planning is a big part of government plans for personalised services. It works well for everybody - not just people with learning disabilities.

Any plans or strategies about person centred planning need to be part of the local area's plans on personalisation.

Key messages

Person centred planning and support planning are:

- practical ways to deliver personalised services and self directed support
- simple ways to ensure co-production and for people to design their own support
- shouldn't make support planning more difficult or costly

Information from person centred / outcome focused reviews will feed commissioning plans and provider development.

Strong leadership is key to creating a person centred culture within the organisation where everyone understands the vision and their roles within it.

Maximise the existing person centred planning trained staff by providing mentoring and coaching for others rather than just developing plans.

Grow person centred plans and support plans from the starting point of person centred reviews and one page profiles for all.

Key Priority Actions for councils

Provision of clear information and advice on person centred support planning. So that people can understand what support planning is, what they can spend their money on and who can help them plan

- Ensure a range of people have the skills to support planning not just care managers

- Focus on providing guides for people to plan for themselves with support from others if required
- Implement person centred reviews for everyone accessing services and outcome focused reviews for those with personal budgets
- Define leadership for person centred thinking, planning and reviews
- Invest in person centred thinking and building a local resource through champions and mentoring
- Adopt *Working Together for Change* or a similar model as a way to co-produce commissioning and strategic plans

Summary of advice for schools and transition

This is very similar to the adults guidance and is linked to the *Getting a Life* programme. The aims are:

- Person centred transition reviews with a focus on work as an outcome, preferably with indicative budgets at an early stage
- Use person centred thinking to develop individual education plans and personalised learning plans
- Use information from reviews to inform school development plans, future commissioning and transition strategies

Summary of advice for commissioners

It is a shift from traditional commissioning and contract compliance approach to co-production and partnership working with providers and the people for whom we purchase services

- Use information from person centred reviews to inform co-produced commissioning plans
- Involve people in the design, delivery and evaluation of their services
- Move to individual service fund models
- *Working Together for Change* model not only influences future commissioning but quality monitoring, development and delivery of existing services

Summary of advice for professionals

Focus on the role of staff within person centred practice, eg, person centred reviews and creating a person centred culture within the organisation

- Promotion of person centred approaches to personal health planning
- Using person centred thinking tools in everyday practice, team and organisational planning

Summary of advice for providers

As with others create a person centred culture through the organisation, eg, person centred teams, person centred thinking tools, systems and processes, etc

- Personalising support to individuals accessing their services including things like individually costed support plans, etc
- Adopt person centred reviews through to *Working Together for Change* model to feed local development plans

Welfare Reform Act 2012

Government aims to:-

- Get more people into work and off benefits.
- Protect vulnerable people.
- Make things fair for people on benefits and taxpayers.
- Cut £10 Action from welfare budget by 2017. This adds to the £18 Action cut announced in 2010.
- Stop fraud and mistakes costing over £5 Action a year.

Personal Independence Payments

- Start in April 2013 for new claims.
- Instead of Disability Living Allowance (DLA).
- People now on Disability Living Allowance will be asked to make a claim for Personal Independence Payment from October 2013 to March 2016.
- 2 parts – mobility and daily living with 2 rates for each.
- Fewer people will get the new benefit. Half a million likely to be less well off.
- Support aimed at those with “greatest need”. Will those on lower rate DLA be worse off?

Council Tax Benefit ends

- From April 2013 Councils to have a local Council Tax Support Scheme.
- Government is giving 10% less to pay for this. So new local schemes are likely to be less generous.
  Plans to save £480 million a year.
- Pensioners will be protected.
- Because the new schemes will be decided by local Councils there could be a ‘postcode lottery’ – some people better off than others.
- Council Tax Benefit ends but not included in Universal Credit calculations. Will mean a loss of income if local schemes offer less.

Benefits Cap

- Can’t get more than the Cap amount.
- From April 2013.
- So a family on benefits does not get more than an average family where people work.

- Cap £350 a week for someone living on their own.
- Cap £500 for a couple or single parent.
- Cap run by councils using Housing Benefit.
- Cap won't apply to people on Disability Living Allowance, Personal Independence Payment, Employment and Support Allowance, Attendance Allowance, Working Tax Credit.

Housing Benefits Changes

- From April 2013.
- Applies to working age people 18 – 65.
- Council and Housing Association houses only.
- Housing Benefit cut if have one or more spare bedrooms.
- 14% Housing Benefit cut if one spare bedroom.
- 25% cut if 2 or more spare bedrooms.
- Doesn't apply if have non-resident overnight care or live in adapted property.
- May have to choose to move or lose benefit.

Employment and Support Allowance

- From April 2012.
- This replaced Incapacity Benefit, Income Support (for disability) and Severe Disability Allowance.
- People put in either the 'work related activity group' or the 'support group'.
- One year time limit put on those in the 'work related activity group'. Expected to get a job in this time.
- Problems for those who are still not 'work ready'.

