



Adults and Safeguarding Committee

26 January 2015

Title	Universal Deferred Payments
Report of	Mathew Kendall, Adults and Communities Director
Wards	All
Status	Public
Enclosures	Appendix 1: Universal Deferred Payments - Feedback from the consultation Appendix 2- Equalities Analysis (EqA)
Officer Contact Details	Gary Johnson, Customer Finance Manager, Adults and Communities, 020 8359 2289, gary.johnson@barnet.gov.uk

Summary

Under the Care Act 2014 all councils in England are required to have a universal deferred payments scheme in place from 1 April 2015. Universal deferred payment schemes will be required to follow legislation and Department of Health guidance. This report recommends a scheme for Barnet Council which meets legislative and statutory guidance requirements.

Recommendations

1. That the Adults and Safeguarding Committee approve the adoption of a new universal deferred payments scheme as set out in this report with effect from 1 April 2015. This scheme will meet statutory guidance and the legislative requirements of the Care Act 2014.
2. The Adults and Safeguarding Committee approve the recommendations on the amounts that can be deferred. The recommendations as set out in paragraphs 2.4 to 2.5 of this report:
 - 2(a) That approval is given that under Barnet Council's universal deferred payments scheme the amounts that can be deferred will generally be the actual rate the person pays the residential/nursing care provider.

- 2(b) That approval is given that the rate to be deferred will be regularly reviewed under the guidance and procedures.**
- 3. The Adults and Safeguarding Committee approve the recommendations on interest and administrative charges for deferred payments. The recommendations as set out in paragraphs 2.9 to 2.11 of this report:**
 - 3(a) That approval is given that the interest rate is set at the rate it costs the Council and/or at the rate as set by the Department of Health, whichever is the lower amount.**
 - 3(b) That approval is given that the actual costs incurred in arranging and maintaining the deferred payment will be charged.**
 - 3(c) That approval is given that the administrative, legal and interest charges will be rolled up into the overall deferred payment agreement should the person decide they want to defer these costs.**
- 4. The Adults and Safeguarding Committee approve the recommendations on offering deferred payments to people receiving non-residential care services, in addition to residential care. The recommendations as set out in paragraphs 2.14 to 2.15 of this report:**
 - 4(a) That approval is given that options around offering deferred payments to people receiving community based care services will be explored and should further amendments to the scheme be required a report will come back to the Adults and Safeguarding Committee on this issue.**
 - 4(b) That approval is given that on a 'case by case' basis that the Barnet scheme allows deferred payments for people in supported living.**
- 5. The Adults and Safeguarding Committee approve the recommendation on the treatment of rental income from properties. The recommendation as set out in paragraph 2.21 of this report:**
 - 5(a) That approval is given that the option of a disregard on rental income is reviewed after consulting other local authorities to establish best practice and further work with Barnet Homes and other housing providers to establish the viability of a rental income disregard scheme. If a rental income disregard is viable, that this is included within the deferred payments guidance and procedures.**
- 6. The Adults and Safeguarding Committee approve the recommendation on the types of security that can be accepted when offering deferred payment. The recommendation as set out in paragraph 2.23 of this report:**
 - 6(a) That approval is given that the requirement to have discretion to accept other forms of security will be incorporated within the finalised universal deferred payments guidance and procedures.**

- 7. The Adults and Safeguarding Committee give approval to the recommendation that authority to finalise and agree a universal deferred payments guidance and procedure is delegated to the Director for Adults and Communities in consultation with the Chairman of the Adults and Safeguarding Committee. The recommendation as set out in paragraph 2.28 of this report.**
- 8. That the Adult and Safeguarding Committee give rigorous consideration to the equalities analysis and the consultation outcomes in the appendices to this report (Appendices 1 and 2).**

