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|  | <p align="center">Adults and Safeguarding Committee 19 March 2015</p> |
| <p>Title</p> | <p>Implementing the Care Act 2014: Eligibility; Carers contributions; Care arrangement fees; Increased demand</p> |
| <p>Report of</p> | <p>Dawn Wakeling (Adult and Health Commissioning Director) Mathew Kendall (Adults and Communities Director)</p> |
| <p>Wards</p> | <p>All</p> |
| <p>Status</p> | <p>Public</p> |
| <p>Enclosures</p> | <p>Appendix 1 - Assessment and Eligibility Policy for Adults in Need Appendix 2 - Assessment and Eligibility Policy for Carers</p> |
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Summary

This report:

- presents a new policy enabling Barnet Council to adopt the new National Eligibility Criteria for adults in need;
- presents a new policy enabling Barnet Council to adopt the new National Eligibility Criteria for carers;
- discusses the local discretion to charge for carers services;
- presents a new policy on charging people who pay the full cost of their care for brokerage services;
- describes how Barnet Council will manage the increase in demand arising from the Care Act 2014 by improving the first point of contact.

The report and appendices have been written to meet the requirements described in the Care Act 2014, associated Regulations and Care and Support Statutory Guidance. All statutory duties described in this report commence on 1 April 2015.

Recommendations

1. That the Adults and Safeguarding Committee approve the adoption of the Assessment and Eligibility Policy for Adults in Need (Appendix 1).
2. That the Adults and Safeguarding Committee approve the adoption of the Assessment and Eligibility Policy for Carers (Appendix 2).
3. That the Adults and Safeguarding Committee approve the recommendation to continue with its existing policy of not charging for carer's services as set out in paragraphs 2.7 to 2.10 and specifically referenced in paragraph 2.9.
4. That the Adults and Safeguarding Committee approve the recommendation on charging a care arrangement fee for people who pay the full cost of their care as set out in paragraphs 2.11 to 2.21 and specifically referenced in paragraphs 2.17 and 2.19 of this report.
5. That the Adults and Safeguarding Committee note the remodelling of the first point of contact enabling it to manage the increase in demand arising from the Care Act 2014 (paragraphs 2.22 – 2.28).

1. WHY THIS REPORT IS NEEDED

National Eligibility Threshold

- 1.1 Under the Care Act 2014 Section 13, from April 2015, all councils in England will be required to meet needs at least at the national threshold described in The Care and Support (Eligibility Criteria) Regulations 2014.
- 1.2 Assessment and Eligibility Policies are needed for adults with needs and for carers to ensure that the Council has a clearly documented statement on how it will fulfil this new duty.
- 1.3 The National Eligibility Threshold has been set at a level which enables local authorities to maintain current levels of access to care and support. There is no discretion for members to exercise on the level of the minimum threshold or how it is defined. There is however, a discretionary power to meet needs beyond the level of the minimum threshold.

Charging for carer's services

- 1.4 The Care Act 2014 gives the Council a discretionary power to charge for carers services.

Care arrangement fees for people who pay for their own care

- 1.5 The Care and Support Statutory Guidance Section 8.13 states that when somebody who pays for their own community care requests the council to organise those needs on their behalf then the council must do so. The Care Act 2014 allows councils to charge an arrangement fee for this. The arrangement fee must cover only the costs actually incurred in arranging care. This might involve, for example, council staff organising an individual's home care, day centre attendance, telecare, enablement, or residential placement.

Managing increased demand

- 1.6 The Care Act 2014 introduces new rights of carers and those who fund their own care; and new duties for prevention, information and advice. These are anticipated to trigger an increase in demand.
- 1.7 The first point of contact element of the adult social care function, provided by the Customer and Support Group's Social Care Direct and Adults and Communities Delivery Unit, is being remodelled to provide an improved and better targeted response to the needs of the population of the Borough.
- 1.8 The changes amount to new ways of working and redesigning pathways and process. This report informs members of the changes being made to manage the challenge of increased demand at the first point of contact.