Community Care Grants and Crisis Loans

- Financial support for emergency costs and urgently needed items. E.g. costs of moving house.
- From April 2013 the Social Fund will end.
- The money will go to local Councils.
- Councils are not being told they have to spend this money on setting up a local grants and loans scheme.
- Councils can spend the money on anything they want.
- Possible problems for those needing short-term help with money.

Universal Credit

- From October 2013.
- A more simple system. Instead of: Income Support, Tax Credit, Housing Benefit, Job Seekers’ Allowance Income Based, and Employment and Support Allowance Income Related.
- If on those benefits now will change to Universal Credit by the end of 2017.
- Means tested for people of working age.
- Claims by households not individuals.
- Payment monthly to the household.
- 2 parts to Universal Credit.
  1. A basic allowance for single people, couples, and young people.
  2. Additions for people with:-
     - A disability.
     - Caring responsibilities.
     - Housing costs.
     - Children.
     - Childcare costs.
- Some now getting Severe Disability Premium will be less well off with Universal Credit.
- Children on lower or middle rate of Disability Living Allowance now will be £27 less well off with the ‘disability addition’ of Universal Credit.

Universal Credit – Transitional Protection

- The Government says people will not get less money on Universal Credit if their circumstances stay the same.
- Will get a top-up to the same money they had before until the Universal Credit rate is more.
- If circumstances change, the transitional protection will end.

Online Claims

- To save money the government wants claims to be done on the internet.
- They say 74% of working age benefit claimants have a broadband connection at home. 62% said they would be willing to apply online.
- However many people on benefits can’t afford a computer or a broadband connection.

- Many people, including most people with learning disabilities, would not be able to claim online without help.
- The government says there will be help with making claims if needed, but not clear what help.

Conclusion

- The Government wants a simpler system that targets those most in need.
- It wants to encourage more people to work instead of staying on benefits.
- They also want to save a lot of money.
- The changes mostly start in 2013. The changes will happen gradually if you are on benefits now. You may not see the full effect until 2017.
- Some people will be getting less in benefits in future.

Equality Act 2010

The Equality Act 2010 brought together and simplified a number of different laws about protecting people from discrimination on the grounds of:

- race
- sex
- sexual orientation (whether being lesbian, gay, bisexual or heterosexual)
- disability (or because of something connected with their disability)
- religion or belief
- being a transsexual person (where someone has changed, is changing or has proposed changing their sex – called 'gender reassignment' in law)
- having just had a baby or being pregnant
- being married or in a civil partnership (this applies only at work or if someone is being trained for work), and
- age (this applies only at work or if someone is being trained for work).

These 9 areas are called 'protected chracteristics'.

The Act makes the law stronger in some areas. So depending on your circumstances, the new Act may protect you more.

The Act strengthened the law in these areas:-

- Disabled People – the Act has a new test of what 'disability' means. It is easier for someone to show that they have difficulty carrying out their day-to-day activities, and therefore that they come under the definition of 'disabled person' and are protected under the Act. Protection against indirect discrimination where a universal policy puts disabled people at a disadvantage. 'Unlawful discrimination' means that someone who knows you are disabled treats you unfavourably because of something relating to your disability. 'Reasonable adjustments' must be made to help disabled people to do their job, if they are at a substantial disadvantage compared with other workers.
- Women being paid less than men – the Act aimed to help people to find out if they could make a claim for equal pay. Employers can't prevent workers from discussing pay rates with colleagues or unions.

- Carers – Carers of elderly or disabled people are protected from being discriminated against at work because of their association with the person they care for. The Act makes this protection clearer. In addition, direct discrimination and harassment because you care for a disabled person will be banned when:
    - you're shopping for goods or services
    - you use facilities like public libraries or cafes, and
    - you use services like public transport.
- Women who are breastfeeding or who have just had a baby – it is against the law for women who are breastfeeding to be given less favourable treatment. They cannot be asked to stop breastfeeding in public (e.g. in a cafe) or to do it somewhere more private. However there is no right to breastfeed at work. Schoolgirls who are pregnant or who have just had a baby should not be subject to discrimination.
- Transsexual people - no longer have to be under medical supervision to be protected by law from discrimination. Must not be discriminated against by someone exercising a public function. Protection from discrimination because of being associated with, or mistaken for, someone who is transsexual. Protection from indirect discrimination where rules or policies disadvantage transsexual people. Protection from discrimination as a member or guest in a private club.
- Clubs – clubs with more than 25 members can't discriminate against members unless they share a protected characteristic – e.g. clubs for women only or Turkish people.

Positive Action

Positive action means doing something specific to help someone with a protected characteristic. E.g helping or training people to apply for jobs where people with that characteristic are under-represented. Or targeting a service at people with a particular characteristic. Taking positive action is voluntary.