1. WHY THIS REPORT IS NEEDED

Legislative Background

- 1.1 The Government is committed to ensuring that no-one should be forced to sell their home during their lifetime to pay for care costs. People with assessed needs for residential or nursing care, who own their home are sometimes faced with the prospect of selling it to pay for their care costs. For people receiving community based care services the value of their main home is not taken into account when assessing contributions towards care.
- 1.2 For some people who are assessed as needing care and move into residential/nursing care and own their home there is an automatic disregard of the value of the property where, for example, it is occupied by a spouse or partner or a close relative who has a disability. This will continue under universal deferred payments.
- 1.3 Where the main home is taken into account, a deferred payment is a way of deferring the costs of residential/nursing care in exchange for putting a legal charge on the property. The council agrees to pay for the costs of residential/nursing care in return for the person receiving care or their representative agreeing for these payments to be secured as debt against the property. Entering into a deferred payment agreement with the council allows a person to retain their home and defer paying some of the costs of care and support until a later date.
- 1.4 Under the Care Act 2014 and from 1st April 2015, all councils in England will be required to offer a deferred payment to people who are assessed as needing residential/nursing care and when their main home has been taken into account when financially assessing a contribution. The establishment of a universal deferred payment scheme will mean that fewer people will be faced with the prospect of selling their home in order to pay for care.
- 1.5 The purpose of this report is to set out Barnet Council's policy for a universal deferred payments scheme from April 2015. This policy takes into account the main changes introduced by the Care Act 2014 and statutory guidance published by the Department of Health on 24 October 2014.

Current deferred payment schemes

- 1.6 There is existing legislation which allows councils to offer deferred payments for people with a property and who are assessed as needing residential/nursing care. Section 55 of the Health and Social Care Act 2001 already allows councils to offer deferred payments for people receiving residential/nursing care. Barnet Council has its own deferred payment scheme which meets this requirement.
- 1.7 Although councils are already required to have a deferred payments scheme, existing schemes are locally administered and will often have different rules on eligibility. To reduce anomalies across the country and to ensure consistency between councils, the Care Act 2014 has introduced a universal deferred payments scheme, with a set eligibility criteria which all councils will be required to follow.

Universal Deferred Payments

- 1.8 The Care Act 2014 clearly sets out the responsibilities of councils to have a deferred scheme in place. The scheme will be universally available, throughout England and the Government is committed to providing councils with additional funding for the scheme. The funding arrangements are set out in section 5 of this report.
- 1.9 The Department of Health has published guidance on universal deferred payments which provides councils with the framework within which universal deferred payments should be offered. Guidance allows councils to offer deferred payments to:
- Anyone who has assessed eligible care needs that can be met by the provision of care in a residential/nursing care home;
 - Anyone with assets, excluding the value of their main home, of less than £23,250 (in 2016/17 this capital limit increases to £118,000);
 - Anyone whose home is not disregarded as a capital asset when assessing contributions towards residential/nursing care.
- 1.10 Department of Health guidance sets out the circumstances in which the deferred payment request can be refused and a deferred payment agreement can be terminated. The guidance also sets out how information and advice should be provided to people entering into a deferred payment agreement. Guidance is provided on:
- How councils should administer the scheme;
 - Eligible charges to cover the costs of the scheme;
 - The amounts that can be deferred.

2. REASONS FOR RECOMMENDATIONS

The London Borough of Barnet universal deferred payments scheme

- 2.1 The proposed universal deferred payments scheme set out in this report has been developed to take into account the relevant legislation and guidance. It is proposed that the key principles underpinning the scheme for Barnet Council are:
- To ensure that those who have been assessed as needing care may not need to sell their main home to pay for these care costs;
 - That those who can afford to pay a contribution continue to do so;
 - To ensure that residents are fully informed about deferred payments and care funding options;
 - That the scheme is self-financing and sustainable.
- 2.2 In addition to the key principles which underpin the scheme it is proposed that there are a number specific policy changes under the proposed scheme for Barnet. This report sets out the main changes and those changes which were also subject to consultation (see Appendix 1). The six week consultation started on 9 September and ended on 21 October 2014. The feedback received was broadly in favour of some of the proposals in this report. The need to ensure that the scheme is financially sustainable has shaped the recommendations on administrative and interest charges. These charges are necessary to cover the costs of the scheme.

Deferring the costs of care.

- 2.3 The Department of Health guidance allows councils to have discretion on the amount of residential/nursing care costs that can be deferred. The basic contracted rate Barnet Council pays for residential care is £500.48 or £546.01 per week. Universal deferred payments allows councils to defer at the contracted rates with residential/nursing care providers or the private rate someone pays as a self-funding client or the rate paid because they choose more expensive accommodation.

Recommendation

- 2.4 To promote choice and ensure greater flexibility on the care and support provided, it is recommended that under Barnet Council's universal deferred payments scheme the amounts that can be deferred will generally be the actual rate the person pays the residential/nursing care provider. This actual rate includes where applicable the private rate.
- 2.5 The rate to be deferred will be regularly reviewed under guidance and procedures. The purpose of the review will be to ensure that the scheme remains financially viable and mitigate against financial risks as the Care Act 2014 implementation is rolled out.