2. REASONS FOR RECOMMENDATIONS

National Eligibility Threshold

- 2.1 The Care Act 2014 sets a national minimum eligibility threshold for both adults in need and carers which all councils are required to use.
- 2.2 All councils in England currently use guidelines known as 'eligibility criteria', to work out if adults in need qualify for council funded social care support. The existing national guidelines, known as Fair Access to Care Services (FACS) allow councils to set eligibility for care and support between four bands: critical, substantial, moderate and low. At present, councils can choose which bands they will consider as eligible for their services, taking account of their resources, costs and local expectations. The Care Act 2014 national minimum eligibility threshold replaces FACS.
- 2.3 Because carers have not previously had the right to receive services, there have never been any national (or local) eligibility thresholds for carers. Currently, when it appears a carer has needs for support, the Council will aim to get a full picture of a carer's needs so that an appropriate response is given at the right time. This may range from provision of information and advice to arranging services to meet their eligible needs.
- 2.4 Barnet Council currently provides support for adults with needs who have critical and substantial needs under FACS. People who have needs in the moderate and low bands do not qualify for paid support from Barnet Council. This is line with the approach adopted by over 80% of councils in England. The Government has consulted widely on the national eligibility criteria, and the new minimum criteria broadly mirrors the substantial and critical bands used in Barnet and by most other councils across England.
- 2.5 Taking into account the Council's resources, costs and local expectations, officers recommend that the Council maintains the current level of service provision and does not meet needs beyond the level of the national minimum threshold for either adults with needs or Carers.
- 2.6 Feedback from the Barnet Care Act 2014 public consultation informed the recommended approach. Respondents were generally in favour of adopting the national minimum eligibility threshold in Barnet (56% vs. 15% for adults in need and 64% vs. 8% for carers). Examples of the range of comments:
 - *"Barnet is a wealthy part of the UK. We should be aiming to look after our vulnerable elderly as much as possible NOT simply complying to the minimum standards";*

- *“The outcomes listed appear to cover most areas in which it is likely that a person with illness or physical or mental impairment would be in need of support including the elderly”.*

Responses to the consultation are presented in a background document (Responses to the Barnet Public Consultation on the Care Act 2014).

Charging for carers services

- 2.7 From April 2015 councils will have the discretionary power to charge carers a contribution towards the costs of the support services they receive to meet their eligible social care needs. This charge applies only for the services provided directly to the carer.
- 2.8 Currently in Barnet the Council does not charge carers for services they receive to meet their own identified and eligible needs.
- 2.9 In Barnet, the Council recognises the vital role that people who care for vulnerable people play in the health and social care system. It would not be beneficial to individuals or the wider health and social care system if carers felt that they could not approach services for support when they need it, as a result of implementing charges. Therefore the recommendation is that the Council does not make any changes to its existing policy and continues not to charge carers in Barnet for the services they receive in their own right.
- 2.10 Feedback from the Barnet public consultation on the Care Act 2014 informed the recommended approach. Respondents were strongly in favour of the proposal not to charge carers for the services they receive in Barnet (66% vs. 3%). Comments included:
- *“Carers are saving the local authority thousands of pounds and should not have to pay for the support they receive”.*

Responses to the consultation are presented in a background document (Responses to the Barnet Public Consultation on the Care Act 2014).

Charging arrangement fees to people who pay the full cost of their care

- 2.11 People with eligible care needs and savings above the upper savings and capital limit may ask the Council to meet their needs. The upper savings and capital limit is set out in the Charging for Residential Accommodation Guide and is currently £23,250.
- 2.12 From 1 April 2015, councils will have the discretionary power to charge an ‘arrangement fee’ to people who have savings or capital above the savings and capital limit. The arrangement fee is a contribution to cover the actual administrative costs incurred in arranging care.

- 2.13 From 1 April 2015, this fee can be charged to:
- those people with unmet eligible care needs that will be met by community care services, and
 - have been assessed as having savings above the capital limit, and
 - the Council arranges their care.
- 2.14 From 1 April 2016, and subject to further guidance from the Department of Health, this fee can be charged to:
- those people with assessed eligible care needs that will be met by residential care services, and
 - have been assessed as having savings above the capital limit, and
 - the Council arranges their care.
- 2.15 Depending on each individual case, the administrative costs of arranging care could include:
- the costs of contacting care providers to arrange care;
 - setting up a contract with the care provider;
 - the extra costs of monitoring and paying invoices for care.
- 2.16 Barnet Council, like many other councils across the country, are expecting an increase in demand from people who currently arrange and pay for their own care. It is estimated that an additional 600 people, approximately, will approach adult social care for a needs assessment and would be eligible for support (modelling indicates as few as 100 or as many as 750 people). This will place additional financial pressures on the Council at a time when there is less funding available for care services.
- 2.17 In order to reduce the impact of this new financial pressure, it is proposed that the Council charges an 'arrangement fee' to those people who meet the requirements set out in 2.13 from 1 April 2015 and, (subject to further guidance from the Department of Health), to extend these arrangement fees to people who meet the requirements set out in 2.14 from 1 April 2016. This approach is consistent with the charging and fees policy adopted for the Council's Deferred Payments Scheme.