Harassment

Harassment is behaviour which hurts a person's pride, or which is offensive. The Act protects people from harassment if they are linked to someone with a protected characteristic, or if someone wrongly thinks they have a protected characteristic. The law protects people from harassment at work, and protects some people when they are buying goods or receiving services. If people are harassed at work the employer will be held responsible if: they know about repeated harassment (e.g. by a customer) and do nothing to stop it happening.

Employment Tribunals

Can take problems of harassment to an employment tribunal. Could get compensation, or be reinstated if sacked because of discrimnination.

Public Sector Equality Duty

Part of the Equality Act (Section 149) that came into law in April 2011

The Equality Duty is a duty on public bodies and others carrying out public functions.1 It ensures that public bodies consider the needs of all individuals in their day to day work – in shaping policy, in delivering services, and in relation to their own employees.

It encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs.

The duty applies to the 9 protected characteristics in the Act with the exception of marriage and civil partnerships. These are only included in respect of the requirement to have due regard to the need to eliminate discrimination.

The Equality Duty has three aims. It requires public bodies to have *due regard* to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

Having *due regard* means consciously thinking about the three aims of the Equality Duty as part of the process of decision-making. This means that consideration of equality issues must influence the decisions reached by public bodies

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve making use of an exception or the positive action provisions in order to provide a service in a way which is appropriate for people who share a protected characteristic – such as providing computer training to older people to help them access information and services.

Taking account of disabled people's disabilities

The Equality Duty recognises that disabled people's needs may be different from those of non-disabled people. Public bodies should take account of disabled people's impairments when making decisions about policies or services. This might mean making reasonable adjustments or treating disabled people better than non-disabled people in order to meet their needs.

Common misunderstandings about the Equality Duty

- The Equality Duty does not impose a legal requirement to conduct an Equality Impact Assessment.
- The Equality Duty does not mean that public bodies have to examine equality issues where they are not relevant to the matter in hand.
- The Equality Duty does not require public bodies to take disproportionate action on equality.
- The Equality Duty does not require public bodies to treat everyone the same.
- The Equality Duty does not require public bodies to treat all religions as being equal or to treat all religious festivals equally.
- The Equality Duty does not require public bodies to make services homogeneous or to try to remove or ignore differences between people.

Enforcement

The Equality and Human Rights Commission is responsible for enforcing the Equality Duty. It has powers to issue compliance notices to public bodies that have failed to comply and it can apply to the courts for an order requiring compliance. The Equality Duty can also be enforced by judicial review. This can be done by the Commission or any individual or group of people with an interest.

Publish Compliance and set Equality Objectives

Public bodies are required to:

- publish information to demonstrate their compliance with the Equality Duty, at least annually; and set equality objectives, at least every four years.

The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009

The complaints procedure for local authority adult social services is set out in regulations, which cover both the Local Authority and NHS procedures. These were introduced in April 2009 and amended for technical reasons with effect from 1 September 2009.

Anyone whose care is arranged or provided by local authorities is able to make a complaint to the local authority if they are dissatisfied with the service they receive. This includes services such as residential care where the provider is an independent organisation, as long as that care is arranged by the local authority. If someone is still dissatisfied following the local authority's response, they can take the matter up with the Local Government Ombudsman.

The procedure was reformed in 2009, and is now designed to be flexible, less bureaucratic than in the past, and responsive to the needs of individual service users or their representatives.

A new complaints scheme for people whose adult social care is not arranged or provided by local authorities came into effect on 1 October 2010. This covers some 35% of adult social care users who pay for their own care who until now have had no access to a statutory complaints procedure.

The scheme was created by the Health Act 2009, and gives the Local Government Ombudsman powers to consider complaints from social care self-funders. The individual service user, and anyone acting on their behalf, can raise a complaint with the Ombudsman. The Ombudsman is able to investigate complaints and make recommendations to the service provider.

The NHS and local authority social services complaints procedure

First stage - resolution of the complaint at a local level

To complain about any aspect of NHS treatment you've received or have been refused, or services provided by the local authority social services, go to the organisation concerned. Ask for a copy of the complaints procedure. You can do this for any service provided by the NHS, for example, GPs, opticians, dentists, and hospitals, and local authority social services departments.

In all cases, the first stage of the procedure is to make a complaint to the practitioner concerned. A social services department must have a member of staff who deals with complaints. They are called the complaints manager. A large health centre may also have a complaints manager. A smaller practice will probably not have a complaints manager, but all NHS practices have a procedure, and someone who has responsibility for it. In most cases, the matter will be resolved at this stage.

The complaints manager can arrange for an independent conciliator or mediator to be brought in to help resolve the complaint.

Second stage – referral to an ombudsman

If you are unhappy with the decision of the complaints manager at the organisation concerned, you do not have a right of appeal. However, you can refer the matter to the Parliamentary and Health Service Ombudsman if the complaint is about the NHS, or the Local Government Ombudsman if the complaint is about social services.

Judicial review

It may be possible to challenge the final decision on your complaint by taking court action called a judicial review. Judicial review is a procedure which allows a court of law to review decisions made by public bodies.