Interest and administrative charges

- 2.6 The Department of Health guidance allows council to charge interest and administrative costs to ensure that schemes are run on a cost neutral basis. Where councils charge interest it must not exceed the maximum amount as set out in regulations. The maximum amount of interest that can be charged by councils has been set by the Department of Health for the period 1 April 2015 to 30 June 2015 at 2.65%. Interest rates will be periodically reviewed by the Department of Health in accordance with the Governments autumn statements and spring budgets.
- 2.7 The actual cost of new borrowing for Barnet Council is currently 4% (December 2014). However, the Council does not undertake any temporary treasury borrowing at present as the Council has positive cash flow and cash reserves and a balanced budget. The Council is permitted only to cover its costs when charging customers under the deferred payments scheme, the interest rate which we will charge deferred payments customers with effect from 1st April 2015 will be 1.00% or whatever the potential investment income foregone percentage for Q1 of 2015-16 is forecast to be as at 28th February 2015 (to give adequate lead-time to set-up the first deferred payment agreements starting on 1st April 2015). The Council will review the interest rate on a quarterly basis to reflect any change in the Council's borrowing requirement and interest rates. The Council's effective rate of borrowing may increase in future years and necessitate charging deferred payments customers up to the maximum rate permissible at the time by the Government.
- 2.8 In addition to interest rate charges, councils will also be allowed to make a charge for:
- The costs of registering a legal charge, land property searches;
 - The costs of property valuation;
 - Legal costs associated with the setting up of a deferred payment agreement; administrative costs.

Recommendation

- 2.9 To ensure that the universal deferred payment scheme is sustainable and self-financing as possible, it is proposed that the interest rate is set at the rate it costs the Council and/or at the rate as set by the Department of Health, whichever is the lower amount.
- 2.10 Only the actual costs incurred in arranging and maintaining the deferred payment will be charged. To ensure transparency and choice these charges will be publicly available and clearly set out as part of the deferred payment application process. Preliminary work on the costings would indicate that these would be in the region of £615 set up cost plus annual running costs of £70 per year. The actual costs will be finalised and published nearer the go live date on 1 April 2015.

- 2.11 That the administrative, legal and interest rate charges will be rolled up into the overall deferred payment agreement should the person decide they want to defer these costs.

Deferred payments for people in other care settings.

- 2.12 When consulting on the draft guidance the Department of Health initially sought feedback on the possibility of allowing deferred payments for people receiving non-residential or community based care services, for example home care. Although someone's main home is not taken into account when financially assessing contributions towards community based care, there are circumstances when a person may want to unlock the equitable value in their home. For example, someone with assessed care needs may want to use the equity in their property to purchase additional care over and above the care they have been assessed as needing.
- 2.13 The Department of Health guidance refers to councils having discretion to offer deferred payments to people who move from their main home into a supported living setting.

Recommendation

- 2.14 That options around offering deferred payments to people receiving community based care services will be explored and should further amendments to the scheme be required a report will go forward to the Adults and Safeguarding Committee.
- 2.15 To promote greater choice and flexibility when arranging care it is proposed that on a 'case by case' basis that the Barnet scheme allows deferred payments for people in supported living.

Universal Deferred Payments policy

- 2.16 In addition to the main changes already highlighted within this report, the introduction of universal deferred payments introduces a number of other changes and adjustments to Barnet Council's existing deferred payments scheme. These changes were also commented upon during the local Barnet public consultation.

Treatment of rental income

- 2.17 Although the person receiving care will be eligible for deferred payments they will still be responsible for paying a contribution towards their care out of their assessable income. Where someone's main home has been taken into account and the person is entitled to a deferred payment, there is a question as to how any rental income is treated when assessing a contribution towards care.
- 2.18 Under the current deferred payments scheme when assessing rental income, net rental income is fully taken into account along with other assessable income. After assessing a charge the person living in residential/nursing care

is left with a personal expenses allowance of £24.90 per week (2015/16 rates). This expenses allowance is set by the Department of Health and follows statutory guidance.

- 2.19 From 1 April 2015, under the Department of Health guidance the personal expenses allowance increases from £24.90 to £144 per week for people who will be eligible for a universal deferred payment. The intention of the increase is to allow people to retain additional income to pay for any associated housing costs, such as the costs of maintaining the property.
- 2.20 The Department of Health guidance also allows councils discretion to have a further disregard on rental income, at a rate to be decided by each local authority. The purpose of this disregard is to incentivise people who qualify for a deferred payment to rent out their property.