- 2.18 Only the actual costs incurred in arranging care would be charged. To ensure transparency and choice these charges will be publicly available and clearly set out as part of the financial and care assessment process. Preliminary work on the costings indicate that these fees would be approximately £50 to cover an initial two hours of brokerage and contracting with providers, and an annual fee of approximately £96 to cover 6 hours payment processing and monitoring costs.
- 2.19 The actual amount of the new fees that will be charged for arranging care as set out in this report will be referred to the Policy and Resources Committee on 24 March 2015.
- 2.20 The fees will be reviewed each year to ensure that they only cover the actual costs to the Council of arranging care. The fees will be reviewed through inclusion in the Council's annual Financial Forward Plan and Capital Programme.
- 2.21 Feedback from the Barnet Care Act 2014 public consultation informed the recommended approach. Respondents expressed a range of views with slightly more in favour of recouping costs from people who could afford it (40% vs. 33%). Examples of the range of comments:
- *"If people have more than £23,250 in savings then an arrangement fee is not too much to ask and will fund the increasing pressure on the council";*
 - *"Providing that those involved can REALLY afford to pay for this service";*
 - *"Care costs can be substantial and by charging a fee people who need help may not seek it".*

Responses to the consultation are presented in a background document (Responses to the Barnet Public Consultation on the Care Act 2014).

Managing increased demand

- 2.22 The first point of contact with adult social care for Barnet residents and other professionals is currently provided by Social Care Direct (SCD), provided by the Customer Support Group, who receive enquiries from the public and referrals from other agencies. SCD triage these contacts and provide information and advice or a referral to the Adults and Communities Older People/Physical Disability locality, Learning Disability or Mental Health teams or to the enablement provider (Housing 21).
- 2.23 It is expected that more people will contact adult social care through SCD from early 2015 because of the changes introduced by the Care Act 2014. The following new care planning tools are being introduced to support Care Act 2014 compliant processes:

- Referral Form,
- Supported Needs Assessment Form,
- Occupational Therapy Assessment Form,
- Support Plan Form,
- Review Form,
- Carers Assessment Form,
- Carers Support Plan,
- Carers Review Form.

2.24 These new tools will support choice and personalisation for Barnet residents. They will be used on a consistent basis across SCD and Council adult social care teams and provided to third parties with whom the Council contracts for services. This will help to ensure Barnet residents receive a consistent, high quality service and reduce duplication in the gathering of information, meaning people only have to tell their story once.

2.25 The Council will be broadening the range of functions provided at the first point of contact in order to handle larger numbers of enquiries and resolve them straight away. The first point of contact service will consist of co-located Adults and Communities and SCD personnel and will:

- Receive all calls, faxes and e-mails coming in to Adult Social Care from potential service users, carers, other professionals and any relevant parties;
- Receive and deal with on-line self-assessments;
- Be the initial point of contact for all safeguarding and related referrals from the Police, other agencies and the community;
- Carry out a triage response to all referrals;
- Carry out the duty functions and non-complex assessments currently carried out by Adults and Communities Older People and Physical Disability locality teams;
- Be able to undertake visits to resolve emergency and urgent referrals;
- Utilise professional Social Worker and Occupational Therapist (OT) advice and response at the first point of contact;
- Resolve as much as possible on the individual's first call.

- 2.26 In order to provide these functions at the first point of contact and give residents a faster, more efficient service, the Adults and Communities Delivery Unit intends to co-locate a team of qualified social workers and occupational therapists from the Older People/Physical Disabilities locality teams alongside SCD. These staff would remain employed by the Council and work alongside SCD staff to form an integrated team.
- 2.27 The Older People/Physical Disability Locality teams will then be able to concentrate on complex assessments and support planning, amongst other activities. This will help to reduce the time taken between a member of the public contacting Adults and Communities and receiving the information and advice, assessment or service that they require.
- 2.28 The difference for residents will be a more efficient response to their enquiry with fewer people involved, reduced waiting times, less phone calls and a clearer idea on what they can expect.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

National Eligibility Threshold

- 3.1 Local authorities have a duty to adhere to the National Minimum Eligibility Threshold. The only alternative option available is to meet needs that are not considered eligible under the national criteria. Taking into account the Council's resources and costs, this option was not considered economically feasible.