Autism Act 2009 & Fulfilling and Rewarding Lives 2010

The Autism Act itself is very brief. The statutory guidance is all in ‘Fulfilling and Rewarding Lives’.

The government’s vision for autism is: “All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.”

Autism training for staff to include:

- Autism awareness training for all staff in health and social care.
- Specialist training for those involved in access to services for adults with autism: GPs, community care assessors, residential care workers, personal assistants.
- Ensure in each area some staff have expertise and training in autism.

Diagnosis and assessment of needs for services

- The vision is that adults with autism “can get a diagnosis and access support if they need it.”
- Each area needs a pathway for the diagnosis of autism and the assessment of needs.
- After diagnosis NHS should inform the Local Authority. Local .Authority should offer a Community Care Assessment and Carers’ Assessment. Eligibility for services cannot be denied on IQ grounds.
- NICE clinical guideline and baseline assessment tool gave further guidance in 2012.

Transition

- Young people with autism and their carers should be invited to have Community Care and Carer’s Assessments as they approach transition.
- NHS need an effective way to transfer clinical care of young people with autism from children’s services to adult services.

Local planning and leadership

- Need to apply Equality Act 2010 to people with autism. Mean making reasonable adjustments to make services accessible for people with autism. Complex as people with autism are all different and will have different needs to take account of.
- Need a nominated joint commissioner or senior manager with commissioning responsibility for adults with autism. Involved in local and regional planning groups.
- People with autism should have the same opportunities as others including personal budgets, advocacy, and access to community groups.
- Annual review of a local commissioning plan for services for adults with autism.

Valuing People: A New Strategy for Learning Disability for the 21st Century 2001

Valuing People White Paper defined learning disabilities:-

"learning disability includes the presence of:

A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with:

A reduced ability to cope independently (impaired social functioning);

Which started before adulthood, with a lasting effect on development."

This definition includes people with autism, only where they also have a learning disability. So it does not include people with Asperger's Syndrome.

PRINCIPLES

1. Legal and civil rights.
2. Independence.
3. Choice.
4. Social Inclusion.

AIMS

1. To tackle social exclusion and improve life chances.
2. To ensure value for money services.
3. To achieve consistent and equitable services across the country.
4. To ensure effective partnership working.
5. To ensure effective use of the person-centred approach.
6. To drive up standards.

OBJECTIVES

1. Maximising opportunities for disabled children.
2. Transition into adult life – with continuity and equality of opportunity.
3. Enabling people to have more control over their lives – involves choice, advocacy, and person-centred planning.
4. Supporting carers.
5. Good health – designed around needs, with additional support where needed.
6. Housing – with greater choice and control.
7. Fulfilling lives – purposeful lives with: community involvement, relationships, activities.
8. Moving into employment.
9. Quality – evidence of quality, good outcomes, and best value.

10. Workforce training and planning – better training for staff working with people with learning disabilities, better understanding for wider workforce.
11. Partnership working – promote holistic services through effective partnership working in commissioning and delivery of services.

Valuing People Now: A New Three-Year Strategy for People with Learning Disabilities 2007

'Valuing People Now' was published on 4 December 2007. It reviewed progress on the implementation of the Valuing People White Paper for adults with learning disabilities and outlined a new 3 year plan for change from 2008-2011. While the Strategy has now completed its 3 year plan, the priorities and needs it contains are still seen as valid points that need to be pursued for people with learning disabilities.

Valuing People Now centred around 5 main priorities:-

1. Personalisation

Giving real choice and control to people with learning disabilities. The government wants to see more use of person centred planning, direct payments, and individual budgets.

2. What people do during the day (and evenings and weekends)

The aim here is better lives for people with learning disabilities, The plan is to move away from day service modernisation to a more radical approach that puts more emphasis on jobs and being included in local communities. Includes better post-16 education. New performance indicator on employment.

3. Better Health

Equal access to health, and good quality healthcare for people with learning disabilities. A new Primary Care Service Framework will support PCTs in commissioning health checks, and will promote better access to good health for adults with learning disabilities. People should only be in hospital for assessment or treatment.

4. Access to Housing

Access to the kinds of housing that people want and need – especially home ownership and tenancies. The NHS should not be landlords for anyone. New performance indicator on housing.

5. Make sure change happens

Mechanisms need to be in place to make sure that the changes in this paper do actually happen. Proposals include strengthening partnership boards, by requiring statutory bodies to consult them. Also ensuring there is better information about the lives of people with learning disabilities to make sure that things are improving.

Other things that Valuing People now says:-

1) Advocacy – there will be a new advocacy development programme. Encourage more spending on advocacy, especially self-advocacy. Every area should have a user-led organisation.

2) Carers – the government will consult carers about their needs. It will give them more support, including in family leadership. A National Standing Commission on Carers will hear carers' voices.