Recommendation

- 2.21 It is proposed that the option of a disregard on rental income is reviewed after consulting other local authorities to establish best practice and further work with Barnet Homes and other housing providers to establish the viability of a rental income disregard scheme. If a rental income disregard is viable, that this is included within the deferred payments guidance and procedures.

Other forms of security

- 2.22 Councils are required to obtain adequate security when entering into a deferred payment agreement. The primary form of security will be a legal charge registered on the person's main or only home. It is also necessary to provide for discretion on accepting other forms of security as there may be cases where refusal to do so may lead to the Council being unable to enforce debts that the resident has accrued, in accordance with section 69 (2) of the Care Act 2014 (See Legal section of the report paragraph 5.3.3).

Recommendation

- 2.23 The requirement to have discretion to accept other forms of security will be incorporated within the finalised universal deferred payments guidance and procedures.

Advice and information

- 2.24 Under the Care Act 2014 councils will have a responsibility to provide advice and information about care and support. This responsibility extends to advice and information about deferred payments, including:
- A clear process to explain deferred payments agreements which takes into account a person's mental capacity.
 - Advice on renting, insuring and maintaining the property.
 - Facilitating access to advice on care funding options.

- 2.25 As a safeguard, there will be a clear deferred payment process to ensure that those entering into a deferred payment agreement or their representative are aware of the need to obtain independent advice and there will be particular safeguards for people who have mental capacity issues.
- 2.26 It is considered that Barnet is well placed to deliver on the advice and information responsibilities of the Care Act 2014. For example, there is an existing pathway of referrals for advice on care funding options through to *My Care My Home*. It is recognised that further work needs to be undertaken on advice and information, for example developing a referral pathway to housing associations and other agencies that may assist with the renting of a property. This will include exploring opportunities to utilise empty properties with social housing landlords in the borough, for example Barnet Homes. These and other options will be developed within the wider advice and information offer.
- 2.27 The advice and information pathway will be further developed as the universal deferred payments guidance and procedure is finalised.

Recommendation

- 2.28 That authority to finalise and agree a universal deferred payments guidance and procedure is delegated to the Director for Adults and Communities in consultation with the Chairman of the Adults and Safeguarding Committee.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 It is a legal requirement that all councils in England need to have a universal deferred payment scheme in place from April 2015. Universal deferred payment schemes need to comply with Department of Health guidance, whilst retaining some local discretion as to how the scheme is implemented. The proposed policy changes outlined in this report provides a universal deferred payment scheme which meets new legal requirements.

4. POST DECISION IMPLEMENTATION

- 4.1 It is proposed that subject to the main recommendations in this report being agreed that the more detailed guidance and procedures will be delegated to the Director for Adults and Communities in consultation with the Chairman of the Adults and Safeguarding Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 Successful implementation of the Care Act 2014 will help to support and deliver the following 2013/16 Corporate Plan priority outcomes:

- “To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health”.

- “To promote a healthy, active, independent and informed over 55 population in the borough so that Barnet is a place that encourages and supports residents to age well”.
- “To promote family and community well-being and encourage engaged, cohesive and safe communities”.

5.1.2 The Health and Well-being Strategy 2012-15 echoes many themes of the new policy framework with its emphasis on promoting independence and wellbeing whilst ensuring care when needed. The reform agenda links directly with three of the main strands of the strategy: Well-being in the community; How we live; and Care when needed. In particular, ‘Care when needed’ identifies plans for developing increased independence for older people, improving support for residents in care homes and improving support for carers.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 The Care Act 2014 will have a significant financial impact on social care as detailed in previous reports to Committee and in this report. Current modelling has shown that Barnet could expect between 30 to 44 new deferred payment entrants per year as the universal deferred payments scheme is rolled out.

5.2.2 The most immediate impact will be on cashflow. Although the debt will be secured through a deferred payment agreement and a legal charge on the property, the main impact will be on the flow of income between financial years:

	2015/16	2016/17	2017/18	2018/19	2019/20
Opening cohort of people each year	8*	38	68	75	75
New entrants in each year	30	30	30	30	30
People leaving the scheme	0	0	-23	-30	-30
Cash outflows (care costs, administrative costs and interest on cost of borrowing) **	£870,000	£2,000,000	£2,880,000	£2,865,000	£2,865,000
Cash inflows (repayment of debt including administrative fees and interest) ***	£0	£0	-£2,160,000	-£2,820,000	-£2,820,000
Net cashflow impact for Adults & Communities	£870,000	£2,000,000	£720,000	£45,000	£45,000

*Assumption: There will be new entrants who would qualify in the 12 weeks period prior to the 1 April implementation date.