Charging for carer's services

- 3.2 Charging for carer's services was considered. This was not recommended because financially disadvantaging carers would disincentivise them from continuing or taking up a caring role. In many cases where a carer did not continue or take up a caring role, the Council would have to step in to meet needs thereby increasing the financial pressure on the Council. In addition to meeting physical needs, many unpaid carers support the development or maintenance of family or other personal relationships, a key outcome which is not easily taken on by a commercial service provider.

Charging arrangement fees to people who pay the full cost of their care

- 3.3 Not charging arrangement fees was considered. However, meeting the demand from the estimated 600 people for this service would place an additional financial burden without any offsetting financial support for new burdens from the Department of Health.

- 3.4 Additionally, it would be inconsistent with the approach to assisting people who can afford to pay for their care in other areas, notably the Deferred Payments Scheme where the fee for setting up a deferred payment agreement is met by the individual.

Managing increased demand

- 3.5 Continuing with the current model is not recommended because this would limit the range of services provided as part of a first contact response and would not enable Adult Social Services in Barnet to manage the anticipated increase in demand arising as a result of the Care Act 2014 or deliver further improvements in the quality of the service.

4. POST DECISION IMPLEMENTATION

National Eligibility Threshold

- 4.1 Adults and Communities will implement the threshold by introducing new assessment tools for adults in need and carers from the beginning of April 2015, when the new legislation comes into effect.

Charging for carer's services

- 4.2 The recommendation is a continuance of current policy therefore there are no implementation actions to be taken.

Charging arrangement fees to people who pay the full cost of their care

- 4.3 Adults and Communities will implement these changes from 1 April 2015. This will initially apply to people who currently pay for their own care and have eligible care needs who ask the council to arrange their community based care services.
- 4.4 The Customer Finance team within Adults and Communities will advise people of these fees and people will be invoiced accordingly. Payments and debt recovery will continue to be the responsibility of Customer Services Group. Business processes and procedures will be developed to support the implementation of the arrangement fee policy.
- 4.5 The effect of charging an arrangement fee as a contribution towards the costs of arranging care will be monitored and reviewed following implementation. Monitoring will assess the impact of charging an arrangement fee on demand following implementation.

Managing increased demand

- 4.6 Adults and Communities will implement the changes from 1 April 2015, when the new legislation comes into effect.

- 4.7 The changes will be supported by extensive staff training covering the Care Act 2014 and backed up by new procedures.
- 4.8 Monitoring and reporting of actual throughput by the Delivery Unit will enable any fluctuations in demand or unforeseen design issues to be responded to and resolved quickly.

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 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 There is on-going modelling to try and ascertain the impact of the Care Act 2014. The precise costs will not be known until the Care Act 2014 is implemented. The service has received funding to help mitigate the cost of this implementation; however, the service is still modelling for a pressure which will have to be funded from the Adult and Communities budget and Council funding.

5.2.2 All new fees and charges and those increased above inflation will be presented for approval to the Policy and Resources Committee on 24 March 2015. All arrangement fees received will help off-set the costs of the increased numbers requiring care to be arranged.

5.2.3 New burdens money will be allocated to the Council in order to meet Care Act 2014 demand. The following table summarises the financial pressure, additional funding and unfunded financial pressure.

| Forecasted Financial Pressure and Funding Summary (£k) | | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | 15/16 | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 | 21/22 | 22/23 |
| Total Financial Pressure | | | | | | | | |
| Financial Impact | 3046 | 6607 | 5876 | 5265 | 7747 | 7226 | 6746 | 6428 |
| Other costs | 800 | 197 | 240 | 223 | 206 | 189 | 172 | 172 |
| | 3846 | 6804 | 6116 | 5488 | 7953 | 7415 | 6918 | 6600 |
| Total Financial Pressure | 3847 | 6805 | 6116 | 5488 | 7952 | 7415 | 6918 | 6601 |

| Additional Funding Available | | | | | | | | |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Care Act 2014 Implementation Funding in BCF | -846 | -846 | -846 | -846 | -846 | -846 | -846 | -846 |
| New Burdens Grant | -1768 | -3537 | -3537 | -3537 | -3537 | -3537 | -3537 | -3537 |
| Total Additional Funding | -2614 | -4383 | -4383 | -4383 | -4383 | -4383 | -4383 | -4383 |

| Unfunded Financial Pressure | | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Balance Financial Pressure and Additional Funding | 1232 | 2421 | 1733 | 1105 | 3570 | 3032 | 2535 | 2217 |