3) The 'Getting a Life' Project – will encourage more joint work between job centres, colleges, and social services. Initial focus will be on young people in transition.

4) College courses should be improved – more progression, less repetition, more aimed at getting a job and a life.

5) People with complex needs – implementation should start with addressing the needs of this group.

6) Hate Crime – need to stop discrimination and crime against people with learning disabilities.

7) Transport – transport for people with learning disabilities needs to be better. Need to influence local transport plans.

8) Personal relationships – needs to be more support for full social lives, including sex, marriage, and parenthood, if people with learning disabilities choose these.

9) Transition – Valuing People Now doesn't address the needs of children, except for transition. It promotes the use of person centred plans in transition.

10) The Learning Disabilities Development Fund – continued for 3 years, but paid direct to Local Authorities instead of via Health. Key outcomes for LDDF – employment, settled accommodation, health inequalities.

11) Social Care – funding and commissioning social care for people with learning disabilities to be transferred from the NHS to local government. PCT learning disability budgets transferred, except for specialist learning disability healthcare, forensic and offender services, and general healthcare. Learning disability healthcare should be jointly commissioned.

12) Accessible Information – more information needs to be made accessible.

13) Staff training – needs to be improved. Personalisation agenda will mean a need for different skills and new roles.

14) Out of area placements – need to be reduced.

15) Better information – there is a need for better information about the lives of people with learning disabilities to check that things are improving.

16) Increasing needs – the government says it will check how many more people there are with learning disabilities, and how much money is needed for services for these people.

The Green Light Toolkit 2013

This is an update the Green Light Toolkit, which was published in 2004 to help improve mental health treatment for people with learning disabilities. Things have changed since Green Light was published, but some people still receive a poor service. The evidence suggests that many services are failing to meet their responsibilities under equalities legislation - so this is an important topic. To help mental health services take action to address this agenda the NDTi:

- Brought people together at two peer learning events to exchange issues and solutions, and inform the work
- Developed a new audit framework for use in mental health services
- Provided an easy read version of the audit so that people with learning disabilities can be full stakeholders in the process
- Built a database of reasonable adjustments

The Audit tools consist of:-

1) The Basic Audit. This will help you get started as it contains the items where most people were able to award high scores.
2) TheBetter Audit. This is more challenging, so you might want to attempt it if you are scoring well on the Basic Audit.
3) The Best Audit. This contains the issues that most services are finding hardest.

Each of the three audit tools is brief – just nine items, so you can do one at a time, or tackle the whole lot in one go.

The audit tools are self-assessments using a 'traffic light' analysis. However the guidance says that the conversation about these areas is more important than the scores. It recommends using the discussion to generate an action plan.

The report found that mental health services were good at making services for people with learning disabilities or autism better if they were already good at:

- making plans and checking things were happening
- helping staff to be leaders
- learning from things that went well, and didn't go well
- welcoming families

- working together with other services
- Being person centred

Changes recommended include:-

- Managers put things in place to make sure changes happen. All services are expected to make some changes.
- There is someone who leads on making changes to services for people with learning disabilities or autism.
- Managers help staff to make changes rather than doing it themselves.
- There is someone in every team who leads on making changes (a champion). They help other staff in the team to do this.
- There are action plans in place. The actions are clear and can be done.
- Staff are told when things go well.
- Good teams are important, and can support the local champion.
- It is good if staff teams work together for a while. This means staff get to know each other and how services work. This can help making services better for people with learning disabilities or autism
- It is helpful when staff working with people with learning disabilities or people with autism work with and train mental health staff
- It is important to have accessible information in patient areas so people can use it
- It is important to help staff understand what people with learning disabilities or autism are saying.
- Good advocacy for people with mental health problems and learning disabilities or autism is also important.
- It is important to have meetings and support for people who are trying to make things better. Meetings should be helpful and interesting.
- It is good to make links to other people or services who are trying to make things better.
- It is important to share good things that are happening, so people know why they need to change.

- It is important to get help to use good ideas locally.
- What works in one place may need to be changed before it can be used somewhere else.
- People need time to put change in place.
- Being able to talk to someone about making change happen is important. Sometimes being able to phone someone can help.
- It is helpful if people who commission services say how important it is to put changes in place for people with learning disabilities or autism. They can hold money back from services until the change is in place. This is possible via a CQUIN.
- It is helpful if many people think making services better for people with learning disabilities or autism is important. If not, things can stop happening when one person leaves.
- It is helpful if the service is used to trying new things. It is also helpful if staff can see there is a good reason to change. It is helpful if services plan for changes, and any problems that changes may cause.
- Staff have the right skills to support people with learning disabilities or autism in mental health services. Staff get training on how to change services to meet the needs of people with learning disabilities or autism.
- Staff who lead on making changes and champions are good at finding ways of making services better for people with learning disabilities or autism.

Ageing Well 2010 - 2012

DWP commissioned the ‘Ageing Well’ Programme and implemented it in partnership with the Local Government Association (LGA) over a 2 year period which ended in March 2012.