**Assumptions: Average care home costs are £36,000 p.a.; average stay in residential/nursing care 2.5 years. Includes: costs of admin/legal charges; interest rate at 4%

***Assumptions: Average deferred payment starts to be repaid in year 3; bad debt averages 2%.

- 5.2.3 In the first 3 years of the scheme, there is a net cash outflow as debts do not start to be repaid until half-way through Year 3 (2017/18). It is worth noting however, that is a cashflow impact only and will not impact on the revenue budget as a Long Term Debtor will be raised for any outstanding deferred payments at the end of each financial year.
- 5.2.4 If there was no bad debt, the scheme would be cashflow and cost neutral from Year 4 (2018/19) onwards; the net cash outflow of £45,000 represents projected bad debt.
- 5.2.5 The projected implications on a worst case scenario of 44 new entrants a year and a bad debt ratio of 3% would further exacerbate the impact on cash flow. The cumulative net cash outflow would be in the region of £1.2 in year 1 (2015/16) increasing to £5.5m in year 5 (2019/20) and thereafter rising by approximately a further £0.1m each year.
- 5.2.6 The Government has announced that there will be additional national funding of £85.5m to fund the scheme. The Department of Health's funding allocation formulae allocates an additional £529,565 to the London Borough of Barnet to fund universal deferred payments. This will be a one off non-recurring payment to cover the initial costs of setting up a universal deferred payment scheme.
- 5.2.7 It is anticipated, that given the volume of entrants, that no additional staffing resources are needed to support the operational delivery of the scheme in 2015. IT system requirements have been captured within the procurement of the new case management system for Adults and Communities. Further work is being undertaken to clarify that the new system requirements will ensure deliverability in April 2015.

5.3 Legal and Constitutional References

- 5.3.1 The Care Act 2014 consolidates and replaces several different pieces of legislation into one legislative framework. There is a specific legislative requirement for local authorities to provide a universal deferred payments scheme from April 2015. The Department of Health has also issued statutory guidance on 23 October 2014, which all councils in England are required to follow.
- 5.3.2 Under Sections 34-36 of the Care Act 2014 and Care and Support (Deferred Payment Agreements) Regulations 2014, all councils will need to have a deferred payment scheme which:

- Complies with new national eligibility criteria on who is entitled to apply for a deferred payment.
- Allows Councils to charge interest and administrative fees to offset the costs of the scheme and ensure it is cost neutral.
- Allows councils to retain some local discretion on how the scheme is administered, for example the amounts of care costs that can be deferred.

5.3.3 The Care Act 2014 Section 69 (1) and (2) states:

- (1) Any sum due to a local authority [as residential charges] is recoverable by the authority as a debt due to it.
- (2) But subsection (1) does not apply in a case where a deferred payment agreement could, in accordance with regulations be entered into, unless—
- (a) the local authority has sought to enter into such an agreement with the adult from whom the sum is due, and
- (b) the adult has refused

5.3.4 The responsibilities of the Adults and Safeguarding Committee are contained within the Council's Constitution - Section 15 Responsibility for Functions (Annex A). Specific responsibilities for those powers, duties and functions of the Council in relation to Adults and Communities including the following specific functions:

- Promoting the best possible Adult Social Care services.

5.3.5 Adults and Safeguarding Committee is responsible for the following:

- Working with partners on the Health and Well-being Board to ensure that social care interventions are effectively and seamlessly joined up with public health and healthcare, and promote the Health and Well-being Strategy and its associated sub strategies.
- Ensuring that the local authority's safeguarding responsibilities is taken into account.

5.4 Risk Management

5.4.1 Whilst the overall direction is positive for people receiving care and their carers, there are risks which centre on resources and financial implications of implementing the Care Act 2014. Risk management information is reported quarterly to the Care Act Programme Board which in turn feeds into the Adults and Communities risk register. The implementation of universal deferred payments will be monitored and risk escalated accordingly.