5.2.4 Whilst remodelling the first point of contact aims to ensure that resourcing to meet the anticipated increase in demand can be contained within the delivery unit budgets augmented by the new burdens funding from the Department of Health, it can be seen from the table in 5.2.4 that significant unfunded financial pressure is forecast. The unfunded pressure is being accounted for in the budget setting process. The remodelled first point of contact service is also a key part of the delivery plan for a £2M saving in the medium term financial strategy for Adults and Communities in 2015/16.

5.2.5 The costs of the new National Eligibility Threshold and the costs of meeting the anticipated increase in demand for carer's services without charge whilst offset by the additional funding available also contribute towards the forecast unfunded financial pressure.

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. It comes into force from 1 April 2015.

5.3.2 The Department of Health also issued the Care and Support Statutory Guidance on 23 October 2014, which all local authorities in England are required to follow.

5.3.3 The legislative references for assessment and eligibility are the Care Act 2014 Sections 9 to 13; the Care and Support (Assessment) Regulations 2014; the Care and Support (Eligibility Criteria) Regulations 2014 and the Care and Support Statutory Guidance.

5.3.4 The legislative references for charging people who pay the full cost of their care an arrangement fee (self-funders) are the Care Act 2014 Section 20 Condition 4; The Care and Support (Charging and Assessment of Resources) Regulations 2014 Section 2 Paragraph 5 and the Care and Support Statutory Guidance.

5.3.5 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.

5.3.6 As outlined in this section of the Constitution, the Adults and Safeguarding Committee is responsible for – and has delegated authority 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.
- To approve any non-statutory plan or strategy which falls within its remit, as outlined at 5.3.3.

5.4 Risk Management

5.4.1 Whilst the overall direction of the Care Act 2014 is positive for people receiving care and their carers, there are risks which centre on resources and the financial implications of implementing the Act. Risk management information is reported quarterly to the Care Act 2014 Programme Board which in turn feeds into the reports to the Strategic Commissioning Board and Committee.

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 the Equalities Act 2010. Adult Social Care works within LBB policy framework for equalities, offer's 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 However, there is a general risk from this prohibition applicable to all local authorities, which may face an increased level of potential legal challenge from individual users or groups, using this prohibition 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 Assessment and Eligibility Policy for Adults in Need, the Assessment and Eligibility Policy for Carers and the Policy for Charging Arrangement Fees to people who pay the full cost of their care. The assessment is presented in a background document.

5.6 Consultation and Engagement

- 5.6.1 The main proposals contained within this report were subject to public consultation. Consultation questions primarily focussed on the areas of discretion which councils are required to consider exercising when implementing. Responses to the consultation are presented in a background document.

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](#)
- 6.4 [Care and Support Bill Update \(1.1\)](#)
- 6.5 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 \(2.1\)](#)
- 6.6 The Adults and Safeguarding Committee received a report on the implementation of the Care Act on the 2 July 2014. [The Implementation of the Care Act](#)
- 6.7 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](#)
- 6.8 The Adults and Safeguarding Committee received a report on Implementing the Care Act on the 2 October 2014. [Implementation of the Care Act 2014.](#)
- 6.9 The Adults and Safeguarding Committee received a report on the Universal Deferred Payments scheme on 26 January 2015. [Implementation of the Care Act - Adult Social Care Deferred Payment Policy](#)
- 6.10 The Adults and Safeguarding Committee received a report setting out the service development challenges required in adult social care in order to respond to the challenges of increasing growth in demand, enhanced statutory duties and continued financial austerity on 26 January 2015. [The Implications of the Commissioning Plan and The Care Act 2014 for Adult Social Care in Barnet](#)
- 6.11 Responses to the Barnet Public Consultation on the Care Act 2014. [Responses to the Public Consultation](#)
- 6.12 Equalities Analysis (EqA) on local policies to support implementation of the Care Act 2014. [EqA on Local Care Act policies](#)
- 6.13 The Care Act received Royal Assent on 14 May. [The Care Act 2014](#)