Over 100 single tier councils in England took part in the programme. The original aim of the programme, and now its legacy, is to support councils to provide a better quality of life for older people through local services that are designed to meet their needs now, and in the future.

The programme recognised the huge contribution that people in later life make to their local communities. An important aspect of the programme was helping to improve the efficiency of local services in the current financial climate while still maintaining quality services.

The programme says that:-

- Older people in our society deserve every opportunity to age well, in communities that value their experience.
- Local concerns need local solutions. Councils can take the lead in developing innovative ageing well approaches alongside their partner agencies.
- This is a challenging agenda. There are unprecedented reductions in public sector funding, at the same time as an unprecedented increase in the numbers of older people.
- Progress is possible and Ageing Well, despite coming to the end of its 2-year plan, still has resources available to support this. These include toolkits available on the Ageing Well Legacy website http://www.local.gov.uk/ageing-well

The toolkits cover:-
What makes a good place to grow old?

- Promoting age equality
- Involving older people
- Developing intergenerational work

How to acheive a good place to grow old

- Taking a whole place approach

- Taking a strategic approach
- Resources for leaders and members
- Preparing your workforce

How to know you have a good place to grow old

- Assessing needs and progress

Ageing Well has now become a local Cheshire East programme which aims to enable the older population of Cheshire East to:-

- Have a strong voice in influencing local policy and services
- Take and maintain responsibility for their lives
- Remain healthy and active
- Retain their independence
- Be able to access services
- Benefit from and contribute through employment, volunteering and learning
- Live in a safe environment that maintains links with family and friends
- Maintain their roles as partners, carers, grandparents, employees

National Dementia Declaration 2010

Over 80 organisations formed the Dementia Action Alliance.

They all signed up to a National Dementia Declaration. This was created in partnership with people with dementia and their carers, the Declaration explains the huge challenges presented to our society by dementia and some of the outcomes we are seeking to achieve for people with dementia and their carers. Outcomes range from ensuring people with dementia have choice and control over decisions about their lives, to feeling a valued part of family, community and civic life.

Signatories to the Declaration have published their own Action Plans setting out what they each will do to secure these outcomes and improve the quality of life of people with dementia by 2014. The Declaration aims to make the following 7 statements a reality:-

1. I have personal choice and control or influence over decisions about me
2. I know that services are designed around me and my needs
3. I have support that helps me live my life
4. I have the knowledge and know-how to get what I need
5. I live in an enabling and supportive environment where I feel valued and understood
6. I have a sense of belonging and of being a valued part of family, community and civic life
7. I know there is research going on which delivers a better life for me now and hope for the future

Organisations that have signed up to the Declaration will set out what it intends to do by 2014 (the date when the current National Dementia Strategy comes to an end) in order to deliver better quality of life for people living with dementia and their carers. Each organisation that signs the Declaration is committed to the following principles:

- Ensuring that the work they do is planned and informed by the views of people with dementia and their carers and shows evidence for this
- Being an ambassador for the National Dementia Declaration and securing commitment from partners for the second phase of the Declaration
- Reporting publicly on their progress against the plan they have set out to deliver the Dementia Declaration
- Working in partnership with other organisations to share knowledge about best

practice in dementia

- Improving understanding about dementia.

The Dilnot Report 2011

The Dilnot Commission reported on how to reform the funding system for social care.

The key proposal: a social insurance model with an excess

The centrepiece of the reform package is a proposal to share the costs of care in later life between individuals and the state, with individuals paying for their own care until they reach a 'cap', after which the state pays for their care.

An individual's lifetime contributions towards their care costs are currently potentially unlimited. Dilnot proposes capping these somewhere between £25k and £50k (Dilnot suggests £35k), after which the individual is eligible for full state support.

This is a 'limited liability' model of social insurance – whereby those of us who can afford it and who have lived long enough to accumulate wealth, are expected to pay the 'excess'. On this basis, none of us will be expected to lose all our savings and assets in order to cover the 'catastrophic' costs of sustained high-level care and support (often in residential care).

'Those who can afford it'

The report proposes an extended means test for residential (not home-based) care. In 2007. Dilnot called for the means-test threshold for residential care to be quadrupled to £100k - thereby immediately making the system feel much fairer for large swathes of home-owners in England. The combined effect of the 'cap' and the 'extended means-test' for residential care should also benefit people with lower or modest assets more. Under the current system they are liable to lose a larger proportion of their accumulated assets, should they need residential care, than most of their more affluent peers. The obvious anomaly here is that the extended means-test only applies to residential care.

'Those who have lived long enough to accumulate'

For Dilnot, there are some risks for which none of us can reasonably be expected to plan or prepare. Those are the risks we pool collectively, as a society. Hence the Dilnot report is clear that all those who enter adulthood with a care and support need should be eligible for free state support immediately, rather than being subjected to a means test. Where people develop or acquire impairment in their twenties or thirties, the proposal is that the state pays also, on the basis that few will have had the chance to accumulate sufficient assets in this time. So, from age 40 onwards, there could be a sliding scale of liability, with the 'cap' rising each decade. In addition, and to the relief of many, universal disability benefits should continue.