5.4.2 The operational delivery of deferred payments will remain within Adults and Communities. The expansion of the scheme under universal deferred payments will be monitored by Adults and Communities and CSG finance (income recovery/debt collection) to mitigate the impact on cash flow and bad debt.

5.5 Equalities and Diversity

5.5.1 On 1 October 2012, new provision in the Equality Act came into force banning age discrimination in health and social care. This is in line with the duties incumbent on all public bodies through s149 of the Equality Act 2010 to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.5.2 Adult Social Care works within LBB policy framework for equalities, offers services to users within this framework, and undertakes relevant positive action to ensure social care is accessible to groups with different equalities characteristics; for example producing easy read information for people with learning disabilities and offering interpreters for service users.

5.5.2 Age discrimination should be considered broadly: younger people may perceive that older people receive more favourable treatment from services as well as older people perceiving that they are less favourably treated. The prohibition does not mean that all age group should therefore be offered identical support or services. However, it does require the local authority to have a transparent and fair rationale for different approaches or support offered to different age groups, just as it already does for current positive action in place, such as providing interpreters.

5.5.3 There is a general risk applicable to all local authorities, which may face an increased level of potential legal challenge from individual users or groups, using a failure to comply with equalities duties as its basis. Nationally there have been legal challenges based on equalities legislation: for example the 2011 challenge to Birmingham City Council on its proposed change to its adult social care eligibility criteria.

5.5.4 An Equalities Impact Assessment has been undertaken on the implementation of the universal deferred payments policy and is attached as Appendix 2 to this report. The overall impact of the universal deferred payments is positive. The implementation of the proposed policy will be monitored and reviewed to assess its impact.

5.6 Consultation and Engagement

5.6.1 The main proposals contained within this report and draft universal deferred payments policy was subject to public consultation. Consultation questions primarily focussed on the areas of discretion which councils are required to consider exercising when implementing the scheme, for example whether to charge an administrative fee to cover the costs of the scheme.

5.6.2 The outcome of consultation is set out in Appendix 1 of this report. Although limited in numbers, the qualitative data obtained from consultation did assist with the formulation of the policy and recommendations within this report.

There was mixed feedback on the specific proposal to charge interest and administrative fees. However, the Council needs to ensure that the scheme is financially sustainable so it is proposed that charges are made under the universal deferred payments scheme. Feedback from consultation has been incorporated within the proposals within this report

6. BACKGROUND PAPERS

- 6.1 Special Safeguarding Overview and Scrutiny Committee on 24 September 2012 received a report on the 3 key adult social care policy documents published in July 2012: Caring for Our Future (White Paper); the draft Care and Support Bill; and the Government's interim statement on funding reform for Adult Social Care. The Committee endorsed Officers undertaking further work to assess the potential impact of these policy changes on Barnet. Adult Social Care and Health (1.1)
- 6.2 Cabinet on 18 April 2013 received a report describing the main impact of the White Paper, Caring for our Future, and the draft Care & Support Bill, both published in July 2012; and of the policy statement on Care and Support Funding Reform, presented to Parliament on 11 February 2013. The report set out the implications for Barnet based on empirical data and modelling where appropriate. Social Care Funding Reform and the Draft Care and Support Bill: Implications for the London Borough of Barnet (3.1)
- 6.3 Health and Well-being Board on the 27 June 2013 received a report which summarised the implications of the Care Bill and a further report on 21 November 2013 to update the Board on progress made locally to prepare for the implementation of the new legislation. Social Care Funding Care and Support Bill Update (1.1)
- 6.4 The Safeguarding Overview and Scrutiny Committee on the 10 April 2014 received a report setting out the main points from the forthcoming changes to social care legislation as set out in the Care Bill, the implications for Barnet and the approach being taken to prepare for the new requirements. The Care Bill Update Report (2.1)
- 6.5 The Adults and Safeguarding Committee received a report on the implementation of the Care Act 2014 on the 2 July 2014. The Implementation of the Care Act 2014.
- 6.6 The Adults and Safeguarding Committee received a report on the Consultation on the Statutory Guidance on the 31 July 2014. Response to Consultation on the Care Act Guidance.
- 6.7 The Adults and Safeguarding Committee on 2 October 2014 received a report on Implementing the Care Act 2014. The Implementation the Care Act 2014.
- 6.8 The Policy and Resources on 2 December 2014 received report on the impact of the Care Act 2014, including the financial impact. Appendix A1 Adults and Safeguarding Committee Commissioning Plan 2015-2020.