From principles to practicalities

The report sets out a wide range of recommendations about the practicalities of implementing the proposed funding system. Here are some of the key points.

1. This will be a nationwide system, with a national framework for assessments and eligibility, and a degree of portability. This is not only welcome – it is essential; there really is no other way to deliver sensible and sustainable funding reform on this scale.
2. This model has the potential to encourage more investment in low-level or preventative support and services, as long as the meter is set running at a low enough level to include the sort of care and support that older people need with e.g. getting out and about, shopping or cleaning, or basic telecare). A rebranded but otherwise intact Attendance Allowance will obviously also play a key role in enabling people to access low-level support in later life. The Dilnot Commission recommends that, until the current assessment system is replaced, the threshold should, at a minimum, be set at 'substantial'.
3. How spending levels are set (pre-cap by the individual and post-cap by the state) will be calculated based on how much the state would expect to pay to meet needs at the assessed level. Dilnot also proposes that people should contribute a standard amount to cover their general living costs in residential care (like food and accommodation, around £7–10k per year). People with the means can choose to pay more, but in the knowledge that any 'top-up' payments won't count towards the 'cap' and won't be funded by the state once they are eligible for full state support.
4. How people meet the costs of their contribution can and will vary within and across generations, and will change over time – including drawing down equity from their property, purchasing insurance, unlocking pension funds. There is real potential here for the financial services to work together with older people, disabled people and others to develop products that work well for people as well as being commercially viable.

5. How people understand and navigate the system will clearly be a 'make or break' for this system. People generally know and understand little about social care. That has to change, and Dilnot is clear on this: a) an awareness campaign, and b) an endorsement of the Law Commission's proposed duty on local authorities to provide a universal entitlement to access information, advice and assistance, irrespective of whether or how you pay for care.

6. The Dilnot Commission's report highlights the importance of family and informal carers – and recommends that carers should be supported by improved assessments to ensure the impact on the carer is manageable and sustainable,

The Francis Report February 2013

This was a report into failings at Mid Staffordshire NHS Foundation Trust between 2005 and 2009. These may have led to the deaths of hundreds of people. The report followed a public enquiry 2010 - 2011

Key recommendations from the report include:

1) The introduction of a new statutory 'Duty of Candour' requiring all NHS staff and directors to be open and honest when mistakes happen. If implemented, this will this will place a legal obligation on health service provider organisations and individual practitioners to be honest, open and truthful in all their dealings with patients and the public. The report states that provision of information in compliance with this requirement should not of itself be evidence or an admission of any civil or criminal liability, but non-compliance with the statutory duty should entitle the patient to a remedy.

2) The establishment of a single regulator for financial and care quality dealing with corporate governance, financial competence, viability and compliance with patient safety and quality standards for all trusts.

3) More powers to suspend or prosecute boards and individuals should standards of care not be maintained. Breach should result in regulatory consequences, attributable to an organisation in the case of a system failure, and in individual accountability where individual professionals are responsible. There should be criminal liability where serious harm or death has resulted to a patient due to a breach of the fundamental standards, that the report proposed should be introduced.

4) Banning gagging clauses or non-disparagement clauses as they seek, or appear, to limit bona fide disclosure in relation to public interest issues of patient safety and care.

5) Only registered people should care for patients. A registration system should be created under which no unregistered person should be permitted to provide direct physical care to patients in a hospital or care home setting. The system should apply to healthcare support workers. This approach is applicable to all patients but requires special attention for the elderly.

6) Hospitals should review whether to reinstate the practice of identifying a senior clinician who is in charge of a patient's case, so that patients and their supporters are clear who is in overall charge of a patient's care.

7) Directors should be subject to a new fit and proper person test. Such a test should include a requirement to comply with a prescribed code of conduct for directors.

8) Complaints should be published on hospital websites alongside the trust's response.

9) GPs need to undertake a monitoring role on behalf of their patients who receive acute hospital and other specialist services.

10) Local authorities should be required to pass over the centrally provided funds allocated to its local Healthwatch, while requiring the latter to account to it for its stewardship of the money.

Commissioning

- Commissioners of services must ensure that those services are well provided and are provided safely.
- The minimum standards set by the CQC should not be the standard for contracting for services.
- Commissioners should aim to set standards over and above the minimum and should tackle non-compliance with these contracted standards.
- Commissioners should be the drivers for improvement in services.
- Resources are needed to adequately scrutinise the standard of services and CCGs should have the capacity to undertake audits, inspections and investigations, of individual and group cases.
- Commissioners should have powers of intervention where services are being provided which do not accord with their contracts.
- Commissioners should also consult others, as they deem necessary, including GPs and procurement expertise, to improve their commissioning arrangements.

Culture throughout the NHS

- The report asserts that the NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. It suggests that this requires:

- A common set of core values and standards shared throughout the system;
- Leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff in putting into practice these values and standards;
- A system which recognises and applies the values of transparency, honesty and candour;
- Freely available, useful, reliable and full information on attainment of the values and standards;
- A tool or methodology such as a cultural barometer to measure the cultural health of all parts of the system.

The government currently has 7 main policies covering social care. They are:-

1. Making sure health and social care services work together. Committed to making integrated care and support the norm over the next 5 years. Removing barriers to integration, setting out how to use existing structures for integration. Publishing a definition of integrated care. Supporting areas to be pioneers to develop innovative approaches to integration.
2. Improving care for people with dementia. Aim to increase diagnosis rates, get doctors to give information about memory services to 65 – 74 year olds and refer for assessment if needed, launch need toolkit for GPs. Get every hospital to commit to being dementia friendly. Ask care homes to sign up to Dementia Care and Support Compact. Dementia training resources provided. National Dementia Strategy 2009 set new standards for dementia care. Use of anti-psychotic drugs much reduced.
3. Helping carers to stay healthy. Help and government funding to identify carers. Training GPs to better understand carers' needs. Simplify carers assessments. Give carers a legal right to support they are eligible for. Give carers good quality information. Give breaks to carers.
4. Treating patients and service users with respect, dignity and compassion. Put people first in decisions about care. Treat people with compassion. Quality of care as important as quality of treatment. Personal health budgets introduced. Give information about health and social care services to help informed choices. Includes 'provider quality profiles' telling people about the training and qualifications of staff in social care services. Skills for Care and Skills for Health developing minimum training standards and a code of conduct for care workers – to stress importance of dignity and respect. Make it easier for staff to report concerns. Measure success through National Patient Survey Programme and NHS Outcomes Framework.
5. Making mental health services more effective and accessible. Make public services see mental health on a par with physical health in planning. Make access to mental health services better and waiting times shorter. Make reducing mental health problems a priority for Public Health England. Mental health to be part of the new national measure of wellbeing. Change how we track success in mental health to measure the things that most matter to people. Local health and wellbeing boards given responsibility to reduce health inequalities in their area, including in mental

health. National liaison and diversion service to identify offenders’ mental health issues and ensure they get the right treatment.

6. Helping people make informed choices about health and social care. Give people more choice and control in health and social care. More information available. More consistent and better information about social care (as set out in 2012 White Paper ‘Caring for our Future’) Government is working with local authorities to encourage a wider range of organisations to offer social care services; and with social care providers, service users, and ADASS.to ensure councils have skills to identify the right services for people.
7. Improving quality of life for people with long-term conditions. Want people with long term conditions to live healthily and independently. Help people get skills to manage their own health. Agree a care plan based on their needs. Better co-ordination of care. More use of telecare and telehealth.

Other social care policies on the government’s current list include:-

- Simplifying the welfare system and making sure work pays.
- Creating a fairer and more equal society.
- Helping to reduce poverty and improve social justice.
- Helping troubled families turn their lives around.
- Improving opportunities for older people.
- Helping people to find and stay in work.
- Making it easier to set up and run a charity, social enterprise, or voluntary organisation.
- Giving communities more power in planning local development.
- Giving people more power over what happens in their neighbourhood.
- Making local councils more transparent and accountable to local people.
- Giving local authorities more control over how they spend public money in their area

Social Care Legislation and Policy List

(those not in detail above)

Human Rights Act 1998

United Nations Convention on Disability Rights 2006 (UK ratified this 2009)

Mental Capacity Act 2005 and Mental Capacity Act Code of Practice 2007

Mental Health Act 1983 & Mental Health Act Code of Practice revised 2008

Mental health and social exclusion 2004

National service framework for mental health: modern standards and service models for mental health 1999

Data Protection Act 1998 & Protection and use of patient information 2000

Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own 2008

Common assessment framework for adults 2010

The Common Assessment Framework for Adults (CAFA) is a Department of Health funded project, which tests and evaluates innovative approaches for effective information sharing, aimed to improve the lives of individuals, families and carers. Ran March 2010 – March 2012. Cheshire East was one of 4 pilot sites.

Dignity in Care resources 2010

Equality Impact Assessment 2008

Improving the life chances of disabled people 2005

Living well with dementia: a national dementia strategy 2009

National Service Framework for older people and system reform 2001

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

Safeguarding adults protocol and guidance 2009

Single assessment Process (modified 2007)

Putting People First 2007

The Local Authority Social Services and National Health Service complaints (England) regulations 2009

The NHS continuing healthcare (responsibilities) directions 2009

Transition: moving on well. A good practice guide for health professionals and their partners on transition planning for young people with complex health needs or a disability 2008

The Adult Social Care Outcomes Framework 2013/14